The formal forward status 2017 Decrement status This form is regulated to be lided under sections 104 and 4066 of the Employee Retirement This Form is Open to Public Response Present bend boards Advecture The form is comment The form is Open to Public Response The form is Open to Public Response Present bend boards Advecture A multiple employer plan instructions to the Form 5500 ST. The form is Open to Public Response Perturn Viepont is for: a single-employer plan and ending 1/10/2017 A mis return/iepont is for: a single-employer plan a foreign plan and ending 1/10/2017 B This return/iepont is for: a single-employer plan a foreign plan a foreign plan a foreign plan B This return/iepont is for: a non-participant plan a foreign plan a foreign plan The return/iepont is for 0 on participant plan B This return/iepont is for: form isstructions a sone participant plan a foreign plan The return instructions B This return/iepont is for: form isstructions form isstructions D Foreign plan 0 of 1/10/2005 C Check box if filing under form isstructions form isstructions	Form 5500-SF		Short Form Annual Return/Report of Small Emplo Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Despense of class Description Actinuation This Form is Open to Public Inspection Perter Mark Administration 1 Complete all entries in accordance with the instructions to the Form 5500.SF. This Form is Open to Public Inspection Perter Mark Report Identification Information and ending 1110/2017 and ending 1110/2017 A This return/report is for: a single-employer plan an multiple-employer plan (or null-inforphoyer) (Filers checking This box must attach a list of participating employer information in accordance with the form instructions.) This Form is Open to Public Inspection B This return/report is for: a one-participant plan a foreign plan Information DFVC program B This return/report is for first return/report is a short plan year return/report is a namended return/report is a namended return/report is a single-employer plan In branchick In branchick B This return/report is social return in the form instructions in the form instructions is Social return/report is return instructions in the form instructions is Social return/report is not instructions in the form instructions is Social return/report is return instructions is Social return/report is return instructions in the social return instructions is Social return/report is return instructions in the social return instructions is Social return/report is return instructions is Social return/report is return instructions is social return instructions return instructions is social return instructions return instructions is socis cocial return			This form is required to be file				2017				
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Part II Basic Plan Information—enter all requested information 1a Name of plan NSSOCIATE TRAVEL, INC. 401(K) PLAN 1b Three-digit plan number (PN) ▶ 001 2a Plan sponsor's name (employer, if for a single-employer plan) Maining address (include noon, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and 2IP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 9 - 1081267 2c Sponsor's tame (employer, if for a single-employer plan) Maining address (include noon, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer Identification Number (EIN) 9 - 1081267 3cs Social TRAVEL, INC. 2d Business code (see instructions) Set500 Set 61500 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 20.6-621-0200 3d International address Same as Plan sponsor's name, EIN, the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4b EIN 4d The name and/or EIN of the plan year 5a 7 5a Total number of participants at the edit of the plan year 5b 0 6a Number of participants at the edit of the plan year 5b 0 6a Number of participants with accound balances as of the edit plan year <t< td=""><td>C Check b</td><td>oox if filing under:</td><td></td><td></td><td>on</td><td colspan="5">DFVC program</td></t<>	C Check b	oox if filing under:			on	DFVC program					
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		Signature of plan a	dministrator	Date	Enter name of individ	lual signing	as plan administrator				
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HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor For Persenverk Bedruction Act Notice Sec Form 5500 SE Sec Form 5500 SE Sec Form 5500 SE	HERE				Enter name of individ	r name of individual signing as employer or plan sponsor					

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes 🗌 No		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions									
Do	rt III Financial Information									
<u>га</u> 7							(h) F d .			
<u> </u>	Plan Assets and Liabilities	7-	(a) Beginning of Year			(b) End of Year				
 b	Total plan assets	7a 7b	172982			U				
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	170000			0				
<u> </u>		7c	172982							
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			(b) Total				
<u>u</u>	(1) Employers	8a(1)	100							
	(2) Participants	8a(2)	4800							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	2	24102						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					29002			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19	199351						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	2633							
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				201984				
i	Net income (loss) (subtract line 8h from line 8c)	8i				-172982				
j	Transfers to (from) the plan (see instructions)	8j								
Ра	rt IV Plan Characteristics									
9a										
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	A	mount		
a Was there a failure to transmit to the plan any participant contributions within the time period										
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	,	,	10a		х				
b	Program) Were there any nonexempt transactions with any party-in-interest			IVa		~				
reported on line 10a.)				10b		Х				
C	Was the plan covered by a fidelity bond?			10c		X				
d Did the plan have a loss, whether or not reimbursed by the plan's the by fraud or dishonesty?				10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х				

10g

10h

10i

X

Х

0

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i,

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

exceptions to providing the notice applied under 29 CFR 2520.101-3.....

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Page 3- 1

Part	VI Pension Fu	iding Compliance				
11	Is this a defined ben (Form 5500) and line	dule S	В	<u> </u>	'es 🗌 No	
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined con ERISA? (If "Yes," complete I	302 of	f 	<u> </u>	′es X No	
a	If a waiver of the mir granting the waiver.			f the lette Year _	r ruling	
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	b Enter the minimum required contribution for this plan year					
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d	Subtract the amount negative amount)	12d				
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan as control of the PBGC		X Yes No			
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
13c(1) Name of plan(s): 13c(2) H					13c(3) PN(s)	