Foi	rm 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Empl	MB Nos. 121 121				
	rtment of the Treasury rnal Revenue Service	This form is required to be file		4065 of the Employee R	a) of the Internal This Form is Open				
	epartment of Labor Benefits Security Administration	Income Security Act of 1974		957(b) and 6058(a) of the					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	tructions to the Form 5	500-SF.	Public Inspection			
Part I		dentification Information							
For calend	ar plan year 2017 or fisc				2/31/2017	ing this have such attach a			
A This ret	turn/report is for:	X a single-employer plan				king this box must attach a ith the form instructions.)			
B This ret	urn/report is								
		the first return/report	the final return/report						
-		an amended return/report	a short plan year retu	rrn/report (less than 12 m	ionths)				
C Check	box if filing under:	Form 5558	automatic extension		X DFVC p	rogram			
		special extension (enter descr							
Part II		mation—enter all requested inf	formation						
1a Name	of plan				1b Three plan	e-digit number			
LOTUSTRA	VEL ING. RETIREMEN	I FLAN			(PN)				
					1c Effect	tive date of plan 01/01/2003			
Mailing	g address (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 91-1700175			
LOTUS TRA		, country, and ZIP or foreign post	ai code (il toreign, see ins	tructions)	2c Spor	nsor's telephone number 425-533-0575			
					2d Busir	ness code (see instructions)			
12366 SE 41 BELLEVUE,						561500			
3a Plan a	dministrator's name and	l address 🗙 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
					3c Admi	nistrator's telephone number			
		plan sponsor or the plan name ha			4b EIN				
a Spons	sor's name	sor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN				
C Plan N	Name								
5a Total	number of participants a	at the beginning of the plan year			5a	5			
		at the end of the plan year			5b	4			
comp	lete this item)	ccount balances as of the end of			5c	4			
d(1) Tot	al number of active parti	icipants at the beginning of the pl	an year		5d(1)	2			
• •		icipants at the end of the plan year			5d(2)	1			
		erminated employment during the			5e	0			
Caution: A Under pena	A penalty for the late of alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have	d unless reasonable can e examined this return/re	port, includi	ng, if applicable, a Schedule			
	true, correct, and compl	ete.	-						
SIGN HERE	Filed with authorized/v	alid electronic signature.	10/03/2018	XIAOLU YI					
	Signature of plan ad		Date		lual signing a	ning as plan administrator			
SIGN HERE	Filed with authorized/v	alid electronic signature.	10/03/2018	XIAOLU YI					
	Signature of employ	er/plan sponsor , see the Instructions for Form 5500	Date	Enter name of individ	lual signing a	as employer or plan sponsor Form 5500-SF (2017)			

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Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 1292327 902491 b Total plan liabilities 7b 1 1292327 902491 c Net plan assets (subtract line 7b from line 7a) 7c 1292327 902491 a Contributions received or receivable from: (a) Amount (b) Total 10 a Contributions received or receivable from: 8a(1) 0 0 10 10 (3) Others (including rollovers) 8a(3) 36000 36000 290061 10 <	C If the plan is a defined benefit plan, is it covered under the PBC If "Yes" is checked, enter the My PAA confirmation number fro			
a Total plan assets 7a 1292327 902491 b Total plan liabilities 7b 1292327 902491 c Net plan assets (subtract line 7b from line 7a) 7c 1292327 902491 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 36000 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 254061 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 290061 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 679897 e Certain deemed and/or corrective distributions (see instructions) 8e 679897 f Administrative service providers (salaries, fees, commissions) 8f 0 679897 i Net income (loss) (subtract line 8t, fend 8g) 8i -389836 -389836 j Transfers to (from) the plan (see instructions) 8i -389836 -389836 j Transfers to (from) the plan (see instructions) 8j -389836 -389836 </th <th></th> <th></th> <th>(a) Paginning of Yoar</th> <th>(b) End of Year</th>			(a) Paginning of Yoar	(b) End of Year
b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a)		72		
CNet plan assets (subtract line 7b from line 7a)	-			002101
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 0 (2) Participants			1292327	902491
a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 36000 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 254061 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 290061 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 679897 e Certain deemed and/or corrective distributions (see instructions) 8e 6 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 679897 i Net income (loss) (subtract line 8h from line 8c) 8i -389836 j Transfers to (from) the plan (see instructions) 8j -389836 ga If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D 3D			(a) Amount	(b) Total
(3) Others (including rollovers)		8a(1)		
b Other income (loss) 8b 254061 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 290061 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 679897 e Certain deemed and/or corrective distributions (see instructions) 8e 679897 g Other expenses 8g 0 679897 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8f 0 679897 i Net income (loss) (subtract line 8h from line 8c) 8g 0 679897 i Net income (loss) (subtract line 8h from line 8c) 8i 679897 679897 j Transfer to (from) the plan (see instructions) 8g 0 679897 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D 2J 3D	(2) Participants	8a(2)	36000	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b Other income (loss)	8b	254061	
to provide benefits) 8d 679897 e Certain deemed and/or corrective distributions (see instructions) 8e 679897 f Administrative service providers (salaries, fees, commissions) 8f 0 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 679897 i Net income (loss) (subtract line 8h from line 8c) 8i -389836 j Transfers to (from) the plan (see instructions) 8j -389836 Part IV Plan Characteristics	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		290061
f Administrative service providers (salaries, fees, commissions)			679897	
g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g)	e Certain deemed and/or corrective distributions (see instructions	s) 8e		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions).	8f	0	
i Net income (loss) (subtract line 8h from line 8c)			0	
j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D	_			679897
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D	-			 -389836
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 3D		······ 8j		
	9a If the plan provides pension benefits, enter the applicable pension 2E 2J 3D			
	Part V Compliance Questions			

а	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 Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	х		125000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		×	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	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	10i			

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No		N/A
Part '	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	1 ×	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2)				130	:(3) P	'N(s)

Form 5500-SF	Short Form Annual Return/Report of Small Employ Benefit Plan	vee	CMB Nos. 1210-0110 1210-0089
Bepartment of the Tradeury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe		2017
Cepariment of Labor Employee Senetts Security Administration	 Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6051 the Internal Revenue Code (the Code). 	B(a) of This F	orm is Open to Public
Persion Benefit Guerarity Corporation	Complete all entries in accordance with the instructions to the Form 550	ACE	Inspection
Part I Annual Report	Identification Information	-9r, [
or calendar plan year 2017 or fit		12/31/20	17
	x a single-employer plan a multiple-employer plan (not multiemployer)	(Filers checking t	his box must attach
A This return/report is for.	a list of participating employer information in a	accordance with t	he form instructions,)
B This return/report is:	the first return/report the final return/report		
	an amended return/report a short plan year return/report (less than 12 n	no othe 1	
		nonunsj	
C Check box if filing under:	E Form 5558	DFVC	rogram
	special extension (enter description)		
Part II Basic Plan Info	mation enter all requested information		
a Name of plan		1b Three-dig	
Lotus Travel Inc. 1	Ratirement Plan	plan numb (PN) ►	001
		1c Effective c 01/01/2	and the second sec
Mailing Address (include roo	over, if for a single-employer plan) om, apt., suite no, and street, or P.O. Box) ce, country, and ZIP or foreign postal code (if foreign, see instructions)	1000000000	Identification Number
Lotus Travel Inc.	ce, country, and zin or lotargn postal code (in lotargn, see insuructions)	2C Sponsor's	telephone number
			33-0575
12356 SE 41st Lane		2d Business 561500	code (see instructions)
US Bellevue WA 98006	Iven -		
3a. Plan administrator's name a	ind eddress 🔣 Same as Plan Sponsor	3b Administra	alor's EIN
		3C Administra	stor's telephone number
4 If the name and/or EIN of the	e plan sponsor or the plan name has changed since the last return/report filed for nsor's name, EIN, the plan name and the plan number from the last return/report,	4b EIN	
Sponsor's name	nave a nerre, che, me per reine and me per normore nom me lest returniteport.	4d PN	
C Plan Name			
5a Total number of participants	s at the beginning of the plan year	5a	5
b Total number of participants	s at the end of the plan year	6b	4
	account balances as of the end of the plan year (only defined contribution plans	6c	4
	rticipants at the beginning of the plan year	5d(1)	2
d(2) Total number of active pa	rticipants at the end of the plan year	5d(2)	1
	terminated employment during the plan year with accrued benefits that were	бe	0
Caution: A penalty for the late	or incomplete filing of this return/report will be assessed unless reasonable or	use is establish	ed,
Under penalties of perjury and o	ther penalties set forth in the instructions, I declare that I have examined this return/r and signed by an enrolled actuary, as well as the electronic version of this return/repo	aport, including, if	applicable a Schedule
SIGN - Fits	ENE Det - 3-2018 XINOLD YI		
HERE Signature of plan adr		al cigning as plac	administrator

Oct -3 -2018 XINOLD YI

Date

HERE Signature of employer/plan sponsor For Paperwork Reduction Act Notice, see the instructions for Form 5500-5F.

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Form 5500-8F (2017) v.170203

Enter name of individual signing as employer or plan sponsor

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				_						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)						X Ye	s 🗌 No
	re you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA nder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	s 🔲 No
		bu answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use l								
	If the plan is a defined benefit plan, is it covered under the PBGC ins								lo 🗌 Not	determined
	If "Yes" is checked, enter the My PAA confirmation number from the									ructions.)
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year				(b) En	d of Year	
а	Total plan assets	7a	1,29	2,32	27		VI.		90	2,491
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1,29	2,32	27				90	2,491
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	90(1)			0	10000				
	(1) Employers	8a(1)	3	6,0	_	1000			1.08/23	
-	(2) Participants	8a(2)		0,0		183.0	5.30	his		
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	25	4,0	61		RUINT			Station 1
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,0	5) positiv	COLUMN A	POPULA-	29	0,061
d	Benefits paid (including direct rollovers and insurance premiums		Address of the second s	the state	CC R	and the	1.4	Hore 1	23	0,001
	to provide benefits)	8d	67	9,8	97	131	1021			
е	Certain deemed and/or corrective distributions (see instructions)	8e				EIK?	1 21			
f	Administrative service providers (salaries, fees, commissions)	8f		0 0				11 - 11 - 11 - 11 -		
g	Other expenses	8g						26.145	- 10- m	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		Shine	199				67	9,897
i	Net income (loss) (subtract line 8h from line 8c)	8i	State of the second second second	sai,	12.2				(389	,836)
j	Transfers to (from) the plan (see instructions)				Sub	Will B		建制分支	Party Stee 17	
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension f	eature cod	les from the List of Plan C	harac	teristi	c Cod	es in th	ne instr	uctions:	
	2E 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aract	eristic	Code	s in the	e instru	ctions:	
P	art V Compliance Questions					40				
10	During the plan year:				Yes	No	N/A		Amour	it
a	Was there a failure to transmit to the plan any participant contribu									
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary Fi	duciary Correction							
	Program)			10a		x				
l I	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
· · · · ·				10c	-	1	2112			125,000
	Did the plan have a loss, whether or not reimbursed by the plan's						ALCION.			
	by fraud or dishonesty?			10d		x				
	• Were any fees or commissions paid to any brokers, agents, or ot	her persor	ns by an insurance							
	carrier, insurance service, or other organization that provides son the plan? (See instructions.)			10e		x				
1	Has the plan failed to provide any benefit when due under the plan					x	E and			
	g Did the plan have any participant loans? (If "Yes," enter amount a	plan have any participant loans? (If "Yes," enter amount as of year end.)				x	SPAL			
-	h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		x		lä fils	得到	
-	If 10h was answered "Yes," check the box if you either provided	the require	ed notice or one of the	101						
	exceptions to providing the notice applied under 29 CFR 2520.101-3						17200	1 apr	(The lots	

Form 5500-SF 2017

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Par	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a (Form 5500 and line 11a below)	and complete S	chedule	SB 🗆 Y	′es 🕱	No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4	0	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	he Code or sec	tion 302		es X	No
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver	Month	and ente			ng
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li					
b	Enter the minimum required contribution for this plan year		12b			
с	Enter the amount contributed by the employer to the plan for the plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No [N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?	******	Г	Yes X	No	
	If "Yoo " optor the emount of any plan access that much of a function of the function of the		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or b control of the PBGC?	rought under th	ne	Yes 🛛	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in which assets or liabilities were transferred. (See instructions.)	lentify the plan	(s) to			
1;	Bc(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)	
-						