Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I		Identification Information	l .							
For calend	dar plan year 2018 or fi	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)										
		a one-participant plan	a foreign plan							
b This ret	urn/report is	the first return/report an amended return/report	the final return/report							
		urn/report (less than 12 m	nonths)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m				
		special extension (enter desc	· '							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name JIM'S MARI	of plan NE & TRAVEL, INC. 4	01(K) PLAN			1b Three-digi plan numb (PN) ▶					
			1c Effective of	late of plan 06/01/1998						
		oyer, if for a single-employer plan)) David			dentification Number				
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	23-1948641				
	NE & TRAVEL, INC.	, , , , , , , , , , , , , , , , , , ,	3,	,		telephone number 7-699-3807				
					2d Business	code (see instructions)				
67 SACKET NICHOLS, N	TS CREEK RD					441210				
TVIOLIOLO, I	VI 15012									
3a Plan a	administrator's name a	nd address X Same as Plan Spo	nsor.		3b Administra	tor's EIN				
					3c Administra	tar'a talanhana numbar				
					3C Administra	tor's telephone number				
		e plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN					
	sor's name	onson s name, Em, the plan hame t	and the plan humber hom	the last return/report.	4d PN					
C Plan N										
		s at the beginning of the plan year.			. 5a	35				
		s at the end of the plan year			. 5b	31				
		account balances as of the end of		•	5c 5d(1)	23				
d(1) Total number of active participants at the beginning of the plan year						34				
d(2) Total number of active participants at the end of the plan year						26				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e 0				
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable ca						
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, a polete.								
SIGN		I/valid electronic signature.	04/29/2019	SCOTT JEWELL						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	n administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	me of individual signing as employer					

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								No			
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.)											
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?												
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year											
Pa	Part III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Er	nd of Year				
a	Total plan assets	7a	` , , , ,	84334	1		(-,	1365070				
b	Total plan liabilities	7b		0				0				
С	Net plan assets (subtract line 7b from line 7a)	7c	138	84334				1365070				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total				
а	Contributions received or receivable from:											
	(1) Employers	8a(1)		36121			0 1365070 (b) Total 9208 9208 28472 -19264 ic Codes in the instructions:					
	(2) Participants	8a(2)	(50925		1365070 (b) Total 9208						
	(3) Others (including rollovers)	` ′		0	-							
	Other income (loss)		-	87838				0000				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9208				
	to provide benefits)	8d		27617								
е	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		855								
g	Other expenses											
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							28472				
i_	Net income (loss) (subtract line 8h from line 8c)							-19264				
j	Transfers to (from) the plan (see instructions)	8j		0								
Pai	Part IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	des in the ir	nstructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the ins	structions:				
Par	t V Compliance Questions											
10	During the plan year:				Yes	No		Amount				
а	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											
	Program)			10a		X						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Χ						
С	Was the plan covered by a fidelity bond?			10c	X			2500	000			
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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.)							14	39			
f	f Has the plan failed to provide any benefit when due under the plan?					X						
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)							330	061			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X						
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i								

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a							
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?		Yes X No						
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b		Yes X No							
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plant which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

The second second		iscal plan year beginning		01/2018	and ending		12/31/201	8				
						Filers						
A This retu	urn/report is for:						r) (Filers checking this box must attach a accordance with the form instructions.)					
	officers beautiful and the state of the stat	a one-participant plan		a foreign plan								
B This retu	rn/report is			25 SSS								
	nadoctia - promes	the first return/report	the final return/report									
		an amended return/report	as	hort plan year return	report (less than 12 m	onths)					
C Check b	ox if filing under:	Form 5558	Паи	tomatic extension	Î	Пр	VC program					
		special extension (enter desc				Ц В	vo program					
Part II	Racic Plan Info	ormation—enter all requested in										
1a Name o		ormation—enter all requested in	normatio	n		16	Three-digit					
		rel T== 401/l-) D1				ID	plan number					
OIM'S M	arine & Trav	rel, Inc. 401(k) Plan	-				(PN)	001				
						1c	Effective date of 06/01/1998					
		oyer, if for a single-employer plan)				2b	Employer Identif					
Mailing	address (include roo	om, apt., suite no. and street, or P.	O. Box)		82 80		(EIN)23-1948					
Jim's M	fown, state or province farine & Trav	ce, country, and ZIP or foreign pos rel, Inc.	tal code	(if foreign, see instru	ictions)	2c Sponsor's telephone number						
						(607) 699-3807						
						2d	2d Business code (see instructions)					
67 Sack	etts Creek R	ld										
Nichols	3			NY	13812		441210					
3a Plan administrator's name and address 🛚 Same as Plan Sponsor.						3b Administrator's EIN						
						0-						
					9	3C	3c Administrator's telephone number					
4 If the n	ame and/or FIN of th	ne plan sponsor or the plan name h	ac chan	and since the last re	turn/rapart filed for	4h	EIN					
this pla	an, enter the plan spo	onsor's name, EIN, the plan name	and the	plan number from th	e last return/report.	40	EIN					
a Sponso					N.	4d PN						
C Plan Na	ame											
(mail:												
5a Total n	umber of participants	s at the beginning of the plan year				5	a	35				
		s at the end of the plan year				5	b	31				
C Numbe	er of participants with	account balances as of the end of	f the plar	n year (only defined	contribution plans	5	5c 22					
complete this item)							23					
d(1) Total number of active participants at the beginning of the plan year						_	id(1) 34					
d(2) Total number of active participants at the end of the plan year						5d	(2)	26				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested							0					
Caution: A	penalty for the late	or incomplete filing of this retu	rn/repor	t will be assessed i	inless reasonable ca	use is	established.					
SB or Sche	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.											
SIGN				4-29-19	Scott	1	-ewell					
HERE	Signature of plan	administrator		Data		h i m		7.7.6.4				
	Signature of plan	aummistrator		Date	Enter name of individ	ual si	gning as plan adr	ninistrator				

Date

SIGN HERE

b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi not use Fo	ndent qualified public a tions.)orm 5500-SF and mus	ccount	ant (IC	PA) Form	∑ Yes ☐ No 15500.			
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	premium filing for this p	lan yea	r		. (See instructions.)			
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year			
<u>a</u>	Total plan assets	7a	1,	384,	334		1,365,070			
<u>b</u>	Total plan liabilities	7b			0		0			
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,	384,	334		1,365,070			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)		36,	121					
	(2) Participants	8a(2)		60,	925					
	(3) Others (including rollovers)	8a(3)		***************************************	0					
b	Other income (loss)	8b		-87,	838					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					9,208			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	V	27,	617					
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			855					
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					28,472			
i	Net income (loss) (subtract line 8h from line 8c)	 					-19,264			
j	Transfers to (from) the plan (see instructions)	8j	0							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable welfare the plan provides welfare benefits, enter the applicable welfare the plan provides welfare benefits, enter the applicable welfare the plan provides welfare benefits.									
***********	t V Compliance Questions				l		T -			
10 a	During the plan year: Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Program) Were there any nonexempt transactions with any party-in-interes	Voluntary	Fiduciary Correction	10a	Yes	No X	Amount			
	reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х	L	250,000			
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
-	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	Х		1,439			
f	Has the plan failed to provide any benefit when due under the plan?					Х				
	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)				Х		33,061			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i						

	Form 5500-SF (2018)	Page 3 -						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," (Form 5500) and line 11a below)	and complete Sch	edule S	SB Yes X N				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line	e 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements o ERISA?		the Code or section	n 302 o	f	Y	∕es ⊠ No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan year, s		d enter t		the lette Year_	r ruling	
lf :	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d				
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding dear	dline?			Yes 📗	No [N/A	
Part '	/II Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?				Yes	X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to control of the PBGC?	another plan, o	r brought under the			Yes X	No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s)	, identify the plan(s) to				

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):