-	m 5500-SF	Short Form Annu		eturn/Report enefit Plan	of Small Empl	oyee	OMB Nos. 1210 1210)-0110)-0089	
	tment of the Treasury nal Revenue Service	This form is required to be file	ed under	sections 104 and 4			2018		
	partment of Labor enefits Security Administration	Income Security Act of 1974		(), and sections 605 nue Code (the Code)		Internal	This Form is Open Public Inspection		
Pension Be	nefit Guaranty Corporation	Complete all entries in a	accorda	ance with the instru	uctions to the Form 5	500-SF.	T ublic inspection		
Part I		Identification Information							
For calenda	ar plan year 2018 or fi	scal plan year beginning 01/01/2	_			2/31/2018			
A This ret	urn/report is for:	X a single-employer plan	lis	t of participating em			king this box must attach vith the form instructions.		
		a one-participant plan		oreign plan					
B This retu	irn/report is	X 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	oox if filing under:	X Form 5558	au	tomatic extension		DFVC p	rogram		
		special extension (enter descr	ription)						
Part II	Basic Plan Info	rmation—enter all requested inf	formatio	n					
1a Name	of plan					1b Thre	5		
MADISON H	OUSE TRAVEL PROI	FIT SHARING PLAN				plan (PN)	number 001		
						, ,	tive date of plan		
							01/01/2018		
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)			2b Empl (EIN)	oyer Identification Numb 84-1500562	ber	
	town, state or provinc OUSE TRAVEL, LLC	e, country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	2c Sponsor's telephone number			
						212-777-0925			
208 WEST 30	OTH STREET, APT. 2	01				ZO Busir	2d Business code (see instructions)		
NEW YORK,	NY 10001						541800		
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Adm				3D Admi	iinistrator's EIN				
3c				3c Admi	ministrator's telephone number				
4 If the n	ame and/or EIN of the	e plan sponsor or the plan name ha	as chan	ged since the last re	turn/report filed for	4b EIN			
this pla	an, enter the plan spo	nsor's name, EIN, the plan name a		0	•				
a Sponso C Plan Na						4d PN			
	ame								
5a Total n	number of participants	at the beginning of the plan year				5a		3	
b Total n	number of participants	at the end of the plan year				5b		3	
C Numbe	er of participants with	account balances as of the end of	the plar	year (only defined	contribution plans	5c		3	
•	,	rticipants at the beginning of the pl				5d(1)		3	
d(2) Tota	al number of active pa	rticipants at the end of the plan yea	ar			5d(2)		3	
e Numb	er of participants who	terminated employment during the	e plan y	ear with accrued be	nefits that were less	5e		0	
than 1	00% vested	or incomplete filing of this return	n/report	t will be assassed	unless reasonable co		hlished	-	
		her penalties set forth in the instruct						dule	
SB or Sche		nd signed by an enrolled actuary, a							
SIGN		/valid electronic signature.		09/24/2019	LISA POMERANTZ				
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual signing	as plan administrator		
SIGN									
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	ual signing	as employer or plan spor	nsor	
						0 3		(

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

Form 5500-SF (2018) v.171027

6a b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accountant (IC	QPA)	X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan canno						
	if you answered no to entier line ba of line ob, the plan cannot	ol use ro	nn 5500-5F and must mstead us	e 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.)							
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End	of Year		

7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year	
a	Total plan assets	7a		0			66550	
b	Total plan liabilities	7b		0			0	
C	Net plan assets (subtract line 7b from line 7a)	7c		0		66550		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	6	6550				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		0				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					66550	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
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					0	
i	Net income (loss) (subtract line 8h from line 8c)	8i					66550	
j	j Transfers to (from) the plan (see instructions)							
Pa	Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2A$ 2E 2F 2G 2R 2T 3B 3D	feature co	odes from the List of Pla	in Char	acteris	stic Co	des in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Plan	Chara	cterist	ic Cod	es in the instructions:	
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	/oluntary F	iduciary Correction	10a		X	, incum	
k	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х		
C	C Was the plan covered by a fidelity bond?					X		
C	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х		
ç	J Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х		
		(0)						

 h
 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)
 10h
 X

 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
 10i

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	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 C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	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 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	s 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 brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

and the second	An and the second s	<u>nervan di serven set serven serv</u> en e	Periodiana al ana ama any ana ana ana ana ana ana ana ana an	ten nie werden der seine stelle sone het die seine			
Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Employee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	This form is required to be file	ed under sections 104 and 4	065 of the Employee Retirement	2018			
Department of Labor Employee Benefits Security Administrator Pension Benefit Guaranty Corporation	<u>D</u>	Revenue Code (the Code		This Form is Open to Public Inspection			
	Complete all entries in		uctions to the Form 5500-SF.				
Part Annual Repor	rt Identification Information						
For calendar plan year 2018 or	fiscal plan year beginning	01/01/2018		/31/2018			
A This return/report is for:	X a single-employer plan	list of participating em	an (not multiemployer) (Filers che ployer information in accordance				
B This return/report is	a one-participant plan	a foreign plan					
	X the first return/report	the final return/report					
	an amended return/report	a short plan year return	Vreport (less than 12 months)				
C Check box if filing under	X Form 5558	automatic extension		program			
	Special extension (enter desc	السار					
Part II Basic Plan Inf	formation-enter all requested in	REPAIR 14 C AND A AND AN		· · · · · · · · · · · · · · · · · · ·			
1a Name of plan	ormation-erner an requested in	nomauon	15 74	ree-digit			
 A second sec second second sec	AVEL PROFIT SHARING E	۲.AN		ree-aigit in number			
	والمواجعة والمتحدين المريم محتولهم المحمولية والم			N) 🕨 001			
			1¢ Eff	ective date of plan			
- <u> </u>		<u>. The second s</u>	01	L/01/2018			
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.(ployer Identification Number			
	nce, country, and ZIP or foreign pos		uctions)	N)84-1500562			
MADISON HOUSE TR		, <i></i>	2C Sp	2c Sponsor's telephone number 212-777-0925			
000 WERE 2000 00				siness code (see instructions)			
208 WEST 30TH ST	REED, ART. 201			na in the state of the state o			
NEW YORK	NY 100	01	54	1800			
3a Plan administrator's name	and address 🛛 Same as Plan Spo	insor.	3b Ad	ministrator's EIN			
			3c Ad	ministrator's telephone number			
4 If the name and/or EIN of t	the plan sponsor or the plan name h ponsor's name, EIN, the plan name	as changed since the last re	turn/report filed for 4b Ell	Ň			
a Sponsor's name C Plan Name			4d Ph	1			
5a Total number of participan	its at the beginning of the plan year.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
10 V	its at the end of the plan year						
C Number of participants with	h account balances as of the end of	the plan year (only defined	contribution plans	······································			
	participants at the beginning of the p		a function of the first of the				
A	participants at the end of the plan ye			· · · · · · · · · · · · · · · · · · ·			
e Number of participants where	ho terminated employment during the	e plan year with accrued be	nefits that were less				
Caution: A penalty for the late	e or incomplete filing of this retur	n/report will be assessed	unless reasonable cause is es	tablished.			
Under penalties of perjury and on SB or Schedule MB completed belief, it is true, correct, and con	other penalties set forth in the instru- and signed by an enrolled actuary,	ctions, Ldeclare that I have as well as the electronic ver	examined this return/report, inclusion of this return/report, and to a	iding, if applicable, a Schedule the best of my knowledge and			
and the many controls, city out		9.24.19	LISA POMERANTZ				
SIGN LAND LOW	NO 0		•				
SIGN - AUDA HOW		Date	Enter name of individual signin	a as plan administrator			
SIGN AUDO UOW HERE Signature of plan	administrator		Enter name of individual signin	g as plan administrator			
SIGN <u>+ AUDA HOW</u> HERE Signature of plan SIGN + AUDA HOM		Date 9.24.19 Date	LISA POMERANTZ	g as plan administrator g as employer of plan sponsor			

	Form 5500-SF (2018)	<u> </u>	Page 2	<u> </u>	• ••• •		1917 - 01 - 01 - 01 - 01 - 01 - 01 - 01 -	- 101
b	Were all of the plan's assets during the plan year invested in eligit 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 can	an indepe and cond not use Fo	ndent qualified public a fions.) orm 5500-SF and must	ccounta instea	nt (IC d use	PA) Form 5	500.	Yes No Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC I If "Yes" is checked, enter the My PAA confirmation number from the							determined structions.)
Pa	rt III Financial Information		······					
7	Plan Assets and Liabilities		(a) Beginning o	f Year		oh warn	(b) End of Year	
a	Total plan assets	. 7a			Ø			66,550
b	Tota plan liabilities	7b	en e		0	<u>, , , , , , , , , , , , , , , , , , , </u>		0
<u> </u>	Net plan assets (subtract line 7b from line 7a)	. 7c			0			66,550
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	ś			(b) Total	
a	Contributions received or receivable from: (1) Employers	. 8a(1)		66,5	50			3 (j
	(2) Participants	. 8a(2)		· · ·	0			
	(3) Others (including rollovers)	. 8a(3)			0		a 12 - Angel ann a 1189 an 1 Thair an 189 anns a' 199	
þ	Other income (loss)	. 8b		····	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		is prog Screense				66,550
<u></u>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0			
e	Certain deemed and/or corrective distributions (see instructions)	. 8e	· · · · · · · · · · · · · · · · · · ·		0			
<u> </u>	Administrative service providers (salaries, fees, commissions)	. 8f			0	i gan jewan		
and the second	Other expenses	8g			0	states definites		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)						· · · · · · · · · · · · · · · · · · ·	.0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)						.	66,550
1	Transfers to (from) the plan (see instructions)	8)			0			
a statement of the local division of the loc	rt IV Plan Characteristics	<u></u>						
.9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2R 2T 3B 3D	feature co	odes from the List of Pla	n Chara	acteri	stic Code	is in the instructions	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature con	les from the List of Plan	Charao	teris	tic Codes	in the instructions:	
Par	t V Compliance Questions	· · ·					·····	
10	During the plan year:		<u></u>	.	Yes	No	Amount	
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 Program)	Voluntary I	iduciary Correction	10a		X		
È		t? (Do not	include transactions	10b		X.	in	<u> </u>
C				10c		x		
Q		s fidelity bo	nd, that was caused	10d		X		
e		her persor ne or all of	is by an insurance	10e		x		
f				10f		Х		
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		x		
h		(See instr	uctions and 29 GFR	10g		x		

 2520.101-3.)
 10h
 X

 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

Î

Form 5500-SF (2018)

Page 3-

art VI Pension Funding Compliance	
1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," (Form 5500) and line 11a below)	see instructions and complete Schedule SB
1a Enter the unpaid minimum required contributions for all years from Schedule SB ((Form 5500) line 40
Is this a defined contribution plan subject to the minimum funding requirements of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	of section 412 of the Code or section 302 of Yes 🕅 Yes
a If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.	this plan year, see instructions, and enter the date of the letter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	00), and skip to line 13.
b Enter the minimum required contribution for this plan year	
c Enter the amount contributed by the employer to the plan for this plan year	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)	er a minus sign to the left of a
e Will the minimum funding amount reported on line 12d be met by the funding dead	
It VII Plan Terminations and Transfers of Assets	
3a 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 yea	
b Were all the plan assets distributed to participants or beneficiaries, transferred to a control of the PBGC?	another plan, or brought under the
C If, during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred.	another plan(s), identify the plan(s) to
13c(1) Name of plan(s):	13c(2) EIN(s) 13c(3) PN(s
and the second	