## 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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

	2/31/2016			
▲ This return/report is for:    X   a single-employer plan     a multiple-employer plan (not multiemployer) (   Iist of participating employer information in ac	_			
a one-participant plan a foreign plan		,		
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 m	onths)			
C Check box if filing under:  Form 5558  automatic extension	DFVC program	m		
special extension (enter description)  Part II Basic Plan Information—enter all requested information				
Part II Basic Plan Information—enter all requested information  1a Name of plan	<b>1b</b> Three-digi	<del>t</del>		
TRAVEL LEADERS NW RETIREMENT PLAN	plan numb			
	1c Effective d	late of plan 01/01/2011		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)		dentification Number 91-0984574		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  J & H INVESTMENT CORPORATION  TRAVEL LEADERS	2c Sponsor's	telephone number 5-775-1595		
5611 - 196TH ST. S.W	2d Business o	code (see instructions)		
LYNNWOOD, WA 98036		561500		
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.	<b>3b</b> Administrator's EIN			
	<b>3c</b> Administra	tor's telephone number		
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b EIN			
<b>a</b> Sponsor's name	4c PN			
5a Total number of participants at the beginning of the plan year	5a	28		
<b>b</b> Total number of participants at the end of the plan year	5b			
C Number of participants with account balances as of the end of the plan year (only defined contribution plans	_			
	5c	26		
complete this item) <b>d(1)</b> Total number of active participants at the beginning of the plan year	5c 5d(1)	26 22		
complete this item)		26 22 29		
complete this item)	5d(1) 5d(2) 5e	26 22 29 25 1		
complete this item)	5d(1) 5d(2) 5e use is established	26 22 29 25 1		
complete this item)	5d(1) 5d(2) 5e use is established port, including, if	26 22 29 25 1 applicable, a Schedule		
complete this item)	5d(1) 5d(2) 5e use is established port, including, if	26 22 29 25 1 ed. applicable, a Schedule		
complete this item)	5d(1) 5d(2) 5e use is established port, including, if t, and to the best	26 22 29 25 1 ed. applicable, a Schedule of my knowledge and		
d(1) Total number of active participants at the beginning of the plan year  d(2) Total number of active participants at the end of the plan year  e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	5d(1) 5d(2) 5e use is established port, including, if t, and to the best	26 22 29 25 1 ed. applicable, a Schedule of my knowledge and		
d(1) Total number of active participants at the beginning of the plan year	5d(1) 5e use is established port, including, if t, and to the best ual signing as planual signing as em	26 22 29 25 1 ed. applicable, a Schedule of my knowledge and an administrator		
d(1) Total number of active participants at the beginning of the plan year	5d(1) 5e use is established port, including, if t, and to the best ual signing as pla	26 22 29 25 1 ed. applicable, a Schedule of my knowledge and an administrator		
d(1) Total number of active participants at the beginning of the plan year	5d(1) 5e use is established port, including, if t, and to the best ual signing as planual signing as em	26 22 29 25 1 ed. applicable, a Schedule of my knowledge and an administrator		

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						× Yes	No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Yes	П No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						□ . • •	□
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End c	of Year	
а	Total plan assets	7a		670481					716635	,
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		670481					716635	,
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
а	Contributions received or receivable from:	0-(4)		30860						
	(1) Employers	8a(1)		101036						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b		43262						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							175158	3
	Benefits paid (including direct rollovers and insurance premiums	- 00								
	to provide benefits)	8d		129004						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g			_					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				129004				
<del>_</del>	Net income (loss) (subtract line 8h from line 8c)	8i				46154				
	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics									
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
b	,	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					60000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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		X				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g		-	-	10g		X				
h	2520.101-3.)	` 		10h		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			10i						

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	es No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•		
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No	
	ERIS (If "\	A?				🖰		
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
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				
	<b>d</b> 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)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No	
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to				
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		<b>14b</b> Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		•				
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No		
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP	
				rent year test	,"	N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat	centage		verage enefit test	□ N/A	
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
	the le		<u>'</u>					
	letter		nter the date	e of the n	nost rec	ent determir	ation	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No		

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

the Treasury
use Service
This form is required to be filed under sections 104 and 4065 of the Employee Retire

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.

Short Form Annual Return/Report of Small Employee

1210-0089

2016

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part	Annual Report	t Identification Information	1								
		fiscal plan year beginning 01/01/20	16	and ending 12/	124/2016						
		X a single-employer plan				47.4					
A This	return/report is for:		a multiple-employer plan (no list of participating employer	or information in a	(Filers checking)	this box must attach a					
		a one-participant plan	a foreign plan		accordance with the form instructions.)						
		_	_								
<b>B</b> This	return/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/repo	ort (less than 12 m	nonths)						
C Che	ck box if filing under:	☐ Form 5558			_						
		H	automatic extension		DFVC progr	rogram					
	Design Discount	special extension (enter descr									
Part I		ormation—enter all requested inf	ormation								
	ne of plan LEADERS NW RETIREM	APPLIE IN ALI			1b Three-dig	- 1					
INAVEL	LEADERS MAA KE HKEM	MEN! PLAN			plan num	ober   001					
					1c Effective						
_					01/01/20						
2a Plan	sponsor's name (emplo	yer, if for a single-employer plan)			<del>                                     </del>	Identification Number					
Mail	ing address (include roor	m, apt., suite no, and street, or P.O.	. Box)		(EIN) 91-						
J & H INV	OF TOWN, STATE OF PROVINCE	e, country, and ZIP or foreign posta	al code (if foreign, see instruction	ıs)		s telephone number					
TRAVEL L		ON				(425) 775-1595					
						code (see instructions)					
5611 - 196	STH ST. S.W				561500	,					
LANNWO	OD, WA 98036										
		nd address K Same as Plan Spons			25						
<b>96</b> 1 (61)	autimistrator s maints am	o address Moanie as rian opon	sor.		3b Administra	ator's EIN					
				}	3c Administra	ator's telephone number					
					OO Administra	TOLS TEIGHTROLIE HITHING					
				İ							
4 If the	name and/or EIN of the	plan sponsor has changed since the	as last saturalsonart filed for this		•1						
nam	e, EIN, and the plan num	nber from the last return/report.	ie iast retuinneport med for trus i	plan, enter the	4b EIN						
	sor's name			1	4c PN						
5a Tota	I number of participants a	at the beginning of the plan year									
		at the end of the plan year			5b	28					
C Num	ber of participants with a	ccount balances as of the end of th	e plan year (only defined contrib	ution plane		26					
com	plete this item)				5c	22					
		icipants at the beginning of the plar			5d(1)	29					
		ticipants at the end of the plan year			5d(2)	25					
e Num	ber of participants that te	erminated employment during the p	lan year with accrued benefits th	nat were less							
than	100% vested			ļ	5e	1					
Caution:	A penalty for the late of	r incomplete filing of this return/i	report will be assessed unless	reasonable caus	se is establishe	d.					
SB or Sch	naities of perjury and other redule MB completed and	er penalties set forth in the instruction disigned by an enrolled actuary, as	ons, I declare that I have examin	ed this return/report	ort, including, if a	applicable, a Schedule					
belief, it is	true, correct, and comple	ete.	Well as the electronic version of	this return report,	and to the pest	of my knowledge and					
SIGN	In Leboral	ナイン	14/18/17 X1	)eborah	· LKI	ck					
HERE	Signature of plan add	ministrator									
arau.	Olgriciato di pian adi	illinou ator	Date Enter	name of individua	al signing as plai	n administrator					
SIGN HERE	1										
Signature of employer/plan sponsor Date Enter name of indiv			name of individua	al signing as em	ployer or plan sponsor						
Preparers	name (including firm nar	me, if applicable) and address (incl	ude room or suite number)		Preparer's telepi						
				1							
				-							

6a 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	an independ	lent qualified public accountant (IQPA	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condition	ns.)	X Yes
	If you answered "No" to either line 6a or line 6b, the plan canr			
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 4021)?	. 🗌 Yes 🗌 No 📗 Not determir
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	670481	716635
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	670481	716635
8	Income, Expenses, and Transfers for this Plan Year	Y Y L	(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	30860	
	(2) Participants	8a(2)	101036	
	(3) Others (including rollovers)	8a(3)	Tax.	
b	Other income (loss)	8b	43262	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		175158
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	129004	
е	Certain deemed and/or corrective distributions (see instructions)	8e	14.0	
f	Administrative service providers (salaries, fees, commissions)	8f	1000	ROWNER AND
g	Other expenses	8g	530	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		129004
i	Net income (loss) (subtract line 8h from line 8c)	8i		46154
j	Transfers to (from) the plan (see instructions)	8i	ES M	
a	t IV Plan Characteristics	<u> </u>		
Эа	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 2T 3D	feature code	s from the List of Plan Characteristic (	Codes in the instructions:

Part	V Compliance Questions					
10					N/A	Amount
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.)			х		
C	Was the plan covered by a fidelity bond?		Х		4-1	60000
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		Х		
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		х	= =	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	814	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	3	· · · · · · · · · · · · · · · · · · ·
	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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Par	t VI Pension Funding Compliance								_
11		comp	lete Sc	hedule S	B		Y	es 🗌	No
118	a 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 CERISA?	Code o	or section	on 302 o	f		Y	es 🛛	No
	(ii res, complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					-1			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.  If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month	ons, ar	id enter Day			e letter Year	ruling	
		_		1	Γ				
	Enter the minimum required contribution for this plan year			12b	<u> </u>				
	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)								
	Will the minimum funding amount reported on line 12d be met by the funding deadline?						/o	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		X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	nht un	der the			Y	es X	No	
С		ify the	plan(s	) to		_			
	13c(1) Name of plan(s):		13c(2)	EIN(s)			3c(3) F	PN(s)	
							(-)	··( <u>-</u> )	
aXXero (~maxxir					}				
Part	YIII Trust Information								-
14a	Name of trust	-		14b T	rust's E	IN			_
14c	Name of trustee or custodian			14d Ti	ustee's elephon			's	
Part	IRS Compliance Questions					_			
15a	is the plan a 401(k) plan? if "No," skip b		Yes			] No			
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		safe h			"Pri test	or year	ADP	,
			Curre ADP te	nt year" est		N/A			
IDA	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio perce test	ntage		erage nefit te	est [	] N//	4
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	<del>-</del>		
17a I	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number								
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ent letter	er the	date o	f the mo	st recer	nt dete	rminati	on	
١	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separ service?	ated f	rom	Yes		No			
19 v	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes		No			