## 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).

OMB Nos. 1210-0110

1210-0089

2016

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

This Form is Open to **Public Inspection** 

	ort Identification Information	on							
For calendar plan year 2016	or fiscal plan year beginning 01/0	1/2017	and ending 0	1/31/2017					
<b>A</b> This return/report is for:	X a single-employer plan			er) (Filers checking this box must attach a in accordance with the form instructions.)					
71 This retain/report is for.	a one-participant plan	a foreign plan	proyer intermediation in a						
<b>B</b> This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)					
C Check box if filing under:	Form 5558	automatic extension		DFVC program					
Dowt II Doois Dlaw I	special extension (enter de	• •							
	nformation—enter all requested	information		<b>1b</b> Three-digit	T				
1a Name of plan HOTEL MANAGERS 401(K) P	LAN			plan number					
				(PN) <b>•</b>	001				
		1c Effective date of 01/0	of plan 1/2014						
Mailing address (include	nployer, if for a single-employer plar room, apt., suite no. and street, or F	P.O. Box)		2b Employer Identi (EIN) 91-1	ification Number 502457				
City or town, state or pro AIRPORT INVESTMENT COM	ovince, country, and ZIP or foreign por IPANY, INC.	ostal code (if foreign, see in	structions)	2c Sponsor's telep					
				2d Business code	(see instructions)				
19445 INTERNATIONAL BLVE SEATAC, WA 98188	).			721′	110				
3a Plan administrator's nam	ne and address X Same as Plan S	ooneor		<b>3b</b> Administrator's	EIN				
Ja Fian administrator s nan	ie and address A Same as Flan S	JOHSOI.		SD Administrator's Life					
				<b>3c</b> Administrator's	telephone number				
	of the plan sponsor has changed sin-	ce the last return/report filed	for this plan, enter the	4b EIN					
name, EIN, and the plar <b>a</b> Sponsor's name	n number from the last return/report.			4c PN					
	ants at the beginning of the plan yea	ır							
· ·	ants at the end of the plan year			5b	0				
C Number of participants v	with account balances as of the end	of the plan year (only define	ed contribution plans	5c	0				
,	e participants at the beginning of the			5d(1)	3				
	e participants at the end of the plan	. ,		5d(2)	0				
	that terminated employment during			5e	0				
Caution: A penalty for the I	ate or incomplete filing of this ret	urn/report will be assesse	d unless reasonable ca						
SB or Schedule MB complete	d other penalties set forth in the inst ed and signed by an enrolled actuary								
belief, it is true, correct, and complete.  SIGN Filed with authorized/valid electronic signature.  06/05/2017 SANDRA OH									
HERE Signature of pl	an administrator	Date	Enter name of individ	lual signing as plan ad	ministrator				
SIGN									
	nployer/plan sponsor			lual signing as employ					
Preparer's name (including fi	rm name, if applicable) and address	(include room or suite num	ber)	Preparer's telephone	e number				

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	Were all of the plan's assets during the plan year invested in eligib		` ,						X	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 ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						Ш	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not o	determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year				(b) End	l of Year	
a	Total plan assets	7a		18648	3					0
b	Total plan liabilities	7b		0	)					0
С	Net plan assets (subtract line 7b from line 7a)	7c		18648	3					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) ·	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		526						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								526
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		18574						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19	174
i	Net income (loss) (subtract line 8h from line 8c)	8i				-18648				648
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Coc	des in t	he instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	ınt
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 V					X				
	Program)			10a		^				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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 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.)					X				
f	Has the plan failed to provide any benefit when due under the pla	in?	<u>.</u>	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided to 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 c n 5500) and line 11a below)						Yes X No		
		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.  A?								
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the granting the waiver								ter ruling		
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1				
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d					
		he 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		1						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [	No		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c	(3) PN(s)		
<b>-</b>										
Part	VIII	Trust Information								
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN			
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number					
Par	t IX	IRS Compliance Questions		<u> </u>						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	-  LL ;		n-based narbor	d [	Test	year" ADP		
			-  □ '	"Curre	ent year test	<u>"</u>	N/A			
16a 	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						verage enefit test	□ N/A		
16b	<b>16b</b> 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?						No			
	the le		-							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the n	nost rec	ent detern	nination		
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 e?		rom	Ye	s [	No			
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

## 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 section 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

2016

This Form is Open to Public Inspection

F	Part I Annual Repo	rt Identification Information	1									
	r calendar plan year 2016 or			01/01/2017	and ending	0	1/31/2017					
Α	This return/report is for:	x a single-employer plan		a list of participating		aployer) (Filers checking this box must attach atton in accordance with the form instructions.)						
В	This return/report is:	a one-participant plan the first return/report	x	a foreign plan the final return/repor	•							
	This returnineport is.	an amended return/report		-								
		an amended return/report	X	a short plan year ret	urn/report (less than 12 m	iontns	)					
С	Check box if filing under:	Form 5558		automatic extension			DFVC progra	m				
		special extension (enter desc	riptic	on)								
P	art II Basic Plan In	formation enter all requested	info	rmation								
_	Name of plan	Sinoi aii roquosisa	11110	maton		1b	Three-digit					
	Hotel Managers 40	1(k) Plan					plan number (PN) ►	001				
_				,		10	Effective date o 01/01/2014	f plan				
2a	Mailing Address (include r	oloyer, if for a single-employer plan) oom, apt., suite no. and street, or P. ince, country, and ZIP or foreign pos			tructions)	2b	Employer Identi (EIN) 91-15					
	Airport Investmen	t Company, Inc.				2c	Sponsor's telep (206) 878-					
	19445 Internation	al Blvd.				2d	Business code (721110	(see instructions)				
	US Seatac WA 98188							V-2-4				
3a	Plan administrator's name	and address X Same as Plan Sp	onso	or		3b	Administrator's	EIN				
						3c	Administrator's	telephone number				
4	If the name and/or FIN of t	the plan sponsor has changed since	the	last return/report filed	for this plan, enter the	4h	EIN					
•		umber from the last return/report.	1110	last retarn/report mea	for this plan, enter the	-						
_a	Sponsor's name					4c	PN	10.000				
5a	Total number of participan	ts at the beginning of the plan year				5	a	6				
b		ts at the end of the plan year				5	b	0				
С		h account balances as of the end of				5	С	0				
d	(1) Total number of active p	articipants at the beginning of the pla	an y	ear	•••••	5d	(1)	3				
d	(2) Total number of active p	articipants at the end of the plan yea	ar			5d	(2)	0				
е	Number of participants tha	at terminated employment during the		year with accrued be	nefits that were		ie	0				
C	aution: A penalty for the la	te or incomplete filing of this retur	rn/re	enort will be assesse	d unless reasonable ca	use is	established					
U	nder penalties of perjury and	other penalties set forth in the instrud and signed by an enrolled actuary,	uctio	ns, I declare that I have	e examined this return/re	port, i	ncluding, if applic	able, a Schedule knowledge and				
	sign D	8-2		0010	Sandra Oh							
15000	HERE Signature of plan ac	Iministrator	· ·	Date Date	Enter name of individu	al sinn	ning as plan admi	nistrator				
5 de la constant de						motrator						
and the second of the conference of the conferen							or alon onesees					
\$6200		n name, if applicable) and address (i	inclu	Date			parer's telephone					
	kip this question			oo room or outle num	331,		ip this quest					

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	•••••				[	X Yes	□No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at				•	,		[	x Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must inste	ead u	se Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	4021	)? .	[	Yes [	No [	Not d	etermined
Pa	art III Financial Information								i nedalis de minera	
7	Plan Assets and Liabilities		(a) Beginning of	Year			(b	) End of	Year	
а	Total plan assets	7a	1	8,64	18					0
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c	1	8,64	18					0
8	Income, Expenses, and Transfers for this Plan Year	41051	(a) Amount					(b) Tota	al	
а 	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		52	26					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c 8d	1	8,5	74					526
e	Certain deemed and/or corrective distributions (see instructions)	8e	_	,.						
f	Administrative service providers (salaries, fees, commissions)	8f								
ġ	Other expenses	8g		60	00					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19	,174
÷	Net income (loss) (subtract line 8h from line 8c)	8i		2 2					(18,	The state of the s
÷	Transfers to (from) the plan (see instructions)	8i		<u> </u>	9400000				A. 2255	3.52
D.	art IV Plan Characteristics	_ <u></u>				10,000,000		<u> </u>		The Control of the Co
	If the plan provides pension benefits, enter the applicable pension fe	atura cada	os from the List of Plan Ch	oroot	rictio	Code	s in the in	etruction		
Ja	2A 2E 2F 2G 2J 2K 2T 3D	ature code	es nom the List of Flam Ch	aracı	2115110	Code	s in the in	Structions	5.	
	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (	Codes	in the ins	tructions:		
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Aı	mount	
a	Was there a failure to transmit to the plan any participant contribut	ions within	the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	luciary Correction							
	Program)			10a		х				
_ k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	Hard Constant And State Con-	and an expect of the control of the property o	10b		х				
	Was the plan covered by a fidelity bond?			10c		х				
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		15 Jg	10d		х				
	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.)	e or all of t	he benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х				
ł	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)		CONTROL MARKET MARKET AND CONTROL MARKET CONTROL MARKET CONTROL CONTRO	10h		х				
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			2.0			
	-		1000	77.75						

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12.80 200										
Part	V 1							_		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instruction (Form 5500 and line 11a below)	ns and	comple	te Sc	hedu	ıle SB	3		Yes [	X No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) lir	ne 40	••••	••••	11:			- 0-		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of ERISA?								Yes [	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					971100000000000000000000000000000000000				
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, granting the waiver			ns, a	nd er	nter th Day		of the l		ıling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip t	to line	13.							
b	Enter the minimum required contribution for this plan year.	•••••			12	b				
C	Enter the amount contributed by the employer to the plan for the plan year				12	С				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus signegative amount)				12	d			2-0-2-750	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes [	No	<u> </u>	N/A
Part	VII Plan Terminations and Transfers of Assets								10000	
13a	Has a resolution to terminate the plan been adopted in any plan year?					x	Yes		No	
-	If "Yes," enter the amount of any plan assets that reverted to the employer this year				13	一一	1000			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, control of the PBGC?	or brou	ght und	ler th	е		x	Yes	N	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)				s) to	•••				
1:	Rc(1) Name of plan(s):		130	(2) E	IN/e)	١	T	136	:(3) PN	I/c)
	or plante).		100	·(2) L	.114(3)	,		150	(0) 1 1	1(3)
Part	VIII Trust Information - Skip These Questions									
14a	Name of trust				14	<b>4b</b> Tr	ust's E	IN		
14c	Name of trustee or custodian		-		14	4d Tr	ustee	or custo	dian's	
								e numb		
							•			
Part	IX IRS Compliance Questions - Skip These Questions									
15a	Is the plan a 401(k) plan? If "No," skip b.		······ [	_ Y	'es				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:					n-bas arbor			"Prior y test	/ear" ADF
					Curre	ent ye est	ar"		N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for th	e plan		F	Ratio			12		
	year? Check all that apply:		····· C	p		ntage		Averag benefi		□ N/.
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 40 for the plan year by combining this plan with any other plan under the permissive aggregation ru	01(a)(4) ules?			'es				No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favora the letter/			on let	ter or	advis	sory le	tter, ent	er the o	date of
	and senai number									

Yes

Yes

☐ No

☐ No

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

service? .....

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?

Defined Benefit Plan or Money Purchase Pension Plan Only: