## 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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	1					
For calend	lar plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017			
A This re	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac				
		a one-participant plan	a foreign plan					
<b>B</b> This ret	urn/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	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	ram		
		special extension (enter desc	1 ,					
Part II	Basic Plan Info	ormation—enter all requested in	formation		T -			
1a Name TRAVEL LE	of plan ADERS NW RETIRE!	MENT PLAN			<b>1b</b> Three-di plan nun (PN) ▶			
					1c Effective	date of plan 01/01/2011		
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	) Box)			r Identification Number		
		ce, country, and ZIP or foreign pos		structions)	(EIN)	91-0984574		
J & H INVES	STMENT CORPORAT	ION				's telephone number 425-775-1595		
TRAVEL LE					2d Business	s code (see instructions)		
5611 - 196T	H ST. S.W D, WA 98036					561500		
	,							
3a Plan a	administrator's name a	ind address X Same as Plan Spo	nsor.		<b>3b</b> Administ	rator's EIN		
					3c Administ	rator'a talanhana numbar		
					3C Administ	rator's telephone number		
		e plan sponsor or the plan name honsor's name, EIN, the plan name			4b EIN			
	sor's name	moor 3 hame, Env, the plan hame t	and the plan number nom	the last return/report.	4d PN			
C Plan N	Name							
52 Total	number of nerticinents	a at the hearinging of the plan year			5a			
		s at the beginning of the plan year.			···			
		s at the end of the plan year account balances as of the end of				33		
				•	5c	24		
` '	•	articipants at the beginning of the p	•		5d(1)	25		
		articipants at the end of the plan ye			5d(2)	33		
• Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested								
		or incomplete filing of this retur						
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.						
SIGN	Filed with authorized	d/valid electronic signature.	02/01/2018	DEBORAH KIRK				
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as p	olan administrator		
SIGN								
HERE	Signature of emple	oyer/plan sponsor	Date	Enter name of individ	lual signing as e	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.)									No
b	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							_	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determin	ned
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instruction	าร.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) Er	nd of Year	
а	Total plan assets	. 7a	7	16635				1048566	
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	7	16635				1048566	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	) Total	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	;	33385					
	(2) Participants	. 8a(2)	12	25808					
	(3) Others (including rollovers)	8a(3)	;	31968					
b	Other income (loss)	. 8b	14	40770					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						331931	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d							
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						0	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						331931	
j	Transfers to (from) the plan (see instructions)	- 8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plant	an Cha	racteri	stic Co	des in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	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		X			
С	Was the plan covered by a fidelity bond?			10c	X			1000000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	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	ın?		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 the exceptions to providing the notice applied under 29 CFR 2520.10			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 Sch (Form 5500) and line 11a below)		В	. Y	es 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 ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
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	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	) to			
1	<b>3c(1)</b> Name of plan(s): 13c(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

2017

This Form is Open to Public Inspection

Part I		rt identification information			NAMES AND ADDRESS OF THE PARTY.	10/21/	2017
For calend	lar plan year 2017 or	fiscal plan year beginning	01/01/2017		and ending	12/31/	
A This re	eturn/report is for:	🗓 a single-employer plan	a multiple-em list of particip	iloyer plan (not ating employer	t multiemployer) (F r information in ac	Filers checking to cordance with the	this box must attach a ne form instructions.)
		a one-participant plan	a foreign plar				
B This ret	turn/report is	the first return/report	the final return	/report			
		an amended return/report	a short plan y	ear return/repo	rt (less than 12 mo	onths)	
C Chook	box if filing under:	□ ccco	automatic ex	ongion	ſ	DFVC progra	am
Crieck	box ii iiiiig under.	Form 5558		31181011	ı	_ bi ve progii	2111
	T D Dl Im	special extension (enter des					
Part II		formation—enter all requested i	ntormation			1b Three-dig	nit 1
1a Name	·					plan num	· I
TRAVEL	LEADERS NW R	ETIREMENT PLAN				(PN)	
						1c Effective 01/01/2	
2a Dlone	anangar'a nama (ami	ployer, if for a single-employer plan)					Identification Number
Mailin	na address (include r	oom, apt., suite no, and street, or P	.O. Box)				-0984574
City o	or town, state or provi	ince, country, and ZIP or foreign po	stal code (if foreign,	see instruction	is)		s telephone number
	LEADERS	ORI OIGITION				425-77	
	196TH ST. S	.W				20 Business 561500	code (see instructions)
						201200	
LYNNWO	OD	WA 98036					
3a Plan a	administrator's name	and address 🛛 Same as Plan Sp	onsor.			3b Administ	rator's EIN
S						Al- En	
4 If the	name and/or EIN of plan, enter the plan s	the plan sponsor or the plan name sponsor's name, EIN, the plan name	has changed since and the plan numb	the last return/i er from the las	report filed for t return/report.	4b EIN	
	nsor's name					4d PN	
<b>C</b> Plan	Name						
		ate at the beginning of the plan upo	-			5a	2
		nts at the beginning of the plan year				5b	3
b Total C Num	il number of paπicipa sher of participants w	ints at the end of the plan year ith account balances as of the end	of the plan year (on	v defined contr	ibution plans	5c	
com	plete this item)						2
<b>d(1)</b> To	otal number of active	participants at the beginning of the	plan year			5d(1)	2
<b>d(2)</b> To	otal number of active	participants at the end of the plan	year			5d(2)	3
e Num	nber of participants v	who terminated employment during	the plan year with a	crued benefits	that were less	5e	
Caution	A penalty for the la	ate or incomplete filing of this ret	urn/report will be a	ssessed unles	ss reasonable ca	use is establis	hed.
Under per SB or Sch	nalties of perium and	d other penalties set forth in the inst d and signed by an enrolled actuary	ructions. I declare the	at I have exam	nined this return/re	port, including,	if applicable, a Schedule
SIGN	d) long	1 2 4211	2/1/	18	Deborah	L Kir	K
HERE		an administrator	Date		ter name of individ		
SIGN	Orginature of pie						
HERE	Signature of om	nlover/nlan enoneer	Date	Fn	ter name of individ	dual signing as	employer or plan sponsor
	Jugitature of em	ıployer/plan sponsor	Duic			99	F EE00 SE (2017)

Pan	Р	2
rau		-

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Form	5500	-SF	201	7

<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a controlled.</li> </ul>	00.		No					
c If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pro e PBGC pro	emium filing for this pla	in year	21) ?	📋 💘	=s	(See instructions	
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of				(b) End		
a Total plan assets	7a		716,6	35			1,048,5	66
b Total plan liabilities	7b			_				
C Net plan assets (subtract line 7b from line 7a)	7c		716,6	35			1,048,5	66
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) T	Total	
Contributions received or receivable from:     (1) Employers	8a(1)		33,385					
(2) Participants	8a(2)		125,8					_
(3) Others (including rollovers)	8a(3)		31,9	_				_
b Other income (loss)	8b	1	L40,7	770	_		221 6	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			331,9	131
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							_
e Certain deemed and/or corrective distributions (see instructions)	8e					10		
f Administrative service providers (salaries, fees, commissions)	8f			_				
g Other expenses	8g							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			201	0
i Net income (loss) (subtract line 8h from line 8c)	. 8i						331,9	)3 <u>1</u>
j Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D  b If the plan provides welfare benefits, enter the applicable welfare to the plan provides welfare benefits.								
Part V Compliance Questions				Yes	No		Amount	_
10 During the plan year:		n the time period		res	NO		Amount	
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)	Voluntary F	iduciary Correction	10a		х			
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	st? (Do not	include transactions	10b		х			
C Was the plan covered by a fidelity bond?			10c	Х			1,000,0	000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	nd, that was caused	10d		х			
Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sof the plan? (See instructions.)	ther person me or all of	s by an insurance the benefits under	10e		х			
f Has the plan failed to provide any benefit when due under the pl	an?		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? 2520.101-3.)			10h		х			
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the require 01-3	d notice or one of the	10i					

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Page	3-	

Part \						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)					res 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 CERISA?  (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ode or section	1 302 of	***********		∕es 🗵 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insgranting the waiver.	nonth	l enter t Day	he date	of the lette Year	r ruling
lf/y	ou 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 a minus sign to the negative amount)		12d		_	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	∐ No	∐ N/A
Part '						
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	X	lo
	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 broughtful of the PBGC?				Yes 2	No No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s	) to			
	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	3) PN(s)
	Total Control of the					