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	Annual Report	t identification information	1									
For calend	dar plan year 2018 or f	fiscal plan year beginning 01/01/2	2018		and ending 12	2/31/2	018					
A This re	turn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		-					
	•	a one-participant plan	afo	oreign plan				,				
B This ret	urn/report is	the first return/report	the	final return/report								
		an amended return/report	a sh	nort plan year return	urn/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	aut	tomatic extension	nsion DFVC program							
		special extension (enter desc	cription)									
Part II	Basic Plan Info	ormation—enter all requested in	nformatio	n								
1a Name		-				1b	Three-digit					
	•	S, L.L.C. 401(K) PROFIT SHARING	B PLAN				plan number (PN)	001				
						1c	Effective date of	f plan 1/2006				
22 Plan a	noncor'o nomo (ompl	oyer, if for a single-employer plan)				2h						
Mailin	g address (include roo	om, apt., suite no. and street, or P.0				20	Employer Identification (EIN) 20-39	910111				
•	•	ce, country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	2c	Sponsor's telep	hone number				
THE HOTEL	_ GROUP HOLDINGS	S, L.L.C.					425-771	I-1788				
						2d	Business code ((see instructions)				
201 5TH AVE. SOUTH, SUITE 200 EDMONDS, WA 98020							7211	10				
LDIVIONDO,	WA 30020											
0:						O.L.						
3a Plan a	administrator's name a	and address 🛛 Same as Plan Spo	onsor.			30	Administrator's I	EIN				
						3c Administrator's telephone number						
							Administrator 3	telephone number				
		ne plan sponsor or the plan name h onsor's name, EIN, the plan name a				4b EIN						
	sor's name	, , ,			·	4d PN						
C Plan N	Name											
52 Total	number of participant	a at the haginaing of the plan year				5	a	60				
_		s at the beginning of the plan year. s at the end of the plan year				5		61				
		s at the end of the plan year a account balances as of the end of				5		60				
comp	olete this item)							32				
	•	articipants at the beginning of the p				E 1(0)						
		articipants at the end of the plan ye o terminated employment during the					` '	28				
than	100% vested											
		or incomplete filing of this retur										
SB or Sch		other penalties set forth in the instru and signed by an enrolled actuary, a nolete.										
SIGN		d/valid electronic signature.		09/30/2019	RANDY MEYER							
HERE	Signature of plan	administrator		Date	Enter name of individ	ual siç	gning as plan adr	ministrator				
SIGN												
HERE	Signature of empl	oyer/plan sponsor		Date	Enter name of individ	ividual signing as employer or plan sponsor						

Form 5500-SF (2018) Page **2**

	7,							X Yes ☐ No 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 cann							res No		
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from the							(See instructions.)		
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Voor			(b) End	of Year		
<u>′</u> а	Total plan assets	7a		52599			(b) Ello	5257065		
	Total plan liabilities	7b			+			320.303		
	Net plan assets (subtract line 7b from line 7a)	7c	655	52599				5257065		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	1		(b) ·	Гotal		
	Contributions received or receivable from:		(4) 7 4110 411	· <u>-</u>			(3)			
	(1) Employers	8a(1)	12	27693						
	(2) Participants	8a(2)		43085	_					
	(3) Others (including rollovers)	8a(3)		74544	_					
<u>b</u>	Other income (loss)	8b	-61	12304	_					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-166982		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	110	09341						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	,	19211						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1128552				
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-1295534		
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 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3B	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the ins	tructions:		
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 instr	uctions:		
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)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest	? (Do not	include transactions			X				
	reported on line 10a.)			10b	V					
				10c	X			500000		
	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				
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 plan	n?		10f		X				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X			87067		
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						

Form 5500-SF (2018)	Page 3 - 1
---------------------	-------------------

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 se ERISA?		of	Yes X No		
	(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	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				
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?		Ye	s 🔀 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 control of the PBGC?	the		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 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. Part | Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

_ For calend	dar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/	2018			
A This re	eturn/report is for:	🗵 a single-employer plan	a multiple-employer p	lan (not multiemployer) mployer information in a	(Filers checking the	nis box must attach a e form instructions.)			
		a one-participant plan	a foreign plan						
B This ref	turn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	n			
		special extension (enter des	cription)		_				
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name					1b Three-digit				
The Hotel Group Holdings, L.L.C. 401(k)					plan numb	er			
Profit	Sharing Plan	n			(PN)	001			
					1c Effective d 07/01/				
2a Plan s Mailin	ponsor's name (empi a address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Box)			dentification Number			
City of	town, state or provin	ice, country, and ZIP or foreign post	stal code (if foreign, see inst	ructions)		3910111			
1110 110	cci croup no.	taings, n.n.c.			2c Sponsor's telephone number (425) 771–1788				
001 5					2d Business c	ode (see instructions)			
	201 5th Ave. South, Suite 200								
Edmonds WA 98020				721110					
3a Plan a	dministrator's name a	and address 🏻 Same as Plan Spo	onsor.		3b Administrator's EIN				
4 If the this pl	name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last n	eturn/report filed for	4b EIN	or's telephone number			
		this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.							
C Plan N	a Sponsor's name C Plan Name								
5a Total number of participants at the beginning of the plan year					4d PN	<u> </u>			
5a Total i	number of participant	s at the beginning of the plan year				60			
					5a				
b Total i	number of participants er of participants	s at the end of the plan year account balances as of the end of	the plan year (only defined	contribution plans		60 61			
b Total i C Numb	number of participants er of participants with ete this item)	s at the end of the plan year account balances as of the end of	the plan year (only defined	contribution plans	5a 5b 5c	61			
b Total i c Numb compl d(1) Total	number of participants er of participants with ete this item) al number of active pa	s at the end of the plan year	the plan year (only defined	contribution plans	5a 5b	61 60 32			
b Total i c Numb compl d(1) Tota d(2) Tota e Numb	number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants who	s at the end of the plan year	the plan year (only defined lan yeare	contribution plans	5a 5b 5c 5d(1)	61 60 32 28			
b Total in C Numb compiled (1) Total d(2) Total e Numb than Caution: A	number of participants er of participants with ete this item)	s at the end of the plan year	the plan year (only defined lan yeare plan year with accrued be	contribution plans nefits that were less	5a 5b 5c 5d(1) 5d(2) 5e ise is established	61 60 32 28 0			
b Total in C Numb complete (1) Total d(2) Total e Numb than Caution: A Under pena SB or Sche	number of participants er of participants with ete this item)	s at the end of the plan year	the plan year (only defined lan yeare plan year with accrued be	contribution plans nefits that were less unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e ise is established	61 60 32 28 0			
b Total of Compile Com	number of participants er of participants with ete this item)	s at the end of the plan year	the plan year (only defined lan yeare plan year with accrued be	contribution plans nefits that were less unless reasonable cau	5a 5b 5c 5d(1) 5d(2) 5e ise is established	61 60 32 28 0			
b Total of Complete C	number of participants er of participants with ete this item)	s at the end of the plan year	the plan year (only defined lan yeare plan year with accrued be	contribution plans nefits that were less unless reasonable cau examined this return/report	5a 5b 5c 5d(1) 5d(2) 5e ise is established port, including, if a c, and to the best c	61 60 32 28 0 d. pplicable, a Schedule of my knowledge and			
b Total of Compile Com	number of participants with ete this item)	s at the end of the plan year	the plan year (only defined lan year	contribution plans nefits that were less unless reasonable cau examined this return/report Randy Meyer	5a 5b 5c 5d(1) 5d(2) 5e ise is established port, including, if a c, and to the best c	61 60 32 28 0 d. pplicable, a Schedule of my knowledge and			

Form 5	500-S	F (20	18
--------	-------	-------	----

Page 2

6a b	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	f an indepe and condi	ndent qualified public	accour	ntant (I	QPA)	***************************************		∕es
С	If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC is							∏ Nata	
	If "Yes" is checked, enter the My PAA confirmation number from the							_	letermined structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	<u>, </u>		(b) End	of Year	
а	Total plan assets	. 7a		, 552,			(D) EIR		257,065
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	6	,552,	599			5,	257,065
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou		\neg		/h) 1	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)	(4) / 31100	127,	693		(6)	- OLBI	
	(2) Participants	8a(2)		243,	085				
	(3) Others (including rollovers)	8a(3)		74,	544				·
<u>b</u>	Other income (loss)	8b	-	-612,	304				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						_	166,982
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,	109,	341				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
<u>_f</u> _	Administrative service providers (salaries, fees, commissions)	8f		19,	211			_	
	Other expenses	8g						_	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,	128,552
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i						-1,	295,534
	Transfers to (from) the plan (see instructions)	8							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 3B					_			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Cod	les in the instr	uctions:	
Par	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)	oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not i	nclude transactions	10a		X			
С	Was the plan covered by a fidelity bond?			10c	Х				500,000
d		fidelity bor	nd, that was caused	10d		Х			300,000
е		er persons	by an insurance	10e		Х			
f				10f		Х	_		
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	Х				87,067
h	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 the exceptions to providing the notice applied under 29 CFR 2520.10	ne required	notice or one of the	10i					

	Form 5500-SF (2018)		Page 3-						
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum fundi (Form 5500) and line 11a below)	ng requirements? (If "Yes,"	see instructions an	d complete Sch	edule S	В		Yes	X No
_11a	Enter the unpaid minimum required contributions for a								
12	Is this a defined contribution plan subject to the minim ERISA?	num funding requirements of	f section 412 of the			f		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, an	d 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior granting the waiver.	year is being amortized in t	his plan year, see	nstructions, and Month	l enter t Day		the let		iling
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 550	00), and skip to lin	e 13.					
b	Enter the minimum required contribution for this plan ye	ear			12b				
	Enter the amount contributed by the employer to the pla				12c				
d	Subtract the amount in line 12c from the amount in line negative amount)	12b. Enter the result (enter	r a minus sign to th	e left of a	12d				
e	Will the minimum funding amount reported on line 12d					Yes	No		N/A
Part							_		
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 rever	ted to the employer this yea	ar		13a				
b	Were all the plan assets distributed to participants or b control of the PBGC?	eneficiaries, transferred to a	another plan, or bro	ught under the			Yes	X N	ło
	If, during this plan year, any assets or liabilities were tr which assets or liabilities were transferred. (See instru	ansferred from this plan to a ctions.)	nother plan(s), ide	ntify the plan(s)	to		_		

13c(2) EIN(s)

13c(3) PN(s)

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