-	rm 5500-SF	Short Form Annua	oyee	;	OMB Nos. 1210-0110 1210-0089				
	artment of the Treasury rnal Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee R	etireme	ent	2014		
	epartment of Labor Benefits Security Administration	Income Security Act of 1974 (E	ERISA), and sections 60 Revenue Code (the Cod		Interna	This F	Form is Open to		
Pension Be	enefit Guaranty Corporation	<ul> <li>Complete all entries in ac</li> </ul>	cordance with the ins	tructions to the Form 5	500-SF.		lic Inspection		
Part I		Identification Information	4		104/201	4			
For calenda	ar plan year 2014 or ns	scal plan year beginning 01/01/2014			/ <u>31/201</u>				
	turn/report is for: urn/report is	a single-employer plan     a one-participant plan     the first return/report     an amended return/report	of participating empl a foreign plan the final return/report	plan (not multiemployer) loyer information in accord t urn/report (less than 12 m	dance v	•			
C Check	box if filing under:	Image: Special extension (enter description)       Image: DFVC program							
Part II	Basic Plan Info	rmation—enter all requested inform	mation						
	<b>1a</b> Name of plan BORDERLINX, INC. 401(K) PLAN						001		
						(PN) Effective date o 01/01	f plan I/2014		
	<b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BORDERLINX, INC.					Employer Identification Number (EIN) 20-8478663			
						2c Sponsor's telephone nui 650-703-9500			
	107 SPRING STREET SEATTLE, WA 98104					Business code ( 4541	(see instructions) 10		
A lifethau				(			telephone number		
name		e plan sponsor has changed since the mber from the last return/report.	e last return/report meu	for this plan, enter the	4b 4c				
		at the beginning of the plan year					0		
		at the end of the plan year					2		
C Numb	per of participants with a	account balances as of the end of the	e plan year (defined ber	nefit plans do not	5c		1		
<b>d(1)</b> Tota	al number of active par	rticipants at the beginning of the plan	ı year		5d(1	)	0		
		rticipants at the end of the plan year.			5d(2	2)	2		
		erminated employment during the pla			5e	÷			
Caution: A	A penalty for the late of	or incomplete filing of this return/r	eport will be assessed	d unless reasonable cau	use is e	stablished.			
SB or Sche	alties of perjury and oth edule MB completed ar true, correct, and comp	her penalties set forth in the instruction and signed by an enrolled actuary, as a plete.	ons, I declare that I have well as the electronic ve	e examined this return/re ersion of this return/report	port, inc t, and to	the best of my	able, a Schedule knowledge and		
SIGN	Filed with authorized/	valid electronic signature.	10/15/2015	MARGARET C. PHILI	PS				
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sigr	ning as plan adr	ninistrator		
SIGN HERE									
	Signature of employ		Date	Enter name of individ					
Preparers	name (including firm n	ame, if applicable) and address (incl	ude room or suite numb	ser) (optional)			number (optional)		

	<ul> <li>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) No								
	If you answered "No" to either line 6a or line 6b, the plan cann								
C	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								
Pa	t III Financial Information		[						
7	Plan Assets and Liabilities (a) Beginning of Ye						(b) End of Year		
a	Total plan assets	7a		0			2003		
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c		0			2003		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	12	241					
	<ol> <li>(1) Employers</li></ol>	8a(2)	7	744					
	(2) Others (including rollovers)								
b	Other income (loss)	8a(3) 8b		18					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						2003		
	Benefits paid (including direct rollovers and insurance premiums	8c			-		2003		
u	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		
i	Net income (loss) (subtract line 8h from line 8c)	8i					2003		
j	j Transfers to (from) the plan (see instructions)								
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T	feature co	des from the List of Plan Chara	acteri	stic Co	des in	the instructions:		
b			as from the List of Dise Chara			laa : 4l	in star stie see		
D	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Chara	cterist		ies in tr	ne instructions:		
Par	V Compliance Questions								
10	During the plan year:				Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Cori	rection Program)	10a		x			
b	Were there any nonexempt transactions with any party-in-interest 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 or dishonesty?			10d		х			
e	<ul> <li>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.)</li> </ul>					Х			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		Х			
h	<ul> <li>bit the plan have any participant loans? (in Fes, enter amount as of year che.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)</li></ul>					x			
i	<ul> <li>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</li> </ul>								
Part									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•		•					
11a	Enter the unpaid minimum required contribution for current year fr					11a			
12	Is this a defined contribution plan subject to the minimum funding		· · ·			302 of	ERISA? Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
2	If a waiver of the minimum funding standard for a prior year is bein			rtione	and	onter th	e date of the letter ruling		

Page 3 - 1

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
<b>b</b> Enter the minimum required contribution for this plan year		12b			
<b>C</b> 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 onegative amount)	of a	12d			
e 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?		· 🗆 ۲	Yes X No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	control		Yes 🗙 No		
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plan(s)	to			
13c(1) Name of plan(s):	1	3c(2) El	IN(s)	<b>13c(3)</b> PN(s)	
Part VIII Trust Information (optional)					
14a Name of trust		14b Trust's EIN			

Form 5500-	SF	Short	Form Ar		Returi Bene			of Small Emp	loyee		OMB Nos. 1210-0110 1210-0089	
Department of the Treas Internal Revenue Servi		This form is	s required to b					065 of the Employee	Retirement		2014	
Department of Labor Employee Benefits Security Adm	Benefits Security Administration Revenue Code (the Code).									This Form is Open to Public Inspection		
Pension Benefit Guaranty Co					rdance v	vith 1	the instru	ictions to the Form	5500-SF.	T di	ne mapeetion	
		dentificatio			1/01/	201	4	and ending	12	/31/201	4	
For calendar plan year 2014 or fiscal plan year beginning       01/01/2014       and ending       12/31/2014         A This return/report is for:       a single-employer plan       a multiple-employer plan (not multiemployer) (Filers checking this box must attach of participating employer information in accordance with the form instructions)         B This return/report is       a one-participant plan       a foreign plan         B This return/report is       in a mended return/report       a short plan year return/report         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Informationenter all requested information       1b Three-digit									ox must attach a list structions)			
Borderlinx, In	c. 401	(k) Plan							(PN) 1c Effect	tive date o		
<b>2a Plan sponsor's name</b> Borderlinx, In		ress; include ro	oom or suite n	umber (er	nployer,	if for	a single-e	employer plan)	2b Emp (EIN)	20-847	fication Number 8663	
XXXXXXXXXXXXXXXXXX		/o WeWor									hone number	
Suiter 21		07 Spring leattle	St				WA	98104	2d Busin 454		(see instructions)	
4 If the name and/or B	IN of the	nlan snonsor h	as changed s	ince the la	ast return	ren		r this nian enter the	4b EIN			
name, EIN, and the a Sponsor's name						mepe		r this plan, enter the	4C PN	(	с.,	
5a Total number of par	ticipants a	t the beginning	g of the plan y	ear							0	
<b>b</b> Total number of par	ticipants a	t the end of the	e plan year						5b		2	
C Number of participa complete this item)								īt plans do not			1	
d(1) Total number of a	active parti	cipants at the	beginning of t	he plan ye	ar				5d(1)		0	
d(2) Total number of a		•							5d(2)		2	
e Number of participar less than 100% vest	nts that terr	minated emplo	yment during	the plan y	ear with	accri	ued benet	īts that were	5e			
Caution: A penalty for Under penalties of perjui SB or Schedule MB com belief, it is true, correct, a	the late or y and othe pleted and	r incomplete f er penalties se I signed by an	filing of this r t forth in the in	eturn/rep	ort will I s, I declar	<b>be as</b> re tha	sessed u at I have e	inless reasonable c examined this return/i	eport, includi	ng, if applic		
SIGN MOLOC		C	Phill	PS	10	15	2015	MARGAR	ETC	- P	HILLIPS	
Signature	T	ministrator	DI	20	Date	-	2015	Enter name of indiv	subsciences for a supervision of the local	as plan ad	HIIIDS	
SIGN MOLOG	And the second sec	er/plan spons	mul	15	10 Date		2013	MARGARE Enter name of indiv				
Preparer's name (includi				ss (include		And and a second second	e number				number (optional)	

For	rm 5500-SF	Short Form Annu	oyee	DMB Nos. 1210-0110 1210-0089					
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan d under sections 104 and 4	4065 of the Employee R					
	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the			orm is Open to		
Pension Be	ion Benefit Guaranty Corporation       Complete all entries in accordance with the instructions to the Form 5500-SF.								
Part I		dentification Information	01/01/001/		10/		٨		
For calenda	ar plan year 2014 or fis	cal plan year beginning	01/01/2014	and ending		31/201			
	urn/report is for:	x a single-employer plan a one-participant plan	of participating emplo	lan (not multiemployer) yer information in accor		-			
<b>B</b> This retu	ırn/report is	x the first return/report	the final return/report						
		an amended return/report		rn/report (less than 12 m					
<b>C</b> Check b	ox if filing under:	⊠ Form 5558	automatic extension			VC progra	m		
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested inf	ormation						
1a Name					1b Three	e-digit			
Borderlinx, Inc. 401(k) Plan					plan r (PN)	number	001		
					1c Effect	live date of			
<b>20</b> Diam an						1/2014			
	linx, Inc.	lress; include room or suite numbe	er (employer, il lor a single	-employer plan)	<b>2b</b> Employer Identification Number (EIN) 20-8478663				
		c/o WeWork			2c Spon	sor's telepł	none number		
Culto "	$X \times X \times$				2d Business code (see instructions)				
Dealtr	Seattle     WA     98104 <b>3a</b> Plan administrator's name and address     XSame as Plan Sponsor.				454100 <b>3b</b> Administrator's EIN				
Ja Plan ad	uministrator s name an	d address xpame as Plan Spons	or.		JU Admir	ilstrator s e	LIN		
A If the r	ama and/or FIN of the	plan sponsor has changed since	the last rature/report filed f	or this plan, ontor the			elephone number		
name,	EIN, and the plan num	ber from the last return/report.	the last return/report lied in	or this plan, enter the	4b EIN				
-	sor's name	at the beginning of the plan year			4c PN 5a		0		
_		at the end of the plan year							
		account balances as of the end of t					2		
comple	ete this item)				5c		1		
.,		ticipants at the beginning of the pl			5d(1)		0		
		ticipants at the end of the plan yea			5d(2)		2		
		rminated employment during the p			5e				
		or incomplete filing of this return							
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a lete							
SIGN									
HERE	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing a	e nlan adm	inistrator		
SIGN			Duit		sa ogning a	e piùn uull			
HERE	Cinn stung of smaller		Data	Enterner of individ					
Preparer's	Signature of employ name (including firm na	<b>/er/plan sponsor</b> ame, if applicable) and address (in	Date clude room or suite numbe	Enter name of individ	×		r or plan sponsor number (optional)		
For Paperwo	ork Reduction Act Notice	e and OMB Control Numbers, see the	e instructions for Form 5500	-SF.		F	orm 5500-SF (2014)		

granting the waiver.

<b>b</b> Are you claiming a waiver of the annual examination and report of an independent gualified public accountant (IQPA)							X Y	es 🗌 No es 🗌 No
	f the plan is a defined benefit plan, is it covered under the PBGC in							ermined
Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a			0			2,003
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c			0			2,003
8	Income, Expenses, and Transfers for this Plan Year	come, Expenses, and Transfers for this Plan Year (a) Amount					(b) Total	
	Contributions received or receivable from:		1	0.4	1			
-	(1) Employers	8a(1)		,24	_			
	(2) Participants	8a(2)		74	4			
	(3) Others (including rollovers)	8a(3)		1	0			
	Other income (loss)	8b		1	.8			0 000
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_			2,003
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
	Net income (loss) (subtract line 8h from line 8c)							2,003
-	Transfers to (from) the plan (see instructions)							
Par	t IV Plan Characteristics	IJ						
b	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fer V Compliance Questions							
10	During the plan year:				Yes	No	Amoun	t
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х	Anoun	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		Х		
С	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bor	nd, that was caused by fraud	10d		Х		
e	<ul> <li>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.)</li> </ul>					Х		
f	Has the plan failed to provide any benefit when due under the plan			10f		Х		
a						Х		
	If this is an individual account plan, was there a blackout period? (			10g		Λ		
— i	/			10h		Х		
-	exceptions to providing the notice applied under 29 CFR 2520.101-3							
	VI Pension Funding Compliance							
11	ls this a defined benefit plan subject to minimum funding requirem 5500 and line 11a below)						(Form	es 🛛 No
	Enter the unpaid minimum required contribution for current year from	om Sched	ule SB (Form 5500) line 39			11a		
12	Is this a defined contribution plan subject to the minimum funding			orse	ection 3	302 of	ERISA? Ye	s X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					

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

. Month

Day

Year

Form	5500-SF	2014
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Page **3 -**

lf	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						
<u>e</u>	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?	🗌 `	res X No	<b>)</b>				
	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 of the PBGC?			Yes	X No			
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):	<b>13c(2)</b> E	IN(s)	13c(3)	PN(s)			
Part	VIII Trust Information (optional)							
14a	Name of trust	14b Trust's EIN						