Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN HERE 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information					
For calend		iscal plan year beginning 01/01/2		and ending 12	2/31/2015		
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) mployer information in ac		-	
	·	a one-participant plan	a foreign plan				
B This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension			DFVC progr	am
		special extension (enter desc	• •				
Part II	Basic Plan Info	ormation—enter all requested in	formation		T		
1a Name LEVEL 11 4	of plan I01(K) PLAN					ree-digit n number N)	001
					1c Effe	ective date of 01/0	plan 1/2012
Mailin	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Emp (EIN		ication Number 133894
EVEL 11	town, state or provin	ce, country, and ZIP or foreign posi	al code (if foreign, see ins	tructions)	2c Spo		none number 53-9923
					2d Bus	siness code (see instructions)
501 4TH AY EATTLE, V	VENUE SUITE 2900 VA 98101					5415	11
3a Plan a	dministrator's name a	ind address XSame as Plan Spon	sor.		3b Adn	ninistrator's E	EIN
					3c Adn	ninistrator's t	elephone number
		ne plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	I	
	, EIN, and the plan nu or's name	imber from the last return/report.			4c PN		
_		s at the beginning of the plan year			5a		37
_		s at the end of the plan year			5b		30
C Numb	er of participants with	account balances as of the end of	the plan year (defined be	nefit plans do not	5c		30
	,	articipants at the beginning of the p			5d(1)		19
		articipants at the end of the plan ye			5d(2)		20
e Numl	per of participants that	t terminated employment during the	e plan year with accrued b	enefits that were less	5e		2
		or incomplete filing of this retur					
SB or Scho		ther penalties set forth in the instru and signed by an enrolled actuary, a aplete.					
SIGN		I/valid electronic signature.	04/21/2016	MARK HALLAND			

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)					es No
C I	f 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 det	ermined
Par	t III Financial Information		1								
7	Plan Assets and Liabilities		(a) Beginning	•				(b) Eı	nd of	Year	
	Total plan assets	. 7a		1242	2149	-				124	5879
	Total plan liabilities	. 7b		1242	11.10	-				104	5879
	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	. 7c	(a) Ama-		.149	+		/ -	\ T=		3079
	Contributions received or receivable from:		(a) Amou	ant				(L)) Tot	lai	
	1) Employers	. 8a(1)		181	137						
	2) Participants	. 8a(2)		152	2990						
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		g	256						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								34	3383
	o provide benefits)	. 8d		337	928						
е	Certain deemed and/or corrective distributions (see instructions)	. 8e									
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f		1	725						
g	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									9653
	Net income (loss) (subtract line 8h from line 8c)	. 8i								:	3730
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2A 2D 2E 2F 2H 2J 2K 3D	teature co	odes from the List of Pi	an Cha	racteri	stic Co	ides in t	ne inst	ruction	ons:	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	ic Coc	les in th	e instr	uctio	ns:	
Part					I	Ι					
10	During the plan year: Was there a failure to transmit to the plan any participant contribu	ıtiono withi	n the time period		Yes	No	N/A			Amoun	<u>ıt</u>
а	described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	oluntary F	iduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest					Х					
	reported on line 10a.)			10b		^					
c	Was the plan covered by a fidelity bond?			10c	X						100000
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 oth carrier, insurance service, or other organization that provides some	her person ne or all of	s by an insurance the benefits under	100		X					
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e							
-				10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a			10g	X						76945
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							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Y	es X No
11a	Enter the unpaid minimum required contribution for all years from						11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ection 3	302 of E	RISA?	,	Ye	es X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	Γrust's EIN	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/A harbor test method			
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

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

2015

This Form is Open to Public Inspection

	art I		l Identification Information				
For	calen	dar plan year 2015 or fi	scal plan year beginning	01/01/2015	and ending	12/31/20	15
		eturn/report is for:	x a single-employer plan a one-participant plan	a list of participating e	lan (not multiemployer) employer information in a		
В	This r	eturn/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)	
С	Checl	k box if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC p	orogram
	4 II	Desis Dies les	_ 		-		
	art II	ne of plan	ormation enter all requested	intormation		1b Three-digi	t I
ıa		rel 11 401(k) Pl				plan numb	per
	тел	rei II 401(K) Pi	an			(PN) ►	001
						1c Effective of 01/01/2	
2a	Mail	ing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street or P.O	. Box)		2b Employer	Identification Number 7-4133894
			ce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)		telephone number
	Lev	rel 11					553-9923
						2d Business	code (see instructions)
	150	1 4th Avenue Su	ite 2900			541511	
	us s	Seattle WA 98101					
3a			and address X Same as Plan Spo	onsor Name		3b Administra	ator's EIN
						3c Administra	ator's telephone number
						7 Administra	ator a telephone number
			1				
4			e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
			mber from the last return/report.				
_a	Spo	nsor's name				4c PN	
			at the beginning of the plan year			5a	37
b			at the end of the plan year			5b	30
С			account balances as of the end of t		- 1 A	5c	30
d	2.22		rticipants at the beginning of the pla			5d(1)	19
	. ,	•					
a(rticipants at the end of the plan year			5d(2)	20
е			terminated employment during the			5e	2
						usa is astablisha	vd
			e or incomplete filing of this return other penalties set forth in the instru				
SE	3 or So		and signed by an enrolled actuary, a				
		1.11		4/21/16	Mark Ha	dland	
6655060	IGN IERE	Signature of plan ager	minintentor	Date	Enter name of individu		administrator
	LIXE	Signature of plan agai	ministrator	4/21/18	Mark Ha		administrator
Salaring P.	IGN	-111		1/00/	1000 NO 80 10		o 18
TOSTS	IERE	Signature of employe		Date '	Enter name of individu		
Pr	epare	r's name (incluging firm	name, if applicable) and address; ir	nclude room or suite numb	er	Preparer's telep	none number
						(A) [1] 《[3] [4] [4] [4]	NO TENNETHAL PROPERTY

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

2015

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach **A** This return/report is for: a list of participating employer information in accordance with the form instructions) 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 months) DFVC program C Check box if filing under: Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number Level 11 401(k) Plan . (PN) ▶ 001 1c Effective date of plan 01/01/2012 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street or P.O. Box) (EIN) 27-4133894 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number Level 11 (206) 553-9923 2d Business code (see instructions) 1501 4th Avenue Suite 2900 541511 US Seattle WA 98101 Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 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. Sponsor's name 4c PN 5a 37 5a Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5_b 30 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 30 complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 19 5d(2) **d(2)** Total number of active participants at the end of the plan year 20 Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested 2

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

bellet, it	is true, correct, and complete.					
SIGN						
HERE	Signature of plan administrator	Date	Enter name of individua	l signing as plan administrator		
SIGN						
	Signature of employer/plan sponsor	Enter name of individua	lual signing as employer or plan sponsor			
Prepare	Preparer's name (including firm name, if applicable) and address; include room or suite number		Preparer's telephone number			

	Form 5500-SF 2015		Page 2			-				
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 ar	n independ	lent qualified public accou	ıntant	(IQP	۹)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.) ••••••					•••••	X Yes No	
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forn	n 5500-SF and must inst			_				
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	1 402	1)?	••••••	Yes	∐ No ∣	Not determined	
	rt III Financial Information					_				
	Plan Assets and Liabilities	_	(a) Beginning of				((b) End of		
	Total plan assets	7a 7b	1,24	£2,1	49				1,245,879	
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	76 7c	1,24	12 1	49				1,245,879	
	Income, Expenses, and Transfers for this Plan Year	,,	(a) Amount					(b) To		
	Contributions received or receivable from:	2 (1)	1.0		27					
	(1) Employers	8a(1)		31,1 52,9						
	(2) Participants	8a(2) 8a(3)		,,,						
	Other income (loss)	8b		9,2	56					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						343,383		
	Benefits paid (including direct rollovers and insurance premiums	0.4	23	37.9	28					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	33	,,,	20					
	Administrative service providers (salaries, fees, commissions)	8f		1,7	25					
-	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							339,653	
i	Net income (loss) (subtract line 8h from line 8c)	8i							3,730	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	s in the	instruction	ns:	
_	2A 2D 2E 2F 2H 2J 2K 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fear	ture codes	from the List of Plan Cha	racte	ristic	Codes	in the ir	nstructions	S:	
Da	rt V Compliance Questions									
10	rt V Compliance Questions During the plan year:				Yes	No	N/A		mount	
a	<u> </u>	ions within	the time period		163	NO	IN/A		inount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		·							
	Program)			10a		х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
				10c	х				100,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's f									
	by fraud or dishonesty?	•••••	••••••	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some	•	•							
	the plan? (See instructions.)			10e		x				
f	Has the plan failed to provide any benefit when due under the plan	1?	***************************************	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g	х				76,945	
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 2520.101			10i						
j	Did the plan trust incur unrelated business taxable income?	••••••	••••••••••••	10j						
Par	rt VI Pension Funding Compliance							-		
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)								Yes X No	
118	a Enter the unpaid minimum required contribution for current year from	om Schedu	ule SB (Form 5500) line 40	0		•••••	11a			
12	Is this a defined contribution plan subject to the minimum funding r	equiremer	nts of section 412 of the C	ode c	r sec	ion 30)2 of ER	ISA?	Yes X No	

Form 5500-SF 2015 Page 3-			
(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 instrugranting the waiver. Month	ctions, and e		of the letter ruling Year
If 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	
c 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		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	•••••••••	163	INO IN/A
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	7 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 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 which assets or liabilities were transferred. (See instructions.)		<u> </u>	
13c(1) Name of plan(s):	13c	(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust		14b Trust's	EIN
14c Name of trustee or custodian		14d Trustee telephone	or custodian's number
Part IX IRS Compliance Questions			
15a Is the plan a 401(k) plan:	•••••	Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and er matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	. ,	Design- based sa harbor method	fe ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) and 1.401(n 2(a)(2)(ii))?		Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 4	110(b):	Ratio Percenta Test	ge Average Benefit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combini this plan with any other plans under the permissive aggregation rules?		Yes	☐ No
17a Has the Plan been timely amended for all required law changes?		Yes	□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//i instructions for tax law changes and codes).	Enter the	applicable co	ode (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submitter plan that		a favorable IF	RS opinion or
advisory letter, enter the date of that favorable letter / / . and the letter's serial number 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please endetermination letter / / .		of plan's last	favorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Isla		Yes	☐ No
19 Were in-service distributions made during the plan year?	••••••	Yes	☐ No
If Yes, enter amount	••••••	19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of wheth not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A