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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Pa	rt l	Annual Repor	t Identification Information)									
For c	alenda	r plan year 2015 or	fiscal plan year beginning 01/01/2	2015		and ending 1	2/31/2	015					
A T	his retu	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a none-participant plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan											
		return/report is											
CC	heck b	ox if filing under:	Form 5558 special extension (enter desc	automatic extension DFVC program DFVC program									
Par	rt II	Basic Plan Inf	ormation—enter all requested in	formatic	on								
1a 1	Name o						1b	Three-digit plan number (PN) ▶	001				
							1c	Effective date of 01/0	⁻ plan 1/2007				
N	Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post		(if foreign, see instru	uctions)	2b	Employer Identif (EIN) 20-8	ication Number 764957				
	5, INC		ice, country, and zir or loreign posi	iai code	(ii loreign, see msuc	ictions)	2c Sponsor's telephone number 425-820-2120						
								2d Business code (see instructions)					
	OX 335 AND, V	57 VA 98083						238300					
3a F	Plan ac	Iministrator's name a	and address XSame as Plan Spon	sor.			3b	Administrator's I	ΞIN				
							3c	Administrator's t	elephone number				
			ne plan sponsor has changed since umber from the last return/report.	the last	return/report filed fo	r this plan, enter the	4b	EIN					
a s	Sponso	or's name					4c PN						
5a	Total n	umber of participant	s at the beginning of the plan year				5	а	37				
b ·	Total n	umber of participant	s at the end of the plan year				5	b	42				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)							5c						
d(1) Total number of active participants at the beginning of the plan year						. 5d(1)							
d(2) Total number of active participants at the end of the plan year						5d(2) 4							
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested												
			or incomplete filing of this return										
SB o	r Śche		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.										
SIGN			d/valid electronic signature.		06/09/2016	DENNIS BOYLE							
HERE													

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

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 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 of the your answered "No" to either line 6a or line 6b, the plan cannot be a superior of the plan year invested in eligible to the plan ye	an indepen and condition	dent qualified public a	ccount	ant (IQ	PA)			X Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No	Not determin	ed
Part III Financial Information	1								
7 Plan Assets and Liabilities		(a) Beginning					(b) End		
a Total plan assets	7a		829	817	-			947428	
b Total plan liabilities	7b		920	817				947428	
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amou		1017			(b) To		
a Contributions received or receivable from:		(a) Amou	anı				(D) 10	Jiai	
(1) Employers	8a(1)		45	686					
(2) Participants	8a(2)		101	383					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		-4	551	_			440540	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							142518	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		24	407					
e Certain deemed and/or corrective distributions (see instructions)	8e								
f Administrative service providers (salaries, fees, commissions)	8f			500					
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							24907	
i Net income (loss) (subtract line 8h from line 8c)								117611	
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 2F 2G 2J 2K 3D	feature cod	des from the List of Pl	an Cha	racteri	stic Co	des in th	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acterist	ic Coc	les in the	e instructi	ons:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		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 V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X				8!	5000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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 t	he benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pla			10f		Χ				
g Did the plan have any participant loans? (If "Yes," enter amount a				X				4.0	E740
h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR	10g	^	X			18	5713
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	he required	notice or one of the	10h						
j Did the plan trust incur unrelated business taxable income?			10i						
			10j						
11 Is this a defined benefit plan subject to minimum funding requirem								☐ Yes X	No
5500) and line 11a below) 11a Enter the unpaid minimum required contribution for all years from						11a		103 ^	140
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes 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		a 11 0
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)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
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

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2015

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

Short Form Annual Return/Report of Small Employee Benefit Plan

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation	► Complete all entries in ac	cordance with the instruc	tions to the Form 5500-	<u>-9F. </u>			
Part I Annual Report	Identification Information	01 /01 /001 E	and ending	12/31/201	5		
or calendar plan year 2015 or fis		01/01/2015	an (not multiemployer) (F				
A This return/report is for: B This return/report is:	a single-employer plan a one-participant plan the first return/report	a list of participating enter a foreign plan the final return/report	n/report (less than 12 mo	cordance with the	e form Instructions)		
	an amended return/report	a short plan year return	inoport (1000 than The The	_			
C Check box if filing under:	Form 5558 special extension (enter descri	automatic extension		☐ DFVC pi	rogram		
De di Decis Blan Info	rmation enter all requested						
Part II Basic Plan Info	IIIIation enter air reopeateo	mornation		1b Three-digit			
Level 5 401(k) Plan	1			plan numb (PN) ►	001		
				1c Effective d 01/01/2	•		
2a Plan sponsor's name (emplo Mailing Address (include roo	um ant suite no and street of P.U). Box)			dentification Number 8764957		
City or town, state or province Level. 5, Inc.	ce, country, and ZIP or foreign post	lai code (if foreign, see instr	uctions)	2¢ Sponsor's (425) 8	telephone number 20–2120		
P.O. Box 3357				2d Business 0 238300	code (see instructions)		
US Kirkland WA 98083				3b Administre	for CINI		
3a Plan administrator's name a	nd address X Same as Plan Spo	onsor Name		3D Administre	101.9 5114		
				3c Administra	tor's telephone number		
4 If the name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b FIN			
	mber from the last return/report.			4c PN			
Sponsor's name Total number of participants	at the beginning of the plan year	At 1444 24 1471 144 244 244 244 244 244 244 244 244 24	**************************************	5a	37		
b Total number of participants	at the end of the plan year		1 646 £ 30 £ 34 604 646 £ pri i afaz robebi badaten we	5b	42		
C Number of participants with	account balances as of the end of	the plan year (defined bene	efit plans do not	5c	22		
	rticipants at the beginning of the pla		2479 VIII VACABATEEL E ABBETT BATTA NOV DOCUMENTO	5d(1)	35		
d(2) Total number of active pa	rticipants at the end of the plan yea	AT	4 544444 Des Presidentes Formal Laborator By	5d(2)	42		
e Number of participants that less than 100% vested -	terminated employment during the	plan year with accrued ber	eque ave dos estádas a labas vá ana providos vá	5e	0		
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	l unless reasonable cau	use is establishe	d.		
Linder maneltine of posture and a	other penalties set forth in the instru and signed by an enrolled actuary.	uctions. I declare that I have	examined this return/rea	port, including, if:	applicable, a Schedule		
		6-9-16	Dennis Boyle				
SIGN Signature of plan ade	ministrator						
I () How		6-9-14	DENNIS BOYLE				
1 21014 harmon from the contract of the contra	SIGN SIGN						
Preparer's name (including firm	name, if applicable) and address;	include room or suite numb	e r	Preparer's telep	hone number		

	Form 5500-SF 2015		Page Z					
กิส เ	vere all of the plan's assets duning the plan year invested in eligible	assets? (5	Gee instructions.)	******		****		X Yes No
b /	Are you claiming a waiver of the annual examination and report of ar	n independ	ent qualified public accour	ntant ((IQPA)		Elv., Che
	· · · · · · · · · · · · · · · · · · ·	nd conditio	mm / 103303000003344414414444444444444444444	*********				XYes No
	c	t usu roni	II JJUU-OF AIIU HIUDI IIIDK	4021	66 PO 12	rm 5:	TYes	☐ No ☐ Not determined
c l	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pri	ogram (see ERISA section	7021): •·		J 100	
Pa	t III Financial Information	7.3	(a) Davinging of	Vaca	************			(b) End of Year
	Plan Assets and Liabilities		(a) Beginning of		- HILL			947,428
	Total plan assets	7a 7b	ŲZ.	9,81		\vdash		
	Total plan liabilities	76	82	9.81	7	<u> </u>		947,428
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)ncome, Expenses, and Transfers for this Plan Year	W. 184	(a) Amount	<u> </u>	· /			(b) Total
a	Contributions received or receivable from:	America d'America della		E 66) ¢		Tiwax	
	1) Employers	8a(1)		5,68 1,38			Santar Santar	
	2) Participants	8a(2)	10	a, 00			1.00	
	3) Others (including rollovers)	8a(3) 8b	(4	,551	L)	,	**************************************	
	Other Income (loss)	8c	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		100000		4	142,518
4	Benefits paid (including direct rollovers and insurance premiums	 				S. 30-11		
	to provide benefits)	. ४व	-	4,40		-		
	Certain deemed and/or corrective distributions (see Instructions)	. 8e . 8f		50	00	1.7	23 3 L	
	Administrative service providers (salaries, fees, commissions)	. 8g			-		176	
_	Other expenses	8h		4 3 3 4"	4,77			24,907
	Net income (loss) (subtract line 8h from line 8c)	. 8i	CONTRACTOR OF THE SEC			1		117,611
	Transfers to (from) the plan (see instructions)	. 8j						
_	rt IV Plan Characteristics					-		****
	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Plan Cha	racte	ristic (Codes	in the	instructions:
Pa	rt V Compliance Questions				Yes	No	N/A	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contribu-	itions within	n the time period	П		111	3,223	
ä	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi	oluntary Fi	ductary Correction				No. of	
	Program)	************	*******	10a		X	4. XY.Y	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)		*******************************	10b		x	\$2,500 \$1.000	05,000
	Was the plan covered by a fidelity bond?			10¢	X	-	5.7 P. (A)	85,000
d	by fraud or dishonesty?	*******		10d		X	3.37	
е	Were any fees or commissions paid to any brokers, agents, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		ж		
				10f		X		
9	Did the plan have any participant loans? (If "Yes," enter amount a	as of year	end.)	10g	x			15,713
r	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(See instri	uctions and 29 CFR	10h		x		
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520 10	the require	d notice or one of the	101				
j	Did the plan trust incur unrelated business taxable income?			10j				
Pa	rt VI Pension Funding Compliance							
11	5500) and line 11a below)	***********	5540+8+#542401d \$552434 BB7022000 14637778800		*********	47778444	lule SB	(Form Yes X No
11	a Enter the unpaid minimum required contribution for current year	from Sche	dule SB (Form 5500) line 4	10 .	P4466477		118	
12		g requirem	ents of section 412 of the	Code	or sec	tion 3	02 of E	RISA? Yes 🗶 No

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Form 5500-SF 2015 Pege 3-					
(If The a semplete 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	ictions, and e	enter the	date of the Year	e letter rul	Ing
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 negative amount)	of a	12d			
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	*************	<u> 🖂</u>	Yes	No L	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 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 of the PBGC?	under the co	ntrol	Γ	Yes 2	No
of the PBGC (Immended the plan year, any ecoets or liabilities were transforred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	no plan(s) to				
13c(1) Name of plan(s):	130	(2) EIN(\$)	13c(3) F	N(s)
Part VIII Trust Information	. <u></u>	441 =		· · · · · · · · · · · · · · · · · · ·	
14a Name of trust		140 1	rust's EIN		
14¢ Name of trustee or custodian			nistae or c phone num		:
Part IX IRS Compliance Questions					
15a is the plan a 401(k) plan:	***************************************	☐ Ye		No	
15b If "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	mployer	bas bas	sign- sed safe [rbor ethod	ADP// test	ACP
15c If ADP/ACP test, dld 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(k)-2(a)(2)(ii))?	m)- 	<u></u> Ye	s [□ No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	□ Ra Pe Te	rcentage l	Avera Benet	ge fit Test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules?	ning	☐ Ye	s	☐ No	
17a Has the Plan been timely amended for all required law changes?		∏ Ye		No (O-	□ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was adopted//	Enter th	e applic	able code	(Se	8
instructions for tax law changes and codes). 17c If the plan operator is an adoptor of a pre approved meeter, prototype (M&P), or volume submitter plan that advisory letter, enter the date of that favorable letter / / and the letter's serial numb. 17d If the plan is an individually-designed plan and recieved a favorable determination letter from IRS, please of the plan is an individually-designed plan and recieved and plan					
determination letter /	s been	T			
made), American Samoa, Guam, the Commonwealth of the Northern Manana Islands of the U.S. Virgin Isl	ands)?	Ye		☐ No	
19 Were in-service distributions made during the plan year?	pivolot pri procurent	☐ Ye	S	∐ No	
If Yes, enter amount		19			
20 Were minimum required distributions made to 5% owners who have attained age 70 ½ (regardless of whot	thor or	☐ Ye	15	☐ No	□ N/