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

Parti	Annuai Kepoi	t identification information							
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017				
A This ret	A This return/report is for: 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.)								
5		a one-participant plan	a foreign plan						
B This retu	ırn/report is	the first return/report	the final return/report	n/report					
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension]	DFVC program	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name WILLIAM R.		S 401(K) PROFIT SHARING PLAN	AND TRUST		1b Three-digir plan numb (PN) ▶				
				-	1c Effective d				
2a Plan sr	nonsor's name (emp	loyer, if for a single-employer plan)			2h Employer I	dentification Number			
Mailing	address (include ro	om, apt., suite no. and street, or P.O			(EIN)	91-1197103			
	town, state or provin LEVINSON, INC. PS	nce, country, and ZIP or foreign post	tal code (if foreign, see insi	tructions)	2c Sponsor's telephone number 206-854-7440				
					2d Business of	code (see instructions)			
	1316 SOUTH CENTRAL AVE, SUITE 100 KENT, WA 98032				541110				
112111, 11710	0002								
3a Plan ad	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN			
					3c Administra	tor's telephone number			
						·			
		he plan sponsor or the plan name he consor's name, EIN, the plan name a			4b EIN				
a Sponso		, , ,	·		4d PN				
C Plan N	ame								
5a Total r	number of participan	ts at the beginning of the plan year.			5a	4			
_		ts at the end of the plan year			5b	4			
C Number	er of participants wit	h account balances as of the end of	the plan year (only defined	d contribution plans	5c	4			
•	,	participants at the beginning of the p			5d(1)	2			
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	3			
		no terminated employment during the			5e	0			
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assessed	l unless reasonable cau					
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a mplete.							
SIGN Filed with authorized/valid electronic signature. 06/26/2018 SUE ANDERSON									
HERE	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as em	ployer or plan sponsor			

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes		
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year							☐ Not dete (See instru	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	l of Year	
<u>a</u>	Total plan assets	7a	42	24842				670726	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	42	24842				670726	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)	4	45351					
	(2) Participants	8a(2)	4	48480					
	(3) Others (including rollovers)	8a(3)	(93876					
b	Other income (loss)	8b	8	83831					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						271538	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	,	19553					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions) 8f 6101								
g	Other expenses								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						25654	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)				245884				
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the ins	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the insti	ructions:	
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 contribut 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 reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c		Χ			
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		Χ			
е	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.)	e 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			
g		-		10g		Χ			
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 2520.101			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 Schedule SB (Form 5500) and line 11a below)							
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver			of the lette Year _	r 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?		Ye	s X N	0		
	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	3c(1) 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).

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	n					
For calend	lar plan year 2017 o	r fiscal plan year beginning	01/01/2017	and ending	12/31/2	2017		
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a	7			
		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	urn/report (less than 12 n	months)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	1		
		special extension (enter des	10111100000					
Part II		formation—enter all requested in	nformation		T 41			
1a Name Willia	e ofplan m R. Levinso	on, Inc. PS			1b Three-digit plan number	A CONTRACTOR OF THE PARTY OF TH		
401(k)	Profit Shar	ring Plan and Trust			(PN)	001		
					1c Effective da 01/01/2			
		ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.	O. Box)		2b Employer Id (EIN)91-1	dentification Number		
	r town, state or prov m R. Levinso	ince, country, and ZIP or foreign pos on, Inc. PS	stal code (if foreign, see ins	structions)	2c Sponsor's t	elephone number		
						54-7440 ode (see instructions)		
1316 S	outh Central	Ave, Suite 100			285			
Kent	Kent WA 98032			A 98032	541110			
3a Plan administrator's name and address X Same as Plan Sponsor.		3b Administrator's EIN						
3c Administrator's telephone number								
		the plan sponsor or the plan name I ponsor's name, EIN, the plan name			4b EIN			
	sor's name	periodi e riame, ziri, tile pian riame	and the plan namber nom	the fact retaining ont.	4d PN			
C Plan N	Name				10.61 (0.00)			
5a Total	number of participar	nts at the beginning of the plan year			T LEAGUE	4		
b Total	number of participar	nts at the end of the plan year			. 5b	4		
		th account balances as of the end o			5c	4		
d(1) Total number of active participants at the beginning of the plan year								
		participants at the end of the plan ye			5d(2)	3		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Caution: A	A penalty for the lat	te or incomplete filing of this retu	rn/report will be assessed	d unless reasonable ca				
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								
SIGN	true, correct, and co	hindre	6-19-18	William R. Le	vinson			
HERE	Signature of plan	n administrator	Date	Enter name of individ	dual signing as plar	administrator		
SIGN					gg as pro-			
HERE	Signature of emi	olover/plan sponsor	Date	Enter name of individ	dual signing as emr	lover or plan sponsor		

	Form 5500-SF 2017		Page 2			_			
b	Were all of the plan's assets during the plan year invested in eligit 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 can 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 second content of the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan in the plan year invested in eligible plan year.	an indepent and conditi not use For insurance pr	dent qualified public a ons.)rm 5500-SF and mus rogram (see ERISA se	t instea	ant (IC ad use 021)?	PA) Form 550	00. s		es No
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	1985	(a) Beginning	of Voor	Т		(b) End	of Voor	
a	Total plan assets	. 7a		424,8			(b) End		670,726
	Total plan liabilities	7b		/					
	Net plan assets (subtract line 7b from line 7a)	. 7c		424,8	842				670,726
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b) T	etini ataut CC a	
а	Contributions received or receivable from: (1) Employers	. 8a(1)	•	45,3	351				
	(2) Participants	. 8a(2)		48,	180				
	(3) Others (including rollovers)	. 8a(3)		93,8	376				
b	Other income (loss)	. 8b		83,8	331		Arter y		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			9/1			1	271,538
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		19,	553	TOTAL .			
е	Certain deemed and/or corrective distributions (see instructions)	. 8e				40/47			
f	Administrative service providers (salaries, fees, commissions)	. 8f		6,	101	Selection of			
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			197				25,654
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			1000			1	245,884
j	Transfers to (from) the plan (see instructions)	- 8j							The state of
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 3D	feature cod	des from the List of Pla	an Chai	racteri	stic Codes	in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Plan	n Chara	cteris	ic Codes in	n the instru	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 contributes 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-interes reported on line 10a.)			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 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 son the plan? (See instructions.)	her persons ne or all of t	by an insurance he benefits under	10e		Х			
f				10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	nd.)	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		X			

10i

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.....

Form	EEOO	0	2047

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f "Yes," see instructions and complete Sch	nedule SB Yes X No
ule SB (Form 5500) line 40	11a
ments of section 412 of the Code or section	on 302 of Yes X No
olicable.)	
tized in this plan year, see instructions, and	
Month	Day Year
orm 5500), and skip to line 13.	
	12b
	12c
ult (enter a minus sign to the left of a	12d
ing deadline?	Yes No N/A

Part	VI Pension Funding Compliance			1. 100 100 111		
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
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?	302 of	i 	Yes X No		
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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	enter t		of the letter ruling Year		
If	rou 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 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	∑ 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 🛛 No		
c	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	3c(1) Name of plan(s): 13c(2) I	EIN(s)		13c(3) PN(s)		