Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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	Identification Information							
For calend	lar plan year 2018 or fi	scal plan year beginning 01/01/2	018	and ending 1	2/31/2018				
A This re	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.)								
		a one-participant plan	a foreign plan						
D Inis reti	urn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC program				
D II	Desir Bleeder	special extension (enter descri							
Part II	•	prmation—enter all requested info	ormation		41	1			
1a Name	•				1b Three-digit plan number				
LEVEL 5 40	I(K) PLAN				(PN)	001			
					1c Effective date of	f plan			
						1/2007			
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Employer Identi (EIN) 20-8	fication Number 764957			
City or LEVEL 5, IN		ce, country, and ZIP or foreign posta	al code (if foreign, see inst	ructions)	2c Sponsor's telep				
					2d Business code (see instructions)				
P.O. BOX 33					238300				
KIRKLAND,	WA 98083								
3a Plan a	ndministrator's name a	nd address 🛛 Same as Plan Spon	isor.		3b Administrator's	EIN			
					3c Administrator's	talanhana numbar			
					30 Administrators	telephone number			
		e plan sponsor or the plan name ha insor's name, EIN, the plan name a			4b EIN				
a Spons	or's name				4d PN				
C Plan N	Name								
5a Total	number of participants	at the beginning of the plan year			. 5a	44			
b Total	number of participants	at the end of the plan year			5b	39			
		account balances as of the end of t		•	5c	22			
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	42			
` '	·	articipants at the end of the plan year			5d(2)	37			
		terminated employment during the			5e	0			
		or incomplete filing of this return			use is established.				
Under pen SB or Sche	alties of perjury and ot	her penalties set forth in the instructed nd signed by an enrolled actuary, a	tions, I declare that I have	examined this return/re	port, including, if applic				
SIGN		/valid electronic signature.	06/12/2019	DENNIS BOYLE					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan adı	ministrator			
SIGN		/valid electronic signature.	06/12/2019	DENNIS BOYLE	3 3 1				

Date

HERE

Enter name of individual signing as employer 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.)						X Yes No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes No
_	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
C	If "Yes" is checked, enter the My PAA confirmation number from the						· ·	(See instructions.)
		СТ ВОО Р	remain ming for this p	ian yea	'			(Occ matractions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning ((b) End	l of Year
<u>a</u>	Total plan assets	7a	154	43261				1636625
<u>b</u>	Total plan liabilities	7b						
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		43261				1636625
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		52304				
	(2) Participants	8a(2)	13	39447				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-8	86037				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						105714
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	,	11815				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		535				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							12350
i_	Net income (loss) (subtract line 8h from line 8c)	8i						93364
<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 2E 2F 2G 2J 2K 2T 3D	feature co	des 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 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 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 reported on line 10a.)	? (Do not	include transactions	10b		X		
	,				Х			
d	, , ,			10c	^			200000
	by fraud or dishonesty?			10d		X		
	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.)			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			13499
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				

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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 (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.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
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		
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				□ 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 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

2018

This Form is Open to Public Inspection

P	art I Annual Repo	rt Identification Information	1		
For	calendar plan year 2018 or	fiscal plan year beginning	01/01/2018 and ending	12/31/201	.8
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report	a multiple-employer plan (not multiemployer) a list of participating employer information in a a foreign plan the final return/report	(Filers checking th	is box must attach
		an amended return/report	a short plan year return/report (less than 12 n	nonths)	
	Check box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC p	rogram
	art II Basic Plan In	formation enter all requested	information		
1а	Name of plan Level 5 401(k) Plan	an		1b Three-digit plan number (PN) ▶	o01
				1c Effective da 01/01/2	
2a	Mailing Address (include ro City or town, state or provi	oloyer, if for a single-employer plan) com, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	O. Box) tal code (if foreign, see instructions)	2b Employer I (EIN) 20	dentification Number -8764957
	Level 5, Inc.			(425) 8	elephone number 20-2120 ode (see instructions)
	P.O. Box 3357			238300	odo (odo mondonono)
_	US Kirkland WA 98083				
3a	Plan administrator's name	and address X Same as Plan Spo	onsor	3b Administrat	or's EIN
				3c Administrat	or's telephone number
4	If the name and/or EIN of this plan, enter the plan spe	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name ar	as changed since the last return/report filed for and the plan number from the last return/report.	4b EIN	
a C	Sponsor's name Plan Name			4d PN	
 5а	Total number of participant	s at the beginning of the plan year		5a	44
b C	lotal number of participant	s at the end of the plan year		5b	39
	complete this item)		he plan year (only defined contribution plans	5c	22
	1) Total number of active pa	articipants at the beginning of the pla	n year	5d(1)	42
d(2) Total number of active pa	articipants at the end of the plan year		5d(2)	37
е	less than 100% vested	terminated employment during the p	plan year with accrued benefits that were	5e	0
Ca	ution: A penalty for the late	e or incomplete filing of this return	n/report will be assessed unless reasonable cau	ise is established	
SB	der penalties of perjury and o	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/repairs well as the electronic version of this return/report	oort including if an	aliaabla a Cabaalala
e.	CH CO B	al			

Date

6-12-19

DENNIS

Signature of plan administrator

Signature of employer/plan sponsor

HERE

SIGN

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

BOYLE

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)					X Yes No
b	Are you claiming a waiver of the annual examination and report of a	n independe	nt qualified public acco	ountar	t (IQF	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd conditions	s.)			••••		XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno	t use Form	5500-SF and must in	stead	use l	Form	5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	ram (see ERISA secti	on 402	21)?		Yes	☐ No ☐ Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prem	ium filing for this year					(See instructions.)
P	art III Financial Information	•••						(eee mendenone.)
7	Plan Assets and Liabilities		(a) Danimaina	-6.				
a	Total plan assets		(a) Beginning	100000				(b) End of Year
b	Total plan liabilities	7a	1,5	543,2	261	+	_	1,636,625
c	Net plan assets (subtract line 7b from line 7a)	7b				+		
8	Income, Expenses, and Transfers for this Plan Year	7c		43,2	261	+		1,636,625
a	Contributions received or receivable from:		(a) Amour	ıt		100000		(b) Total
_	(1) Employers	8a(1)		52,3	304			
_	(2) Participants	8a(2)	1	.39,4	47			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	(8	86,03	37)			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					and the same	105,714
d	Benefits paid (including direct rollovers and insurance premiums				The second	Yes di		105,714
_	to provide benefits)	8d		11,8	15			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
<u>g</u>	Other expenses	8g		5	35			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12,350
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i						93,364
ESSENTE:	Transfers to (from) the plan (see instructions)	8j						
	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fee	ature codes f	rom the List of Plan C	harac	teristi	c Code	s in the	instructions:
	2E 2F 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes fro	om the List of Plan Ch	aracte	rietic	Codes	in the ir	actructions:
			on the List of Flam of	araoto	113110	Codes	i iii tiie ii	istructions.
Pa	art V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	to the plan any participant contribution	ons within the	e time period	П		1	46.66	Amount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fiduci	ary Correction					
	Program)	•••••		10a		х		
b	The tribit any nonexempt transactions with any party-in-interest?	(Do not inclu	ide transactions					
	reported on line 10a.) Was the plan covered by a fidelity bond?	••••••	••••••	10b		х		
d	and the plan covered by a facility bolid?		•••••••••••••••••••••••••••••••••••••••	10c	х			200,000
	Did the plan have a loss, whether or not reimbursed by the plan's fire by fraud or dishonesty?	delity bond, t	hat was caused	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other	r persons by	an insurance	100		A.		
	carrier, insurance service, or other organization that provides some	or all of the I	nenefits under					
	the plan? (See instructions.)	••••••		10e		х		
f	Has the plan failed to provide any benefit when due under the plan?			10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	x			13,499
							ARCHITECTURE CARS	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
h	If this is an individual account plan, was there a blackout period? (S	ee instruction	ns and 29 CFR					
	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruction		10h		х		
h	If this is an individual account plan, was there a blackout period? (S	ee instruction		10h		х		

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ГОПП	22000	->-	/111	~

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Page	3	-	ı

ESTITUTE OF THE PARTY OF										
Par	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500 and line 11a below)	SB	☐ Ye	s X	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 section 302 of ERISA?									
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar	d enter	the date	of the lette	er ruling					
	granting the waiver	_ Da		Year _						
_	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								
c	Enter the amount contributed by the employer to the plan for the 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										
Part	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?	Г	Yes	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?			es X	No					
	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								
13	c(1) Name of plan(s):	N(s)		13c(3)	PN(s)					