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

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit **BEACHWORKS II** plan number (PN) ▶ 001 1c Effective date of plan 01/01/2014 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number BEACHWORKS, LLC (EIN) 26-0900051 Sponsor's telephone number 206-219-9447 PO BOX 55309 SEATTLE, WA 98155-0309 Business code (see instructions) 531390 **3a** Plan administrator's name and address XSame as Plan Sponsor. 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 3 d(2) Total number of active participants at the end of the plan year..... 5d(2) 3 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 t	true, correct, and complete.							
SIGN HERE	Filed with authorized/valid electronic signature.	08/14/2015	ERIK EKSTROM					
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sp					
Preparer's name (including firm name, if applicable) and address (include ro		oom or suite number	r) (optional)	Preparer's telephone number (optional)				

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							□ .	es [No No	
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40)21)?		Yes	No	Not de	termin	ed	
Par	t III Financial Information										
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		.0000		
	Total plan assets	7a		0				15	0000		
	Total plan liabilities	7b		0	-			15	6000		
	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amount		-		/b\ T				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otai			
	(1) Employers	8a(1)	1560	000							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
b	Other income (loss)	8b		0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15	6000		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
	Certain deemed and/or corrective distributions (see instructions)	8e		0							
f	Administrative service providers (salaries, fees, commissions)	8f		0							
	Other expenses	8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0		
i	Net income (loss) (subtract line 8h from line 8c)							156000			
j	Transfers to (from) the plan (see instructions)	8j		0							
Par	t IV Plan Characteristics										
b		eature coo	les from the List of Plan Chara	cterist							
10	During the plan year:	4:		T	Yes	No		Amour	it		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Cor	rection Program)	10a		X					
	on line 10a.)		·	10b		X					
<u>c</u>	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		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X					
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	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					Χ					
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							
Part	VI Pension Funding Compliance						•				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Y	es	No	
11a	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection 3	302 of	ERISA?	Y	es X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne lettei Year _	ruling	l —	

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lf :	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?		res X No	1
	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?	control		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):	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			

14a Name of trust BEACHWORKS II

14b Trust's EIN 472698894

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

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

	rt Identification Information								
For calendar plan year 2014 or		01/01/2014	and ending	12/31/	2014				
A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attac of participating employer information in accordance with the form instructions)									
•	a one-participant plan	a foreign plan							
B This return/report is									
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:	Form 5558	automatic extension DFVC program							
	special extension (enter desc	cription)							
Part II Basic Plan In	formation—enter all requested in	nformation							
1a Name of plan				1b Three-digit	t				
Beachworks II				plan numb	er 001				
				(PN)					
				1c Effective d 01/01/2					
	address; include room or suite numb	per (employer, if for a single-	-employer plan)		Identification Number				
Beachworks, LLC				(EIN) 26-0900051					
DO De 55200					telephone number				
PO Box 55309				206-219-9447					
Seattle	WA 98155-03	0.0		2d Business code (see instructions) 531390					
				3b Administrator's EIN					
3a Plan administrator's name and address 🗵 Same as Plan Sponsor.				SD Administrator's Env					
A lithe core and/or FIN of		she lest set un (son et filed f	or this way out or the	Ab Elli					
	the plan sponsor has changed since number from the last return/report.	e the last return/report filed f	or this plan, enter the	4b EIN					
		e the last return/report filed f	or this plan, enter the	4b EIN 4c PN					
name, EIN, and the plan r a Sponsor's name				4c PN	3				
name, EIN, and the plan r a Sponsor's name 5a Total number of participan	number from the last return/report.			4c PN 5a					
name, EIN, and the plan r a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants with	number from the last return/report.	f the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	3				
name, EIN, and the plan r a Sponsor's name 5a Total number of participan b Total number of participan c Number of participants wit complete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year	f the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	3 3 3				
name, EIN, and the plan r a Sponsor's name 5a Total number of participan b Total number of participans c Number of participants wit complete this item) d(1) Total number of active p	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end or	f the plan year (defined bene plan year	efit plans do not	4c PN 5a 5b 5c	3 3 3				
name, EIN, and the plan r a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p Number of participants that	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year It account balances as of the end of the plan year Participants at the beginning of the plan year It terminated employment during the	f the plan year (defined bene plan yearear. plan year with accrued bene	efit plans do not	4c PN 5a 5b 5c 5d(1)	3				
name, EIN, and the plan r a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p Number of participants that less than 100% vested	number from the last return/report. Its at the beginning of the plan year at the end of the plan year It account balances as of the end of the plan year at the beginning of the participants at the end of the plan year terminated employment during the	f the plan year (defined bene plan year ear plan year with accrued bene	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	3 3 3 3				
name, EIN, and the plan r a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and	ts at the beginning of the plan year its at the end of the end of the plan year its participants at the end of the plan year its eminated employment during the its return other penalties set forth in the instruction of the plan year its p	olan year (defined bene plan year plan year with accrued bene rn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse Is established eport, including, if a	3 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
name, EIN, and the plan r a Sponsor's name 5a Total number of participant b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and so	ts at the beginning of the plan year its at the end of the end of the plan year its participants at the end of the plan year its eminated employment during the its return other penalties set forth in the instruction of the plan year its p	olan year (defined bene plan year plan year with accrued bene rn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse Is established eport, including, if a	3 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
name, EIN, and the plan r a Sponsor's name 5a Total number of participant b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p e Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and so	ts at the beginning of the plan year ats at the end of the plan year	olan year (defined bene plan year plan year with accrued bene rn/report will be assessed uctions, I declare that I have	efit plans do not efits that were unless reasonable ca examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if art, and to the best	3 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
name, EIN, and the plan r a Sponsor's name 5a Total number of participan b Total number of participants wit complete this item) d(1) Total number of active p d(2) Total number of active p Number of participants that less than 100% vested Caution: A penalty for the lat Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and so SIGN HERE SIGN	ts at the beginning of the plan year ats at the end of the plan year	f the plan year (defined bene plan year	efit plans do not efits that were unless reasonable ca examined this return/repo ERIK EKSTROM	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse is established eport, including, if art, and to the best	3 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
name, EIN, and the plan of a Sponsor's name 5a Total number of participants between Total number of participants with complete this item)	ts at the beginning of the plan year its at the end of the end of the plan year its participants at the end of the pla	olan year (defined bene plan year	efit plans do not efits that were unless reasonable ca examined this return/repo ERIK EKSTROM Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse Is established eport, including, if art, and to the best dual signing as plant.	3 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
name, EIN, and the plan of a Sponsor's name 5a Total number of participants between Total number of participants with complete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year acticipants at the beginning of the participants at the end of the plan year terminated employment during the e or incomplete filling of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	olan year (defined bene plan year	efit plans do not efits that were unless reasonable ca examined this return/repo ERIK EKSTROM Enter name of indivi	4c PN 5a 5b 5c 5d(1) 5d(2) 5e suse Is established eport, including, if art, and to the best dual signing as plandual signing as emulations.	3 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				

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 6a Were all of the plan's assets during the plan year invested in eligible b Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot contain the plan is a defined benefit plan, is it covered under the PBGC in 	an independ and condition ot use Form	lent qualified public accountains.) ns.)n 5500-SF and must instead	nt (IQI	PA) Form	5500.		X Yes X Yes	□ No
Part III Financial Information	<u> </u>							
7 Plan Assets and Liabilities		(a) Beginning of Yea	r	Т		(b) End o	f Year	
a Total plan assets	7a	(a) Doğuming or roa		0		(b) Liid o		156000
b Total plan liabilities	7b							C
C Net plan assets (subtract line 7b from line 7a)	7c			0				156000
8 Income, Expenses, and Transfers for this Plan Year	NATIONAL SERVICES	(a) Amount		\top		(b) To	tal	
a Contributions received or receivable from:		***************************************		955	016.30			un PUS in
(1) Employers	8a(1)	15	600	0	(A) 100		1	1 00 1
(2) Participants	8a(2)			0	-11			
(3) Others (including rollovers)	8a(3)			0			-19-	011 13
b Other income (loss)	8b			0	=111647		100	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		15,144	0.				156000
d Benefits paid (including direct rollovers and insurance premiums	8d			0				
to provide benefits) e Certain deemed and/or corrective distributions (see instructions)	8e			0	o Lorido	Su Strie	A 15.75	
f Administrative service providers (salaries, fees, commissions)	8f			0	THE REAL PROPERTY.	SEULE SE		
				0	300			No.
b Total amount (add lines ad 20 % and 20)	8g 8h		- 3	-	- 11			(
h Total expenses (add lines 8d, 8e, 8f, and 8g)			Z KEDS					156000
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	81	0						
Part IV Plan Characteristics	8j			U				
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 2R 3D b If the plan provides welfare benefits, enter the applicable welfare fe								
Part V Compliance Questions								
10 During the plan year:				Yes	No		Amount	
Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ciary Corre	ection Program)	10a		Х			
on line 10a.)	•	·	10b		Х			
C 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 bon	d, that was caused by fraud	10d		х			
Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e		х			
f Has the plan failed to provide any benefit when due under the pla	n?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х			
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10h		Х			
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	10i			SEA SE		
Part VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes	s No
11a Enter the unpaid minimum required contribution for current year for		STORY SHOWS AND A			11a			
12 Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?	Yes	X No

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

Day

Year

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver......Month

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and	d 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	*1		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the resul negative amount)					12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 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, transfer of the PBGC?							Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.)	lan to another	plan((s), identify the pla	n(s) 1	to			
1	3c(1) Name of plan(s):				1	3c(2) E	IN(s)	13c(3	PN(s)
Part	VIII Trust Information (optional)								
14a	Name of trust					14b ⁻	Γrust's EIN		
1	BEACHWORKS II						47-	-2698894	Ŀ