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

Part I	Annual Report	Identification Information							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/20	15	and ending 12	2/31/2015				
A This ret	turn/report is for:	a single-employer plan a one-participant plan		an (not multiemployer) ployer information in ac					
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 m	nonths)				
C Check I	box if filing under:	Form 5558 special extension (enter descrip	automatic extension		DFVC	program			
Part II	Basic Plan Info	rmation—enter all requested info	rmation						
1a Name BEACHWO	of plan				1b Three-digit plan number (PN) ▶				
					1c Effective da	ate of plan 01/01/2014			
Mailing	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal		uctions)	(EIN)	dentification Number 26-0900051			
BEACHWOR	RKS, LLC				2	telephone number 06-219-9447			
PO BOX 553 SEATTLE, W	809 VA 98155-0309				2d Business code (see instructions) 531390				
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	r.		3b Administrat	tor's EIN			
		e plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	3c Administrat	or's telephone number			
	, EIN, and the plan hul or's name	mber from the last return/report.			4c PN				
		at the beginning of the plan year			F -	3			
_		at the end of the plan year			5b	3			
C Numb	er of participants with	account balances as of the end of th	e plan year (defined bene	efit plans do not	5c	3			
d(1) Tota	al number of active pa	rticipants at the beginning of the plar	n year		5d(1)	3			
d(2) Tot	al number of active pa	rticipants at the end of the plan year			5d(2)	3			
e Numb	per of participants that 100% vested	terminated employment during the p	olan year with accrued ber	nefits that were less	5e	0			
		or incomplete filing of this return/							
SB or Sche		her penalties set forth in the instructind signed by an enrolled actuary, as plete.							
SIGN HERE		valid electronic signature.	06/28/2016	ERIK EKSTROM					
	Signature of plan a	dministrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN HERE	Signature of omple	warlnian enancar	Date	Enter name of individ	lual signing as are	ployer or plan anance			
Prenarer's	Signature of emplo	nyer/pian sponsor name, if applicable) and address (inc	Date lude room or suite numbe		Preparer's telepl	ployer or plan sponsor			
1 Topalei S	manic (moldding mill f	iamo, ii appiicabio) and addicos (inc	iddo foom of suite numbe	' /	ι τοραισι ο ισισμί	TIONS HUMBON			

Form 5500-SF 2015		Page 2								
 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 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 be a second or line 6b. 	an indepen and conditi ot use For	dent qualified public a ons.)rm 5500-SF and must	ccount	ant (IQ	PA) Form	5500.		<u> </u>	Yes Yes	No No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	detern	nined
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning			-		(b) En	d of Y		
a Total plan assets	7a		156	0000					15610	
b Total plan liabilities	7b		156	000					15610	0
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Ama-		1000	-		/h)	Total	13010)9
a Contributions received or receivable from:		(a) Amou	ını				(0)	Total		
(1) Employers	8a(1)			0						
(2) Participants	8a(2)			0						
(3) Others (including rollovers)	8a(3)			0						
b Other income (loss)	8b			109						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								10)9
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			0						
e Certain deemed and/or corrective distributions (see instructions)	8e			0						
f Administrative service providers (salaries, fees, commissions)	8f			0						
g 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)	8i								10)9
j Transfers to (from) the plan (see instructions)	8j			0						
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 2R 3D 2A	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in t	the insti	ructions	3 :	
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 th	e instru	ctions		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
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 Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest			10h		X					
reported on line 10a.)			10b							
C 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 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					X					
			10f		-					
g Did the plan have any participant loans? (If "Yes," enter amount a	•		10g		X					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		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							
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)								<u></u> [Yes	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	requireme	nts of section 412 of the	he Cod	e or se	ction (302 of E	RISA?		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	(If "Ye	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 ing ng the waiver		enter the Day	date of t	he letter rul Year	ing	
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		rear		
b	Enter ti	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				
	Subtra	ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d				
		ve amount)			Yes	No 🗌	N/A	
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			163	NO	111/75	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brown				l vas 🔽	No	
		PBGC?				Yes X	No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1				
1	1 3c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	VIII	Trust Information						
	Name o				Γrust's ΕΙΝ 2698894	١		
DEA	CHWOF	KNO II		472	1090094			
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
	EKSTI			telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		∐ Ye	S	No		
15b	If "Yes	" how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an	d employer		esign- ased safe	ADF	P/ACP	
.0.0		ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	arbor ethod	test		
15c	If the A	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c	urrent year	Ye		No		
	testing	method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	l01(m)-					
40-					atio	П Ауе	rage	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	. ⊔ pe	ercentage st		efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comen with any other plans under the permissive aggregation rules?		Ye	S	No		
17a		e plan been timely amended for all required tax law changes?		∏ Ye	s	No	N/A	
17b	Date th	ne last plan amendment/restatement for the required tax law changes was adopted///	. Enter the ap	plicable	code	(See ins	tructions	
470		law changes and codes).		•				
170		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter is serial replaced and the letter is serial replaced by the contract of the letter is serial replaced by the contract of the letter is serial replaced by the contract of the letter is serial replaced by the contract of the letter is serial replaced by the contract of the letter is serial replaced by the letter is series of the letter i		t to a fa	vorable II	RS opinion	or	
17d		lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter//	nter the date of	the plai	ı's last fav	vorable		
18	Is the I	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 ½ (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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2015

This Form is Open to Public Inspection

OMB Nos, 1210-0110

1210-0089

 Complete all entries in accordance with the instructions to the Form 5500-SF. Part I | Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a multiple-employer plan (not multiemployer) (Filers checking this box must attach a X a single-employer plan list of participating employer information in accordance with the form instructions) A This return/report is for: a one-participant plan a foreign plan the first return/report the final return/report B This return/report is a short plan year return/report (less than 12 months) an amended return/report 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 Three-digit 1a Name of plan plan number 001 Beachworks II (PN) 1c Effective date of plan 01/01/2014 2b Employer Identification Number 2a Plan sponsor's name (employer, If for a single-employer plan) Mailing address (include room, act., suite no. and street, or P.O. Box) (EIN) 26-0900051 City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) 2c Sponsor's telephone number Beachworks, LLC 206-219-9447 2d Business code (see instructions) PO Box 55309 531390 98155-0309 WA Seattle 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor. 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4¢ PN a Sponsor's name 5a 3 5a Total number of participants at the beginning of the plan year 5b 3 b Total number of participants at the end of the plan year Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 5d(1) d(1) Total number of active participants at the beginning of the plan year 5d(2) d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 5e Q 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 ERIK EKSTROM SIGN HERE Date Enter name of Individual signing as plan administrator Signature of plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor 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									
 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 you answered "No" to either line 6a or line 6b, the plan cannot lift the plan is a defined benefit plan, is it covered under the PBGC in 	an independe and condition ot use Form	ent qualified public acts) s.) 5500-SF and must	counta instea	nt (IQI d use	⊃A) Form	5500.		X X Not	Yes Yes		No No d
Part III Financial Information		,								_	—
7 Plan Assets and Liabilities	00 3.5	(a) Beginning	of Vos	ır	T		(b) End	of Ye	ar		
a Total plan assets	7a	(a) Dogillining		5,00			(b) Liid	01 10		6,1	109
b Total plan liabilities	7b			-	0						0
C Net plan assets (subtract line 7b from line 7a)	7c		156	5,00					15	6,1	L09
8 Income, Expenses, and Transfers for this Plan Year	Talle	(a) Amou					(b) T	otal			
a Contributions received or receivable from:		147,741104				51.75	HUNCH		William		210
(1) Employers	8a(1)							W.		by.	
(2) Participants	8a(2)				0		44		MIL I	11/11	1,05
(3) Others (including rollovers)	8a(3)				0	A 1.7	0.000		100		50
b Other income (loss)	8b			10	9		311	1.1.			-
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		8 v./	B) I						1	L09
d Benefits paid (including direct rollovers and insurance premiums	8d				o						
e Certain deemed and/or corrective distributions (see instructions)	8e				0	1	8.0	AT.	di 18		
f Administrative service providers (salaries, fees, commissions)	8f				0			18			
					0			10			
g Other expenses and lines and so of and say	8g 8h	20 V 1 2 V	100	Eil							0
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8i										109
Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	 	0			270	3 6	N II	52		-ilvi	
Part IV Plan Characteristics	8 <u>j</u>					100.00		1500			
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions											
10 During the plan year:				Yes	No	N/A		Am	ount		
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fid	uciary Correction	10a		х	20					
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х						
C 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 by fraud or dishonesty?			10d		Х						
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of th	e benefits under	10e		х						
f Has the plan failed to provide any benefit when due under the pla			10f		Х						
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		Х	Els I					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х		7.			K	
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				6.5	T.	473	Ţ	
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 requirer 5500) and line 11a below)	nents? (If "Y	es," see instructions a	and cor	nplete	Sche	dule SB	(Form		Yes		No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	B (Form 5500) line 4	0			11a				p	
12 Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of t	he Cod	e or se	ection	302 of E	RISA?		Yes	Х	No

F	form 5500-SF 2015 Page 3 -						
	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
granti	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ng the waiver	onth	nter th Day		e letter ruli Year	ng ———	
	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
b Enter t	he minimum required contribution for this plan year		12b				
	he amount contributed by the employer to the plan for this plan year		12c				
	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef ive amount)		12d				
e Will th	e 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	X No		
If "Ye	s," enter the amount of any plan assets that reverted to the employer this year		13a				
	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough PBGC?				Yes 🗓 1	10	
C If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify assets or liabilities were transferred. (See instructions.)						
	Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)	
Part VIII	Trust Information						
14a Name	of trust		14b Trust's EIN				
BEACH	WORKS II			47-26	598894		
14c Name	e of trustee or custodian		14d Trustee's or custodian's telephone number				
ERIK	EKSTROM						
Part IX	IRS Compliance Questions						
15a Is the	plan a 401(k) plan?		Ŭ Y.	es 	No		
	s," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		☐ b	esign- ased safe arbor nethod	ADP test	/ACP	
testin	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cur g method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.40 ((ii))?	1(m)-	Y	es	No		
16a Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	n 410(b):	U p	tatio ercentage est		rage efit test	
	the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comb an with any other plans under the permissive aggregation rules?		_ Y	es	No		
	ne plan been timely amended for all required tax law changes?			es	No	□ N/A	
for tax	the last plan amendment/restatement for the required tax law changes was adopted (law changes and codes).				`	struction	
advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plar ory letter, enter the date of that favorable letter and prototype (M&P) or volume submitter plar	ımber				ог	
17d If the deter	plan is an individually-designed plan and received a favorable determination letter from the IRS, en nination letter		the pla	an's last fav	orable		
18 Is the made	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 I	has been slands)?	Ye	es	No		
19 Were	in-service distributions made during the plan year?		_ Y	es	No		
If "Ye	s," enter amount		19				
	required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whole), as required under section 401(a)(9)?		_ Y	es	No	□ N/A	