For	m 5500-SF	Short Form Annua	al Return/Repo Benefit Plan		oyee	OMB No	os. 1210-0110 1210-0089			
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						201	6			
Employee Be	partment of Labor nefits Security Administration	Income Security Act of 1974	057(b) and 6058(a) of the de).	Internal	This Form is Public Ins					
	nefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	structions to the Form 55						
Part I	Annual Report Ic	dentification Information	016	and ending 12	2/31/2016					
		a single-employer plan		plan (not multiemployer) (		king this box must	t attach a			
A This retu	urn/report is for:	a one-participant plan		employer information in ac		-				
<b>B</b> This retu	rn/report is	the first return/report an amended return/report	the final return/repor	t urn/report (less than 12 m	onths)					
C Check b	ox if filing under:	Form 5558 special extension (enter descri	automatic extension	1	DFVC p	rogram				
Part II	Basic Plan Infor	<b>nation</b> —enter all requested info	. ,							
<b>1a</b> Name of BEACHWOR	of plan				(PN)	number	001			
						01/01/2014				
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O country, and ZIP or foreign posta		structions)	(EIN)		1			
BEACHWOR					2c Spor	nsor's telephone r 206-219-9447				
PO BOX 5530 SEATTLE, W	09 A 98155-0309				2d Busir	ness code (see in 531390	structions)			
<b>3a</b> Plan ad	Iministrator's name and	address X Same as Plan Spon	SOF.		<b>3b</b> Admi	nistrator's EIN				
					3c Admi	nistrator's telepho	one number			
		blan sponsor has changed since t	he last return/report file	d for this plan, enter the	4b EIN					
a Sponso	· ·				<b>4c</b> PN					
5a Total n	umber of participants at	t the beginning of the plan year			5a		3			
		the end of the plan year			5b		3			
C Numbe	er of participants with ac	count balances as of the end of t	he plan year (only define	ed contribution plans	5c		3			
<b>d(1)</b> Tota	I number of active partie	cipants at the beginning of the pla	an year		5d(1)		3			
<b>d(2)</b> Tota	al number of active parti	cipants at the end of the plan yea	ır		5d(2)		3			
		rminated employment during the			5e		C			
		incomplete filing of this return					- <b>O</b> - <b>b</b> - <b>d</b> - <b>d</b> -			
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.								
SIGN	Filed with authorized/va	lid electronic signature.	06/28/2017	ERIK EKSTROM						
HERE	Signature of plan adr	ministrator	Date	Enter name of individ	ual signing	as plan administra	ator			
SIGN	•									
HERE	Signature of employe		Date	Enter name of individe						
Preparer's r	name (including firm nar	ne, if applicable) and address (in	clude room or suite num	ber )	Preparer's	s telephone numb	ber			
Eas Dama		see the Instructions for Form 5500	<b>67</b>			Factor 21	500-SE (2016)			

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Transfers to (from) the plan (see instructions) .....

Net income (loss) (subtract line 8h from line 8c).....

Part IV Plan Characteristics

i.

j

9a

b

0

159480

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	156109	315589					
b	Total plan liabilities	7b	0	0					
С	Net plan assets (subtract line 7b from line 7a)	7c	156109	315589					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8a(1)	159000						
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss)	8b	480						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		159480					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0						
е	Certain deemed and/or corrective distributions (see instructions).	8e	0						
f	Administrative service providers (salaries, fees, commissions)	8f	0						
g	Other expenses	8g	0						

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2F 2G 2R 3D 2A

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0

Part	t V	Compliance Questions					
10	Durii	ng the plan year:		Yes	No	N/A	Amount
а	des	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		X		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х		
C	Was	s the plan covered by a fidelity bond?	10c		X		
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х		
е	carri	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under olan? (See instructions.)	10e		×		
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR ).101-3.)	10h		×		
i		h was answered "Yes," check the box if you either provided the required notice or one of the potions to providing the notice applied under 29 CFR 2520.101-3	10i				

Page **3-** 1

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (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 ERISA?				[	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 instru-	ctions. ar	nd enter	the date	of the le	etter ru	lina
	granting the waiver	nth	Day		Yea		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		12b	Г			
	Enter the minimum required contribution for this plan year		•				
	Enter the amount contributed by the employer to the plan for this plan year		. 12c				
a	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left 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	s X	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. <b>13a</b>				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought control of the PBGC?		ə 		Yes	XN	lo
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s	s) to				
	13c(1) Name of plan(s):	420/2			13	<b>c(3)</b> Pl	·
		130(2	2) EIN(s)				N(s)
Part 14a		130(2	14b	Trust's E 2698894	EIN		N(s)
Part 14a BEACH	t VIII Trust Information Name of trust		14b 472	2698894 Trustee'	EIN	todian'	
Part 14a BEACH	Trust Information           Name of trust           WORKS II           Name of trustee or custodian           EKSTROM		14b 472	2698894 Trustee'	EIN s or cus	todian'	
Part 14a BEACH 14c ERIK E	Trust Information           Name of trust           WORKS II           Name of trustee or custodian           EKSTROM	Yes	14b 472 14d	2698894 Trustee' telephoi	EIN s or cus ne numb	todian' ber	S
Part 14a BEACH 14c RIK E Part 15a 15b	t VIII Trust Information Name of trust WORKS II Name of trustee or custodian EKSTROM t IX IRS Compliance Questions	Yes Desi safe	14b 472 14d gn-based harbor rent year	Trustee' telephor	EIN s or cus ne numb	todian'	S
Part 14a BEACH 14c RIK E Part 15a 15b	Image: VIII       Trust Information         Name of trust       Name of trust         How of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian       Name of trustee or custodian         Image: Name of trustee or custodian	Yes Desi Safe Cur ADP Rati	14b 472 14d gn-based harbor rent year test o centage	Trustee' telephor d [ A	EIN s or cus ne numb	todian' ber r year"	S
Part 14a BEACH 14c RIK E RIK E 15a 15b 16a	Image: VIII       Trust Information         Name of trust         How RKS II         IRS Compliance Questions         It IX       IRS Compliance Questions         It is the plan a 401(k) plan? If "No," skip b         Phow did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:         It What testing method was used to satisfy the coverage requirements under section 410(b) for the plan	Yes Desi Safe Cur ADP Rati perc	14b 472 14d gn-based harbor rent year test o centage	Trustee' telephor d [ A	EIN s or cus ne numb No "Prio test N/A verage	todian' ber r year"	s
Part 14a BEACH 14c RIK E RIK E 15a 15b 16a	Image: VIII       Trust Information         Name of trust       Name of trust         Image: WORKS II       Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trustee or custodian         Image: Name of trustee or custodian       Image: Name of trust	Yes     Desi     safe     "Curr     ADP     Rati     perc     test     Yes	14b 472 14d gn-based harbor rent year test o centage	Trustee' telephon d [ 	EIN s or cus ne numb No "Prio test N/A verage enefit tes	todian' ber r year"	s ADP
Part 14a BEACH 14c RIK E RIK E 15a 15b 16a 16b 17a	Image: VIII       Trust Information         Name of trust         +WORKS II         Name of trustee or custodian         •KSTROM         t IX       IRS Compliance Questions         It is the plan a 401(k) plan? If "No," skip b	Yes     Desi     Safe     Cur     ADP     Rati     perc     test     Yes inion lette	14b 472 14d 14d gn-based harbor rent year test o centage er or adv	Trustee' telephon d [ 	EIN s or cus ne numb No "Prio test N/A verage enefit test n/A	todian' ber r year" st [ r the d	s ADP N/A ate of
Part 14a BEACH 14c RIK E RIK E 15a 15b 16a 16b 17a 17b 18	Image: VIII       Trust Information         Name of trust         WORKS II         Name of trustee or custodian         EKSTROM         It IX       IRS Compliance Questions         It is the plan a 401(k) plan? If "No," skip b	Yes Per the date	14b 472 14d 14d gn-based harbor rent year test o centage er or adv	Trustee' telephon d [ ""[ isory lett	EIN s or cus ne numb No "Prio test N/A verage enefit test n/A	todian' ber r year" st [ r the d	s ADP N/A ate of
Part 14a 3EACH 14c RIK E 15a 15b 16a 16b 17a 17b 18		Yes     Desi     safe     Cur     ADP     Rati     perc     test     Yes inion lette ated from	14b 472 14d 14d 14d 14d 14d	Trustee' telephon d [ ." [ isory lett	IN s or cus ne numb No N/A verage enefit tes N/A ter, ente ent dete	todian' ber r year" st [ r the d	s ADP N/A ate of

Form 5500-SF	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089						
Department of the Treasury Internal Revenue Service	This form is required to be filed ur			2016					
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974 (ER	RISA), and sections 6057 evenue Code (the Code)		Internal	This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation	Complete all entries in acce	ordance with the instru	ctions to the Form 58						
Part I Annual Report I	dentification Information								
For calendar plan year 2016 or fisc		/01/2016	and ending		31/2016				
A This return/report is for:	X a single-employer plan				king this box must attach a /ith the form instructions.)				
	a one-participant plan	a foreign plan							
<b>B</b> This return/report is	the first return/report	the final return/report							
	an amended return/report	amended return/report a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	Special extension (enter description	on)							
Part II Basic Plan Infor	mation—enter all requested inform								
1a Name of plan	enter all requested mon			1b Thre	e-digit				
Beachworks II					number 001				
Deachworkb II				(PN)					
				5.45	ctive date of plan				
2a Plan sponsor's name (employ	er, if for a single-employer plan)			2b Emp	loyer Identification Number				
Mailing address (include room City or town, state or province	n, apt., suite no. and street, or P.O. B , country, and ZIP or foreign postal c	ox) ode (if foreign, see instru	uctions)		26-0900051				
Beachworks, LLC	,				nsor's telephone number ·219-9447				
				208-219-9447 2d Business code (see instructions)					
PO Box 55309				5313					
Seattle	WA 98155-0309								
	d address 🕱 Same as Plan Sponsor	Г. — — — — — — — — — — — — — — — — — — —		3b Adm	inistrator's EIN				
				3c Adm	inistrator's telephone number				
A 100 0 00 000 000	- I	last veture free out filed fo	this plan, optor the	Ab EN					
4 If the name and/or EIN of the name, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	last return/report lied to	or this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of participants	at the beginning of the plan year			5a	3				
	at the end of the plan year			5b	3				
	account balances as of the end of the			5c					
complete this item)				·	3				
<b>d(1)</b> Total number of active par	ticipants at the beginning of the plan	year		5d(1)	3				
	ticipants at the end of the plan year			5d(2)	3				
	erminated employment during the pla			5e	c				
than 100% vested	or incomplete filing of this return/re	port will be assessed	unless reasonable ca	use is esta					
Under penalties of periury and oth	er penalties set forth in the instructio	ns, I declare that I have	examined this return/re	port, includ	ing, if applicable, a Schedule				
	d signed by an enrolled actuary, as w	vell as the electronic ver	sion of this return/repo	rt, and to th	e best of my knowledge and				
belief, it is true, correct, and comp	liele,	also m	ERIK EKSTROM						
SIGN HERE		July 1		lust signing	es ales administrator				
Signature of plan a	aministrator	Date		iuai siyning	as plan administrator				
SIGN HERE									
Signature of employ	yer/plan sponsor	Date			as employer or plan sponsor s telephone number				
reparers name (including firm n	ame, if applicable) and address (inclu	ine room of suite numbe	<i>ii j</i>	Tichard	a telephone number				
				1					

i.

<ul> <li>6a Were all of the plan's assets during the plan year invested in elig</li> <li>b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibilities of the plan can be be asserted as the plan can be as t</li></ul>	of an indepen ty and condition	dent qualified public a	ccounta	nt (IQI	PA)			X Yes X Yes	No   No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC							🗌 No	Not deter	mined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning c	of Year			(	b) End	of Year	
a Total plan assets	7a		156,1	.09				31	5,589
<b>b</b> Total plan liabilities				0	_				0
C Net plan assets (subtract line 7b from line 7a)	7c		156,1	.09				31	5,589
8 Income, Expenses, and Transfers for this Plan Year	Distance.	(a) Amoun	t				(b) 7	otal	
a Contributions received or receivable from: (1) Employers	8a(1)		159,0	00					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0	1		182	1000	
b Other income (loss)	8b		4	80	10.11	1.	100	11.000	1
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							15	9,480
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)				0	1				2.0
e Certain deemed and/or corrective distributions (see instructions)	8e			0			1.118		
f Administrative service providers (salaries, fees, commissions)	8f			0	_	4	_		_
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	V States						15	9,480
j Transfers to (from) the plan (see instructions)	8j			0				- V	
Part IV Plan Characteristics									
<b>9a</b> If the plan provides pension benefits, enter the applicable pension 2E 2J 2F 2G 2R 3D 2A									
b If the plan provides welfare benefits, enter the applicable welfare	e feature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in t	he instr	uctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contridescribed in 29 CFR 2510.3-102? (See instructions and DOL' Program)	s Voluntary F	iduciary Correction	10a		x				
b Were there any nonexempt transactions with any party-in-inter- reported 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 by fraud or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.).	other persons	s by an insurance the benefits under	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 amour	nt as of year-e	end.)	10g		х				
h If this is an individual account plan, was there a blackout period					x			5 a. 2	11.71

2520.101-3.) ..... 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 .....

10h

10i

Form 5500-SF 2016

Page 3-

Part VI Pension Funding Compliance				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 3 (Form 5500) and line 11a below)			Yes	No No
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		r		
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 412 o	ction 302 c	ſ	Yes	X No
<ul> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver.</li> </ul>	and enter Da	the date of	f the letter ru Year	iling
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	40.0			
<ul> <li>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)</li> </ul>	12d			
e 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	X No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		] Yes 🛛 I	٥V
<ul> <li>C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)</li> </ul>				
13c(1) Name of plan(s): 13	c(2) EIN(s	)	13c(3) P	'N(s)
Part VIII Trust Information				
14a Name of trust	14b	Trust's El	N	
BEACHWORKS II		47-269	8894	
14c Name of trustee or custodian ERIK EKSTROM	14d	Trustee's telephone	or custodiar e number	n's
Part IX IRS Compliance Questions			1	_
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b	'es	L	No	
<b>15b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	esign-bas afe harbor Current yea DP test		"Prior yea test N/A	" ADP
vear? Check all that apply:	Ratio percentage est	e 🗌 Av	erage nefit test	□ N/A
for the plan year by combining this plan with any other plan under the permissive aggregation rules?	/es		No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number				
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	date of the	most rece	nt determina	
18 Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated fr service?	om 🛛 Y	′es	] No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		′es 🗌	] No	