## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration 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).

2016

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.

Pension Benefit Guaranty Corporation Annual Report Identification Information For calendar plan year 2016 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 of participating employer information in accordance with the form instructions.) **A** This return/report is for: 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) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit **BEACHWORKS II** plan number 001 (PN) • 1c Effective date of plan 01/01/2014 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 26-0900051 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number BEACHWORKS, LLC 206-219-9447 2d Business code (see instructions) PO BOX 55309 531390 SEATTLE, WA 98155-0309 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 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. 4c PN a Sponsor's name 5a 3 5a Total number of participants at the beginning of the plan year ...... 5b 0 **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 (only defined contribution plans 0 5c complete this item)..... 3 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 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 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 true, correct, and complete Filed with authorized/valid electronic signature. 08/21/2017 ERIK EKSTROM SIGN **HERE** 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 sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

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<ul> <li>6a Were all of the plan's assets during the plan year invested in e</li> <li>b Are you claiming a waiver of the annual examination and repor</li> </ul>	•	,						X Yes No
under 29 CFR 2520.104-46? (See instructions on waiver eligib  If you answered "No" to either line 6a or line 6b, the plan c	ility and condit	ions.)						X Yes No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBG					_	-	□No □	Not determined
Part III Financial Information						1 .00		1
7 Plan Assets and Liabilities		(a) Reginning	of Voor				(b) End of	Voor
a Total plan assets	7a	(a) Beginning	315589			'	(b) Elia oi	0
b Total plan liabilities			C	)				0
C Net plan assets (subtract line 7b from line 7a)			315589	)				0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) Tot	al
a Contributions received or receivable from:		(a) 7 anour					(2) 101	<u></u>
(1) Employers	8a(1)		C					
(2) Participants	8a(2)		0	_				
(3) Others (including rollovers)	8a(3)		C	_				
<b>b</b> Other income (loss)	8b		465					
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							465
d Benefits paid (including direct rollovers and insurance premium to provide benefits)			316054					
e Certain deemed and/or corrective distributions (see instructions	s). <b>8e</b>		C					
<b>f</b> Administrative service providers (salaries, fees, commissions).	8f		C					
g Other expenses	8g		C					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							316054
i Net income (loss) (subtract line 8h from line 8c)	8i							-315589
j Transfers to (from) the plan (see instructions)	8i		C	)				
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension benefits and the plan provides pension benefits are applicable pension benefits.	sion feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	ctions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	re feature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instruct	ions:
Part V Compliance Questions								
10 During the plan year:				Yes	No	N/A		Amount
Was there a failure to transmit to the plan any participant cont described in 29 CFR 2510.3-102? (See instructions and DOL Program)	's Voluntary F	iduciary Correction	10a		X			
<b>b</b> Were there any nonexempt transactions with any party-in-intereported on line 10a.)			10b		X			
C Was the plan covered by a fidelity bond?			10c		X			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		X			
Were any fees or commissions paid to any brokers, agents, o carrier, insurance service, or other organization that provides the plan? (See instructions.)	r other person some or all of	s by an insurance the benefits under	10e		X			
f Has the plan failed to provide any benefit when due under the	plan?		10f		X			
g Did the plan have any participant loans? (If "Yes," enter amou	ınt as of year-e	end.)	10g		X			
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 provide exceptions to providing the notice applied under 29 CFR 2520			10i					

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a		_	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co.  A?						Yes X No
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	Nonth _	s, and	d enter t Day		of the lett Year	er ruling 
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1		
<u>b</u>	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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d			
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		<b>13c(3)</b> PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custo ne numbe	
Par	t IX	IRS Compliance Questions		<u> </u>				
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			n-based arbor	d [	] "Prior y test	ear" ADP
				"Curre	ent year est	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

## 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

2016

This Form is Open to **Public Inspection** 

Part I   Annual Repo	rt Identification Information								
For calendar plan year 2016 o		01/01/2017	and ending	07/31/					
A This return/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) nployer information in a						
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	☑ the final return/report							
-	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 progr	am				
B (II   B .: BI I	special extension (enter descri								
6.00	formation—enter all requested in	formation		141					
<b>1a</b> Name of plan Beachworks II				1b Three-diplan num	•				
				(PN) 1c Effective	date of plan				
20 0				01/01/					
Mailing address (include ro	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post		ructions)		r Identification Number -0900051				
Beachworks, LLC	too, country, and zin or loreign post	ar code (ir foreign, see man	dolloris)	<b>2c</b> Sponsor 206-21	's telephone number 9-9447				
PO Box 55309				<b>2d</b> Business 531390	s code (see instructions)				
Seattle	WA 98155-030	9							
3a Plan administrator's name	3a Plan administrator's name and address 🗓 Same as Plan Sponsor.								
3c					rator's telephone number				
name, EIN, and the plan n	he plan sponsor has changed since number from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
5a Total number of participan	ts at the beginning of the plan year								
	ts at the end of the plan year			. 5b	0				
	h account balances as of the end of			. 5c	C				
	participants at the beginning of the pl	•			3				
	participants at the end of the plan year			. 5d(2)	0				
than 100% vested	at terminated employment during the			. 5e	0				
Caution: A penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable ca	use is establis	hed.				
SB or Schedule MB completed belief, it is true, correct, and cor	other penalties set forth in the instruction and signed by an enrolled actuary, a molete.	as well as the electronic ver	sion of this return/repo	rt, and to the be	st of my knowledge and				
SIGN Sul	O	08/21/2017	ERIK EKSTROM						
HERE Signature of plan	administrator	Date	Enter name of individ	dual signing as p	olan administrator				
SIGN HERE									
Signature of empl	loyer/plan sponsor	Date	Enter name of individ		employer or plan sponsor				
Preparer's name (including firm	name, if applicable) and address (in	nclude room or suite numbe	r)	Preparer's tel	ephone number				

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	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 cannot be a second to the plan cannot be a secon	an indepe and condi	ndent qualified public accountant	(IQPA)		
· · · · · · · · · · · · · · · · · · ·	If the plan is a defined benefit plan, is it covered under the PBGC in rt III Financial Information	nsurance p	rogram (see ERISA section 4021	)?	Yes [	No Not determined
7	Plan Assets and Liabilities	KW EE	(a) Beginning of Year		(b)	End of Year
a	Total plan assets	7a	315,58	9	(0)	0
b	Total plan liabilities	7b		o		0
c	Net plan assets (subtract line 7b from line 7a)	7c	315,58	9		0
8	Income, Expenses, and Transfers for this Plan Year	138	(a) Amount	1		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		0		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)		0		
b	Other income (loss)	8b	46	5		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Compared to the American			465
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	316,05	4		
e	Certain deemed and/or corrective distributions (see instructions)	8e		0		
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		0		
g	Other expenses	8g		0		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				316,054
i	Net income (loss) (subtract line 8h from line 8c)	81		:		-315,589
j	Transfers to (from) the plan (see instructions)	8i		0		
Pa	t 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 Plan Charact	eristic (	Codes in the	e instructions:
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plan Characte	ristic C	odes in the	instructions:
Par	t V Compliance Questions					
10	During the plan year:		Ye	s No	N/A	Amount
<del></del>	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary F	iduciary Correction	х		

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions 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 fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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		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		Х	1	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	* 	
i	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	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 co	mplete Sch	edule Si	В		Yes [	] No
	s for all years from Schedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the ERISA?	minimum funding requirements of section 412 of the Cod	de or sectio	n 302 of			Yes X	] No
(If "Yes," complete line 12a or lines 12b, 12c, 12					<u> </u>		
granting the waiver.	a prior year is being amortized in this plan year, see instr	onth	d enter t Day		of the lette Year	er ruling	]
If you completed line 12a, complete lines 3, 9, an	d 10 of Schedule MB (Form 5500), and skip to line 1:	3.	- "		<del></del>		***************************************
<b>b</b> Enter the minimum required contribution for this p	lan year		12b				
c Enter the amount contributed by the employer to t	he plan for this plan year		12¢				
	in line 12b. Enter the result (enter a minus sign to the le		12d			· <u>·····</u>	*************
e Will the minimum funding amount reported on lin	e 12d be met by the funding deadline?			Yes	No	N/A	4
Part VII Plan Terminations and Transfers	s of Assets				-		
	in any plan year?			X Yes		10	
If "Yes," enter the amount of any plan assets tha	t reverted to the employer this year		13a				0
	ts or beneficiaries, transferred to another plan, or brough						
	vere transferred from this plan to another plan(s), identify						
13c(1) Name of plan(s):		13c(2)	EIN(s)	]	13c(	3) PN(s	;)
Part VIII Trust Information							
14a Name of trust			14b 1	Trust's El	N		
14c Name of trustee or custodian					or custod		

		t	elephone number		
Part IX IRS Compliance Questions				***************************************	
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b		Yes	☐ No		
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-based safe harbor	Prior yea	ear" ADP	
		"Current year" ADP test	" [] N/A		
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percentage test	Average benefit test	□ N/A	
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes	□ No		
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number	inio	n letter or advis	sory letter, enter the	date of	
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	r the	date of the m	ost recent determin	ation	

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....

Yes

Yes

☐ No

☐ No

Defined Benefit Plan or Money Purchase Pension Plan Only: