



EOISA/PUBLIC DISCLOSURE

2018 MAY 15 PM 2: 30

May 2, 2018

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1515
Washington, DC 20210

2520181570042

DFVCP
P.O. Box 71361
Philadelphia, PA 19176-1361

Re: Bayshore Global Management LLC Executive Deferral Plan and the Bayshore Global Management LLC Executive Long-Term Incentive Plan

Dear Sir/Madam:

In accordance with 29 CFR 2520.104-23 and the Delinquent Filer Voluntary Compliance Program, we hereby provide you with the information regarding the Bayshore Global Management LLC Executive Deferral Plan and the Bayshore Global Management LLC Executive Long-Term Incentive Plan as set forth below:

Name and Address of Employer
Bayshore Global Management LLC
555 Bryant Street, #376
Palo Alto, CA 94301

Taxpayer Identification Number
03-0557689

Required Declaration

Bayshore Global Management LLC ("Employer") currently sponsors the Bayshore Global Management LLC Executive Deferral Plan the Bayshore Global Management LLC Executive Long-Term Incentive Plan that have the effect of supplementing the retirement of a select group of management or highly compensated employees through the deferring of compensation. Benefits are paid out of the general assets of the Employer. Currently, the Employer maintains two (2) nonqualified deferred compensation plans. Four (4) employees are eligible to participate in the Bayshore Global Management LLC Executive Deferral Plan and the Bayshore Global Management LLC Executive Long-Term Incentive Plan. Four (4) employees are participating in the Bayshore Global Management LLC Executive Deferral Plan and the Bayshore Global Management LLC Executive Long-Term Incentive Plan. The Bayshore Global Management LLC Executive Deferral Plan's effective date is January 1, 2017. The Bayshore Global Management LLC Executive Long-Term Incentive Plan's effective date is January 1, 2017.

If you have any questions about this matter, please contact the undersigned.

Sincerely,

Name: Tara Farnsworth, CFO

VIA CERTIFIED MAIL Return Receipt Requested

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 2em; font-weight: bold; text-align: center;">2017</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2017 or fiscal plan year beginning _____ and ending _____	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report
	<input type="checkbox"/> a multiple-employer plan (filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here:	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> special extension (enter description)
	<input checked="" type="checkbox"/> the DFVC program

Part II Basic Plan Information—enter all requested information											
1a Name of plan Bayshore Global Management LLC Executive Long-Term Incentive Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">888</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2017</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 03-0557689</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 650-812-2626</td> </tr> <tr> <td colspan="2">2d Business code (see instructions)</td> </tr> </table>	1b Three-digit plan number (PN) ▶	888	1c Effective date of plan 01/01/2017		2b Employer Identification Number (EIN) 03-0557689		2c Plan Sponsor's telephone number 650-812-2626		2d Business code (see instructions)	
1b Three-digit plan number (PN) ▶	888										
1c Effective date of plan 01/01/2017											
2b Employer Identification Number (EIN) 03-0557689											
2c Plan Sponsor's telephone number 650-812-2626											
2d Business code (see instructions)											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Bayshore Global Management LLC 555 Bryant Street, #376 Palo Alto, CA 94301											

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 accompanying schedules, statements and attachments, 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.

SIGN HERE		Date	Tara Farnsworth, CFO
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	Tara Farnsworth, CFO
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE		Date	
	Signature of DFE		Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2017) v. 170203



7009 2250 0002 9052 1558

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor same	3b Administrator's EIN same
	3c Administrator's telephone number same

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2), 6b, and 6c.....	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e
f Total. Add lines 6d and 6e	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

MYDEFERRAL

2500 York Road, Suite 210
Jamison, PA 18929

**Important Personal & Confidential
Benefit Information Enclosed**

CERTIFIED MAIL



7017 1070 0000 5379 9784

