## 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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	• •	/ Colli	piete an entries in	i accordance with	the instruction	ns to the Form 5	JUU-3F.		
Part	I Annual Repo	rt Identifica	tion Information	on					
For cal	endar plan year 2013 oı	r fiscal plan yea	ar beginning 01/	/01/2013		and ending	12/31/	2013	
<b>A</b> Thi	s return/report is for:	X a single	e-employer plan	a multiple-	employer plan (	(not multiemploye	r)	a one-partici	pant plan
<b>B</b> Thi	s return/report is:	the first	return/report	the final re	turn/report				
		an ame	ended return/report	a short plar	n year return/re	port (less than 12	months	)	
C Che	eck box if filing under:	X Form 55	558	automatic	-			DFVC progra	am
O OIN	con box if filling direct.	片	extension (enter de	ш	o				
Part	II Pacia Blan In		•						
		iioriiiatiori—	-enter all requested	information			1h	Three-digit	1
	ame of plan RESOURCE MANAGE	MENT LLC 401	1(K) PROFIT SHAF	RING PLAN			10	plan number	
DEMOTI	1120001102 117 117 1021		r(r) r rtor rr or w					(PN) ▶	002
							1c	Effective date o	f plan
								01/01	/2008
	an sponsor's name and RESOURCE MANAGE		le room or suite nui	mber (employer, if t	for a single-emp	ployer plan)	2b	Employer Identi (EIN) 84-15	fication Number 663435
							2c	Sponsor's telep	hone number
711 EAS	ST VALLEY ROAD, STE	E 103						970-27	
	, CO 81621						2d	Business code (	(see instructions)
								54160	00
3a Pla	an administrator's name	and address	Same as Plan Sp	onsor Name Sa	ame as Plan Sp	onsor Address	3b	Administrator's	EIN
							3с	Administrator's	telephone number
			<del></del>						
	the name and/or EIN of				eport filed for th	is plan, enter the	4b	EIN	
na	ame, EIN, and the plan i				eport filed for th	is plan, enter the			
na <b>a</b> Sp	ame, EIN, and the plan i oonsor's name	number from th	e last return/report.				4c	EIN PN	14
<b>a</b> Sp <b>5a</b> To	ame, EIN, and the plan i	number from the	ne last return/report.	ar			4c 5a		14
<b>a</b> Sp <b>5a</b> To <b>b</b> To <b>c</b> No	ame, EIN, and the plan in consor's name otal number of participar otal number of participar umber of participants wi	number from the nts at the begin nts at the end of the account bala	ne last return/report.  Ining of the plan year  If the plan year	arof the plan year (d	efined benefit p	olans do not	4c 5a 5b		16
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Form 5500-SF 2013 Page **2** 

Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of Va	ar		
	17.33			9	+		(b) Lila		2527°	1	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	56108	9				6	2527	1	
	Income, Expenses, and Transfers for this Plan Year	10	(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(10)	λαι			
	(1) Employers	8a(1)	2565	2							
	(2) Participants	8a(2)	4177	<b>'</b> 5							
	(3) Others (including rollovers)	\									
b	Other income (loss)	8b	2564	2							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							93069	)	
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2888	7							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2888	7	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							64182	2	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruct	ions	:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruction	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	unt		
а				10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					
				10c	X					50	000
d	• • • • • • • • • • • • • • • • • • • •			100						30	000
	or dishonesty?	······································		10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					V					
	instructions.)			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 as	s 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 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)								Yes	X	No
112	Enter the unpaid minimum required contribution for current year fr					11a					
12	· · · · · · · · · · · · · · · · · · ·		,		-		EDISA2	$\neg$	Yes	X	No
	Is this a defined contribution plan subject to the minimum funding			oi se	CHUII	JUZ UI	LNIOA!		103	^	. 40
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	, and e	enter th	ne date of th	ne le	tter ru	ling	
	granting the waiver.		Mon			Day		Yea			
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			<u> </u>	46:	1				
b	Enter the minimum required contribution for this plan year					12b					

Page	3 -	1
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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	Part VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	Y	es 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, transferred to another plan, or brought under the coof the PBGC?	ontrol 		Yes X No			
С							
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)						
14a	Name of trust	l <b>4b</b> Tr	ust's EIN				

## 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 section 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.

a) of This Form is Oper

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art 🖟 Annual Report Identification Informatio				
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/	/31/2013
Α	This return/report is for: 💢 a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-participant plan
В	This return/report is:	the final return/repor	l .		
	an amended return/report	a short plan year ret	ırn/report (less than 12	nonths)	
C	Check box if filing under: 🙀 Form 5558	automatic extension		П	DFVC program
	special extension (enter des	cription)		ـــ	
P.	art II Basic Plan Information enter all requeste	d information			
	Name of plan	a montation		1b T	hree-digit
	BEACH RESOURCE MANAGEMENT, LLC 401(K) PR	p (F	lan number PN) ▶ 002		
		1c Effective date of plan 01/01/2008			
2a	Plan sponsor's name and address; include room or suite num BEACH RESOURCE MANAGEMENT, LLC		mployer Identification Number EIN) 84-1563435		
	711 EAST VALLEY ROAD, STE 103				ponsor's telephone number 970) 273–3100
	The second secon			2d B	usiness code (see instructions)
	BASALT CO 81621				41600
За	Plan administrator's name and address 🗵 Same as Plan S	ponsor Name 🌅 Same as	Plan Sponsor Address	3b A	dministrator's EIN
				3c A	dministrator's telephone number
			-		
4	If the name and/or EIN of the plan sponsor has changed since name, EIN, and the plan number from the last return/report.	e the last return/report filed	or this plan, enter the	4b E	IN
a	Sponsor's name			4c P	N
	Total number of participants at the beginning of the plan year			5a	14
b	Total number of participants at the end of the plan year	***************************************	************************	5b	16
	Number of participants with account balances as of the end o complete this item)	<del></del>	****************	5c	. 15
	Were all of the plan's assets during the plan year invested in a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***********	X Yes No
b	Are you claiming a waiver of the annual examination and repounder 29 CFR 2520.104-46? (See instructions on waiver eligi	bility and conditions.)	*******************************		
	if you answered "No" to either line 6a or line 6b, the plan				
	If the plan is a defined benefit plan, is it covered under the PB	IGC insurance program (see	ERISA section 4021)?		Yes No Not determined
Ca	ution: A penalty for the late or Incomplete filing of this retu	rn/report will be assessed	l unless reasonable ca	use is es	tablished.
SB	der penalties of perjury and other penalties set forth in the instr or Schedule MB completed and signed by an enrolled actuary lief, it is true, correct, and complete.	ructions, I declare that I have , as well as the electronic ve	e examined this return/re ersion of this return/repo	eport, inclu rt, and to t	iding, if applicable, a Schedule the best of my knowledge and
198	7 Com Shear	G a c i a		<u> </u>	1 // 22
1 2 30	EDE SI	9.25.14	Heather S		
344	ERE Signature of plan administrator	Date	Enter name of individu	^	
	GN	9.2514		beac	
	ERE Signature of employer/plan sponsor	Date	Enter name er individu		as employer or plan sponsor
Pre	eparer's name (including firm name, if applicable) and address;	include room or suite numb	er (optional)	Prepare	er's telephone number (optional)
l				11336	

Р	а	a	а	2

P:	art III Financial Information		······································						
7	Plan Assets and Liabilities	<b>泛生产</b> 多	(a) Beginning of Year	•	1		(b) End o	Year	
a	Total plan assets	. 7a	561,0		1			625,	271
b	Total plan liabilities	7b			1		<del></del>		
	Net plan assets (subtract line 7b from line 7a)	7c	561,00	89	1		***	625,2	271
8	Income, Expenses, and Transfers for this Plan Year				1		(b) To		
8	Contributions received or receivable from:				250			Stallan.	
	(1) Employers	8a(1)	25,6		All States				
	(2) Participants	8a(2)	41,7	75	225	Larn			919 01.14
	(3) Others (including rollovers)				72				
b	Other Income (loss)	8b	25,6		5000	ejesi.	ologie Status	feire in	<b>经现代的</b> 。
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	BC BC	Zat, Small Zate	4	NAME OF THE OWNER, OWNE	ระทับ จองหาว	nS-5-直接基础标准系统图40平均平均	93,( Harana	369
d	to provide benefits)	. 8d	28,8	87				fills, n	geralet i
е	Certain deemed and/or corrective distributions (see instructions)	. Be			145			enemines (Colores Colores de la Colores	Marianta da Maria da Amerika
f	Administrative service providers (salaries, fees, commissions)	8f					e driefikk		AND SINK
g	Other expenses	. 8g			102		WALLEY WAR	s Anno Ay	<b>第</b> 44号目
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		ere ere	2			28,	387
i	Net Income (loss) (subtract line 8h from line 8c)	. Bi	mantales destruction en mantales		(			64,	182
ī	Transfers to (from) the plan (see instructions)	. 8j			2.64	2 (A)	de sinc	(14)	*ESTY
įρ	art IV Plan Characteristics								
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe	eature code	s from the List of Plan Characte	eristic	Code	s in th	e instructio	19:	<del></del>
-	2A 2E 2J 3D								
			form the List of Dies Champton		^	1- 11-	. In also adda a		
מ	If the plan provides welfare benefits, enter the applicable welfare fea	ature codes	HOM the List of Fight Character	ISUC (	Joues	ні ше	i instruction	3.	
₹°M	ATIVA Compliance Questions								
		·	, ,		v	NI.			
10	During the plan year.  Was there a failure to transmit to the plan any participant contribut	tions within	the time period described in	ı	Yes	No	<del>  '</del>	mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	clary Corre	ction Program)	10a		х			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х			
	Was the plan covered by a fidelity bond?		**************************************	10c	Х			5	0,000
C	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		ж			
	Were any fees or commissions paid to any brokers, agents, or oth								
	insurance service, or other organization that provides some or all			١					
_	instructions.)			10e		х			
f	Has the plan falled to provide any benefit when due under the plan	n?	***************************************	10f		х			
ç	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		x			
ł	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)	•		10h		x	5-16:0		
ī	If 10h was answered "Yes," check the box if you either provided the	ne required	notice or one of the	101			1247		新 (大)
e 13									
1128	rt VI Pension Funding Compliance								
11						ile SB	(Form	☐ Yes	X No
11	is this a defined benefit plan subject to minimum funding requirem		***************************************		T	le SB	(Form	Yes	X No
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the unpaid minimum required contribution for current year fr	om Schedi	le SB (Form 5500) line 39			11a			X No
11	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the unpaid minimum required contribution for current year fr	om Schedu requiremen	ule SB (Form 5500) line 39 nts of section 412 of the Code o			11a			
11 12	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the unpaid minimum required contribution for current year from this is this a defined contribution plan subject to the minimum funding	om Schedu requiremer , as applica ng amortize	ule SB (Form 5500) line 39 hts of section 412 of the Code of	r seci	 tion 30	11a 2 of E	RISA?	Yes	X No
11 12	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the unpaid minimum required contribution for current year from the subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, if a waiver of the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to minimum funding standard for a prior year is being the subject to minimum funding standard for a prior year is being the subject to minimum funding standard for a prior year is being the subject to minimum funding standard for a prior year is being the subject to minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the minimum funding standard for a prior year is being the subject to the subject t	om Schedu requiremen , as applica ng amortiza	ule SB (Form 5500) line 39 nts of section 412 of the Code o tible.) ad in this plan year, see instruct	r seci	 tion 30	11a 2 of E	RISA?	Yes	X No
111 12	is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)  a Enter the unpaid minimum required contribution for current year from the subject to the minimum funding (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, if a waiver of the minimum funding standard for a prior year is being granting the waiver	om Schedu requiremer , as applica ng amortize a MB (Form	ule SB (Form 5500) line 39 nts of section 412 of the Code of	r seci	and er	11a 2 of E	RISA?	Yes	X No

	Form 5500-SF 2013	Page <b>3</b> -					
C	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 negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	***********	<u> 🔲 </u>	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	>	*************	☐ Y.	es X N	o	
	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer 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?					[	Yes 2	No No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another plan(s), ider	ntify the plan(s) to			•	·
1	13c(1) Name of plan(s):		130	(2) EIN(	(s)	13c(3) F	N(s)
Part	t VIII Trust Information (optional)					1	
	Name of trust			14b Trust's EIN			
				!			