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

Part I			rdance with the instruc				
I alt I	Annual Report	Identification Information					
For calen	dar plan year 2013 or fis	scal plan year beginning 01/01/201	13	and ending	12/31/	2013	
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B This r	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returr	n/report (less than 12 n	nonths)	
C Check	k box if filing under:	X Form 5558	automatic extension			DFVC progra	ım
		special extension (enter description	on)				
Part II	Basic Plan Info	rmation—enter all requested inform	nation				
1a Nam	e of plan				1b	Three-digit	
BEACH RE	SOURCE MANAGEME	NT, LLC CASH BALANCE PENSION	PLAN			plan number	004
					10	(PN)	001
					10	Effective date of 01/01/	•
2a Plan	sponsor's name and ad-	dress; include room or suite number (emplover, if for a single-	emplover plan)	2h	Employer Identi	
	ESOURCE MANAGEME		gy,g				63435
					2c	Sponsor's telep	hone number
711 EAST	VALLEY ROAD, STE 10)3				970-273	
BASALT, (CO 81621				2d	Business code (see instructions)
						54160	00
3a Plan	administrator's name ar	id address XSame as Plan Sponsor I	Name Same as Plan	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	elephone number
		e plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4b	EIN	
	isor's name	nber from the last return/report.			4c	PN	
		at the beginning of the plan year			- 5a		13
_		at the end of the plan year			. 5b		12
		account balances as of the end of the					
	·				. 5c		
		s during the plan year invested in eligib					X Yes No
		the annual examination and report of		eo dudiic accountant de			
unde		' (See instructions on waiver eligibility	and conditions)				X Yes ☐ No
		? (See instructions on waiver eligibility ther line 6a or line 6b, the plan can					X Yes No
If yo	ou answered "No" to ei	ther line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form	5500.	X Yes No
If yo	ou answered "No" to ei	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC in	not use Form 5500-SF insurance program (see	and must instead use ERISA section 4021)?	Form	1 5500. Yes No	, LJ LJ
C If the	ou answered "No" to eight answered "No" to eight and is a defined benef	ther line 6a or line 6b, the plan cann it plan, is it covered under the PBGC in or incomplete filing of this return/re	not use Form 5500-SF insurance program (see sport will be assessed	and must instead use ERISA section 4021)? unless reasonable ca	Form	Stablished.	Not determined
C If the Caution:	au answered "No" to eight and is a defined benefined benefined benefined benefined benefined by the late of perjury and other the late of perjury and other benefits and benef	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC in incomplete filing of this return/rener penalties set forth in the instruction	not use Form 5500-SF insurance program (see eport will be assessed ins, I declare that I have	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	e Form	Yes No setablished.	Not determined able, a Schedule
C If the Caution:	au answered "No" to eight and is a defined benefined benefined benefined benefined benefined by the late of perjury and other the late of perjury and other benefits and benef	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC in the plan cannot it plan, is it covered under the PBGC in the plan cannot incomplete filing of this return/rener penalties set forth in the instruction and signed by an enrolled actuary, as we	not use Form 5500-SF insurance program (see eport will be assessed ins, I declare that I have	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	e Form	Yes No setablished.	Not determined able, a Schedule
C If the Caution: Under pe SB or Scl belief, it is	au answered "No" to eige plan is a defined benefined benefined benefined benefined benefined by the late of perjury and other bedule MB completed are true, correct, and completed benefined by the late of the la	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC in the properties of this return/reper penalties set forth in the instruction and signed by an enrolled actuary, as welete.	not use Form 5500-SF insurance program (see eport will be assessed ins, I declare that I have	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	e Form	n 5500. Yes No established. ncluding, if applic	Not determined able, a Schedule
C If the Caution:	au answered "No" to eit plan is a defined benef A penalty for the late of nalties of perjury and other needule MB completed are true, correct, and comp	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC in the process of the plan it plan, is it covered under the PBGC in the process of the plan in the process of the plan in the instruction and signed by an enrolled actuary, as we place.	not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have well as the electronic vers	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re sion of this return/repo	use is	Stablished. ncluding, if applic to the best of my	Not determined able, a Schedule knowledge and
C If the Caution: Under pe SB or Scl belief, it is	au answered "No" to eige plan is a defined benefined benefined benefined benefined benefined by the late of perjury and other bedule MB completed are true, correct, and completed benefined by the late of the la	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC in the process of the plan it plan, is it covered under the PBGC in the process of the plan in the process of the plan in the instruction and signed by an enrolled actuary, as we place.	not use Form 5500-SF insurance program (see eport will be assessed ins, I declare that I have	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re	use is	Stablished. ncluding, if applic to the best of my	Not determined able, a Schedule knowledge and
If your Countries of the Caution: Under pe SB or Schoolief, it is SIGN HERE	answered "No" to eight answered "No" to eight answered "No" to eight answered "No" to eight answered "No" the late of the late	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC in or incomplete filing of this return/remer penalties set forth in the instruction and signed by an enrolled actuary, as wollete. valid electronic signature. dministrator	not use Form 5500-SF insurance program (see eport will be assessed ns, I declare that I have well as the electronic vers	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re sion of this return/repo	use is	Stablished. ncluding, if applic to the best of my	Not determined able, a Schedule knowledge and
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Caution: Under pe SB or Sci belief, it is SIGN HERE	answered "No" to eight answered "No" to eight answered "No" to eight answered "No" to eight answered "No" the late of the late	ther line 6a or line 6b, the plan cannit plan, is it covered under the PBGC is or incomplete filing of this return/rener penalties set forth in the instruction and signed by an enrolled actuary, as wollete. valid electronic signature. dministrator yer/plan sponsor	not use Form 5500-SF insurance program (see eport will be assessed ins, I declare that I have well as the electronic version as the Date	and must instead use ERISA section 4021)? unless reasonable ca examined this return/re sion of this return/repo Enter name of individ	e Form use is eport, int, and	restablished. Including, if applicate to the best of my gning as plan adm	Not determined able, a Schedule knowledge and ninistrator or or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) En	d of Y	ear	
a	Total plan assets	7a	104325				(5) 2		532406	3
	Total plan liabilities	7b							(<u> </u>
	Net plan assets (subtract line 7b from line 7a)	7c	104325	5				1	532406	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total		
	Contributions received or receivable from:		(a) Amount				(D)	TOtal		
	(1) Employers	8a(1)	19696	0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	29880	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							495765	j
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	661	4						
<u>e</u>	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							6614	4
i	Net income (loss) (subtract line 8h from line 8c)	. 8i							489151	
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 1A 1C	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions	:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		Alli	ount	
b	Were there any nonexempt transactions with any party-in-interest	? (Do not i	include transactions reported			X				
	on line 10a.)			10b		X				
	· · · · · · · · · · · · · · · · · · ·			10c		Λ.				
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance carrier,							
	insurance service, or other organization that provides some or all instructions.)			10e		X				
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ				
						X				
9		-	<u> </u>	10g		^				
	2520.101-3.)	•		10h						
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										
11	Is this a defined benefit plan subject to minimum funding requirem								Yes	П No
110	5500) and line 11a below)							<u> </u>	1 63	0
	Enter the unpaid minimum required contribution for current year fr					11a	EDIC::	Тг	7 ٧	_
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?	[Yes	X No
	(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 a	antor +	l na data a	f tha !	etter ni	ling
	granting the waiver.		Mon		, and 6	Day	uale 0	Ye		y
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•				12b				
a	Enter the minimum required contribution for this plan year				I	120				

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	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	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Tr	ust's EIN			

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2013

. choich zenem cuarant, corporation	File as an	attachme	nt to Form	5500 or 5	5500-SF.				
For calendar plan year 2013 or fiscal plan	year beginning 01/0	01/2013			and endir	ig 12/3	1/2013		
▶ Round off amounts to nearest dolla	r.								
► Caution: A penalty of \$1,000 will be a	ssessed for late filing of t	his report u	nless reaso	onable ca	use is establishe	d.		1	
A Name of plan BEACH RESOURCE MANAGEMENT, LL	C CASH BALANCE PEN	ISION PLAN	N		B Three-digital plan number		>	001	
C Plan sponsor's name as shown on line	22 of Form 5500 or 5500) SE			D Employer I	dontificati	ion Numbo	or (EINI)	
BEACH RESOURCE MANAGEMENT, LL		7-31			L ilipioyei i			: (LIN)	
						84-1563	435		
E Type of plan: Single Multiple-A	Multiple-B	F P	rior year pla	an size: X	100 or fewer	101-50	00 Mor	e than 500	
Part I Basic Information									
1 Enter the valuation date:	Month Da	y <u>31</u>	Year _	2013	_				
2 Assets:									
a Market value						. 2a		1358	562
b Actuarial value						. 2b		1358	562
3 Funding target/participant count brea	akdown:			(1) No	umber of particip	ants	(2	2) Funding Target	
a For retired participants and benefic	ciaries receiving payment	t[3a			0			C
b For terminated vested participants			3b			3		4	158
c For active participants:									
(1) Non-vested benefits			3c(1)						C
(2) Vested benefits			3c(2)					916	075
(3) Total active			3c(3)			9		916	075
d Total			3d			12		920	233
4 If the plan is in at-risk status, check t	he box and complete line	es (a) and (b	o)						
a Funding target disregarding presc	ribed at-risk assumptions					. 4a			
b Funding target reflecting at-risk as at-risk status for fewer than five	sumptions, but disregard	ling transitio	on rule for p	lans that l	have been in	4b			
5 Effective interest rate						. 5		6.17	%
6 Target normal cost						. 6		162	
Statement by Enrolled Actuary									
To the best of my knowledge, the information suppraccordance with applicable law and regulations. In combination, offer my best estimate of anticipated of	my opinion, each other assumption								
SIGN		_	_						
HERE							07/25	5/2014	
Sigi	nature of actuary				-		Date)	
R. SCOTT HARISON, FSPA, APA							14-0	02175	
Type or	print name of actuary					Most re	ecent enrol	lment number	
THE RAYMOND COMPANY							480-	289-3474	
	Firm name				Te	lephone r	number (in	cluding area code)	
4545 E SOUTHERN AVE #108 MESA, AZ 85206									
Ac	dress of the firm				_				
f the actuary has not fully reflected any regnstructions	ulation or ruling promulga	ated under	the statute	in comple	ting this schedul	e, check	the box an	d see	

Page 2	2 -	1	
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Schedule SB (Form 5500) 2013	Page 2 - 1

Part II	Beginning of Year	Carryove	er and Prefunding Ba	lances							
7 Delem			alala adissaturanta (lina 40 fo		(a) C	Carryover balance		(b) P	refundir	ng balance	!
			able adjustments (line 13 fro				0			78	3823
			nding requirement (line 35 f				0				0
							0			78	3823
			rn of <u>13.82</u> %				0			1(0893
	ear's excess contributions										
a Pre	sent value of excess contril	outions (line	38a from prior year)							18	3239
			terest rate of%								0
C Tota	al available at beginning of cu	ırrent plan ye	ar to add to prefunding baland	æ						18	3239
d Por	tion of (c) to be added to pr	efunding bal	ance							18	3239
2 Other	reductions in balances due	to elections	or deemed elections				0				0
13 Balan	ce at beginning of current y	ear (line 9 +	line 10 + line 11d – line 12)				0			107	955
Part III	Funding Percent	ages									
14 Fundi	ng target attainment percer	tage							14	135.1	7 %
5 Adjus	ted funding target attainme	nt percentag	e						15	141.3	4 %
			of determining whether carry)	16	102.3	9 %
7 If the	current value of the assets	of the plan is	less than 70 percent of the	funding targe	t, enter s	uch percentage			17		%
Part IV	Contributions ar	d Liquidi	ty Shortfalls								
18 Contr		•	ar by employer(s) and empl	loyees:							
(a) D. (MM-DD-	ate (b) Amount	paid by	(c) Amount paid by employees	(a) Date (MM-DD-Y)		(b) Amount pai employer(s		(c)	Amoui emplo	nt paid by oyees	
07/24/20	13	20679	0								
10/30/20	13	50000	0								
11/25/20	13	25000	0								
03/20/20	14	50000	0								
06/19/20	14	13500	0								
07/21/20	14	13460	0								
				Totals ►	18(b)		172639	18(c)			
19 Disco	unted employer contribution	ns – see instr	ructions for small plan with a	valuation dat	e after th	e beginning of the	year:				
a Coi	ntributions allocated toward	unpaid mini	num required contributions	from prior yea	rs		19a				0
b Cor	tributions made to avoid re	strictions ad	usted to valuation date				19b				0
C Cor	ntributions allocated toward n	ninimum requ	ired contribution for current ye	ear adjusted to	valuation	date	19c			17	2375
20 Quart	erly contributions and liquid	ity shortfalls:	•	·		<u> </u>					
		-	e prior year?				 			Yes X	No
	· -		installments for the current							Yes \square	No
			mplete the following table as				Γ			, · · · · ·	
J		2114 001	Liquidity shortfall as of en		f this plar	n year					
	(1) 1st		(2) 2nd	, -		3rd		((4) 4th	ı	

t V Assumptio	no Hood to Dotormino									
t v Assumptio	ns used to Determine	Funding Target and Targe	t Normal Cost							
Discount rate:										
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	_		N/A, ful	l yield	curve	used		
b Applicable month ((enter code)			21b				4		
Weighted average re	tirement age			22				65		
Mortality table(s) (se	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te					
t VI Miscellane	ous Items									
		uarial assumptions for the current	plan year? If "Yes." see	instructions	regarding re	auired				
_							Yes	X No		
Has a method chang	e been made for the current pla	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No		
Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment		X	Yes	No		
If the plan is subject t	to alternative funding rules, ent	er applicable code and see instruc	ctions regarding	27						
attachment				21						
t VII Reconcili	ation of Unpaid Minimu	ım Required Contribution	s For Prior Years							
Unpaid minimum req	uired contributions for all prior	years		28				0		
				29				0		
				30				0		
				1						
	•									
	`	,		31a				162851		
	· · · · · · · · · · · · · · · · · · ·	IIIIC 5 14		1	lnetallment					
			0				0			
_				0				0		
b Waiver amortizatio	n installment		ating the approval	0				0		
b Waiver amortizatio	n installmentapproved for this plan year, en									
b Waiver amortizatio If a waiver has been (Month	n installmentapproved for this plan year, en Day Year	ter the date of the ruling letter gran		0						
b Waiver amortizatio If a waiver has been (Month	n installmentapproved for this plan year, en Day Year	ter the date of the ruling letter grar) and the waived amount		33 34	To	tal bala	ance	0		
b Waiver amortizatio If a waiver has been (Month	n installmentapproved for this plan year, en Day Year ment before reflecting carryove	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance	31b + 32a + 32b - 33) Prefunding bala	33 34 nce	Tol	tal bala	ance	0		
b Waiver amortization If a waiver has been (Month Total funding required Balances elected for	n installmentapproved for this plan year, en Day Year ment before reflecting carryove	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a -	31b + 32a + 32b - 33) Prefunding bala	33 34	To	tal bala	ance	0		
b Waiver amortization If a waiver has been (Month Total funding required Balances elected for requirement	n installmentapproved for this plan year, en Day Year ment before reflecting carryove use to offset funding	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance	31b + 32a + 32b - 33) Prefunding bala	33 34 nce	To	tal bala	ance	0		
b Waiver amortization If a waiver has been (Month Total funding required Balances elected for requirement	n installment	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance	31b + 32a + 32b - 33) Prefunding bala d to valuation date	33 34 nce	Tol	tal bala	ance	0 0		
b Waiver amortizatio If a waiver has been (Month Total funding require Balances elected for requirement	approved for this plan year, en Day Year Year when before reflecting carryove use to offset funding rement (line 34 minus line 35).	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance	31b + 32a + 32b - 33) Prefunding bala d to valuation date	33 34 nce 0	Tot	tal bala	ance	0 0 0		
b Waiver amortization If a waiver has been (Month	n installment	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance ontribution for current year adjuste	31b + 32a + 32b - 33) Prefunding bala d to valuation date	33 34 nce 0	To	tal bala	ance	0 0 0		
b Waiver amortizatio If a waiver has been (Month	approved for this plan year, en Day Year ment before reflecting carryove use to offset funding rement (line 34 minus line 35). ed toward minimum required courses contributions for current year, of line 37 over line 36)	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance ontribution for current year adjuste ar (see instructions)	31b + 32a + 32b - 33) Prefunding bala d to valuation date	33 34 nce 0 36 37	Tot	tal bala	ance	0 0 0 172375		
b Waiver amortizatio If a waiver has been (Month Total funding require Balances elected for requirement Additional cash requi Contributions allocate (line 19c) Present value of exce a Total (excess, if an b Portion included in	approved for this plan year, en Day Year Year went before reflecting carryove use to offset funding rement (line 34 minus line 35). Year wess contributions for current year, of line 37 over line 36)	ter the date of the ruling letter grar	31b + 32a + 32b - 33) Prefunding bala d to valuation date arryover balances	33 34 nnce 0 36 37	To	tal bala	ance	0 0 0 0 172375		
b Waiver amortizatio If a waiver has been (Month	approved for this plan year, en Day Year ment before reflecting carryove use to offset funding rement (line 34 minus line 35). ed toward minimum required codess contributions for current year, of line 37 over line 36) line 38a attributable to use of puired contribution for current year.	ter the date of the ruling letter grar) and the waived amount er/prefunding balances (lines 31a - Carryover balance Ontribution for current year adjuste ar (see instructions) prefunding and funding standard corear (excess, if any, of line 36 over	31b + 32a + 32b - 33) Prefunding bala d to valuation date arryover balances	33 34 nce 0 36 37	Tot	tal bala	ance	0 0 0 0 172375 172375		
b Waiver amortizatio If a waiver has been (Month Total funding require Balances elected for requirement Additional cash required Contributions allocate (line 19c) Present value of excelation of excelation and the portion included in the portion included in the unpaid minimum required.	approved for this plan year, en Day Year Year weet before reflecting carryove use to offset funding rement (line 34 minus line 35). The determinant required common session contributions for current years of line 38a attributable to use of puired contributions for current years used contributions for current years are contributions for current years are contributions for current years were contributions for all years are contributions for all years.	ter the date of the ruling letter grar	31b + 32a + 32b - 33) Prefunding bala d to valuation date arryover balances	33 34 nnce 0 36 37 38a 38b 39 40	Tot	tal bala	ance	0 0 0 0 172375 172375		
b Waiver amortization If a waiver has been (Month	approved for this plan year, en Day Year Year weet before reflecting carryove use to offset funding rement (line 34 minus line 35). The determinant required common session contributions for current years of line 38a attributable to use of puired contributions for current years used contributions for current years are contributions for current years are contributions for current years were contributions for all years are contributions for all years.	ter the date of the ruling letter grar	31b + 32a + 32b - 33) Prefunding bala d to valuation date arryover balances	33 34 nnce 0 36 37 38a 38b 39 40	Tot	tal bala	ance	0 0 0 0 172375 172375		
b Waiver amortization If a waiver has been (Month	approved for this plan year, en Day Year Year went before reflecting carryove use to offset funding rement (line 34 minus line 35). Sed toward minimum required company of line 37 over line 36)	ter the date of the ruling letter grar	31b + 32a + 32b - 33) Prefunding bala d to valuation date arryover balances line 37)	33 34 nce 0 36 37 38a 38b 39 40	To			0 0 0 0 172375 172375		
b Waiver amortizatio If a waiver has been (Month	approved for this plan year, en Day Year Year went before reflecting carryove use to offset funding rement (line 34 minus line 35). The determinant was a set to determine the contributions for current years of puired contributions for current years a set to determine the contribution for current years a set to determine the contributions for all years funding Relief Under Funding R	ter the date of the ruling letter grar	31b + 32a + 32b - 33) Prefunding bala d to valuation date arryover balances line 37) (See Instructions	33 34 nnce 0 36 37 38a 38b 39 40	2 plus 7 year	rs []15 y	0 0 0 0 172375 172375 0 0		
b Waiver amortization If a waiver has been (Month	approved for this plan year, en Day Year Year whent before reflecting carryove use to offset funding rement (line 34 minus line 35). Sed toward minimum required compared to the session contributions for current years of line 38a attributable to use of puired contributions for all years funding Relief Under Funding Relief	ter the date of the ruling letter grar	31b + 32a + 32b - 33) Prefunding bala d to valuation date arryover balances (See Instructions	33 34 nnce 0 36 37 38a 38b 39 40	2 plus 7 year]15 y	0 0 0 172375 172375 0		
	b Applicable month (Weighted average re Mortality table(s) (se VI Miscellane Has a change been re attachment	## Applicable month (enter code) Weighted average retirement age Mortality table(s) (see instructions) **WI Miscellaneous Items Has a change been made in the non-prescribed act attachment. Has a method change been made for the current plays the plan required to provide a Schedule of Active of the plan is subject to alternative funding rules, entattachment. ## Reconciliation of Unpaid Minimu Unpaid minimum required contributions for all prior Discounted employer contributions allocated toward (line 19a). ## Remaining amount of unpaid minimum required contribution Target normal cost and excess assets (see instruct ## Target normal cost (line 6)	b Applicable month (enter code)	b Applicable month (enter code) Weighted average retirement age Mortality table(s) (see instructions) Weighted average retirement age Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Will Miscellaneous Items Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see attachment. Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. If the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. It VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years Unpaid minimum required contributions for all prior years. Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) Remaining amount of unpaid minimum required contributions (line 28 minus line 29) Will Minimum Required Contribution For Current Year Target normal cost and excess assets (see instructions): Target normal cost (line 6) Discouss assets, if applicable, but not greater than line 31a	A.94% 6.15% 6.76 % Described average retirement age 22	A94% 6.15% 6.76 % INA, rule A94% Applicable month (enter code) 21b Weighted average retirement age 22 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute VI Miscellaneous Items Substitute VI Miscellaneous Items Prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding realtachment As a method change been made for the current plan year? If "Yes," see instructions regarding required attachment As the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment As the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 27 At VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years 28 Discounted employer contributions for all prior years 28 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years 29 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) 30 VIII Minimum Required Contribution For Current Year Target normal cost and excess assets (see instructions): a Target normal cost dine 6) 31a 31b 31b	A 94% 6.15% 6.76 % NA, full yeld	A.94% 6.15% 6.76 % NA, full yield curve b Applicable month (enter code)		

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

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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.

Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 a single-employer plan a multiple-employer plan (not multiemployer) A This return/report is for: a one-participant 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) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information --- enter all requested information 1a Name of plan 1b Three-digit plan number BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN (PN) ▶ 001 1c Effective date of plan 01/01/2008 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number BEACH RESOURCE MANAGEMENT, LLC (EIN) 84-1563435 2c Sponsor's telephone number (970) 273-3100 711 EAST VALLEY ROAD, STE 103 2d Business code (see instructions) 541600 US BASALT CO 81621 3a Plan administrator's name and address 🕱 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address 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 Total number of participants at the beginning of the plan year 5a 1.3 b Total number of participants at the end of the plan year 5b 1.2 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See Instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗓 Yes 🔲 No 🔲 Not determined 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. 5 Gosla SIGN HERE Date Enter name of individual signing as plan administrator Signature of plan administrator 9-17-14 SIGN Enter name of individual signing as employer or plan sponsor HERE Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

P	rtilla Financial Information							
7	Plan Assets and Liabilities	类点域	(a) Beginning of Year	r			(b) End of	Year
а	Total plan assets	7a	1,043,2	55				1,532,406
b	Total plan Habilities	7b						0
C	Net plan assets (subtract line 7b from line 7a)	7c	1,043,2	55				1,532,406
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	
а	Contributions received or receivable from: (1) Employers	8a(1)	196,9	60				
	(2) Participants	8a(2)			NW.			eroloni, slongi
	(3) Others (including rollovers)	8a(3)			172			e jirren jijak
b	Other income (loss)	8b	298,8	05	7.50 28.60		Navada i de la	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	17. 电电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电			A BELLO LO		495,765
<u>d</u>	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6,6					
е	Certain deemed and/or corrective distributions (see instructions)	8e		•	1	40.4		
f	Administrative service providers (salaries, fees, commissions)	8f			en.	建基	mesetsala	Anthony (1941) Billion
g	Other expenses	8g			8 2	增增	rjari Place vilak. Pojeti	"的"对为"的 有"
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	des Albanda Sal Fig.	rena.	9		· · · · · · · · · · · · · · · · · · ·	6,614
ī	Net income (loss) (subtract line 8h from line 8c)	81	2000 PEC 2003 EX 2000 EX	VI JANUARI	à			489,151
ī	Transfers to (from) the plan (see instructions)	8)			15%	(4) *2 S. (4)	5 M 64	ALANEALS.
P	irt IV: Plan Characteristics		·					
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1C b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
P	irt.V. Compliance Questions						,	
<u>10</u>	During the plan year:				Yes	No	A	mount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	lary Corre	ction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest?	•	•	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 or dishonesty?			10d		x		
е	Were any fees or commissions paid to any brokers, agents, or oth- insurance service, or other organization that provides some or all of instructions.)	of the bene	efits under the plan? (See	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	1?	Metre 2000 Proper PALES (M 1004 A) STOLE (2010 A) A (400 A)	10f		x	1	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear e	nd.)	10g		x		
h		See Instru	ctions and 29 CFR	10h			Addisor wild	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101			opoleta. Pr Maraneser	
Ра	rt VI Pension Funding Compliance			1			F	
11								X Yes No
11	a Enter the unpaid minimum required contribution for current year fro			*****		11a		0
12	is this a defined contribution plan subject to the minimum funding r	requireme	nts of section 412 of the Code o	rsec	tion 30	2 of E	RISA7	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applica	able.)					
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	-	the state of the s				e date of the	letter ruling Year
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.					
_ b	Enter the minimum required contribution for this plan year			******		12b		
_								

	Form 5500-SF 2013	Page 3-				
	The state of the s			40-		
d	Enter the amount contributed by the employer to the plan for this plan yes Subtract the amount in line 12c from the amount in line 12b. Enter the res negative amount)	sult (enter a minus sign to the lef		12c 12d		
e	Will the minimum funding amount reported on line 12d be met by the fund			🔲	Yes [No □ N/A
Parl	VII. Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		**********	□ Y _€	es 🗴 N	0
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year	************	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transf	under the co	ntroi		Yes X No	
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify t	he plan(s) to			
	3c(1) Name of plan(s):		130	(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		1			<u> </u>
14a	Name of trust	14b Trust's EIN				

BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN Employer ID# 84-1563435: Plan No. 001

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2013

<u>Date</u> 07-24-2013	<u>Amount</u> 20,679.00	<u>Year</u> 2013	<u>Rate</u> 6.17%	Period 07-24-2013 to 12-31-2013	Adj Ctb 21,225.25
10-30-2013	50,000.00	2013	6.17%	10-30-2013 to 12-31-2013	50,509.55
11-25-2013	25,000.00	2013	6.17%	11-25-2013 to 12-31-2013	25,149.32
03-20-2014	50,000.00	2013	6.17%	03-20-2014 to 12-31-2013	49,344.46
06-19-2014	13,500.00	2013	6.17%	06-19-2014 to 12-31-2013	13,127.19
07-21-2014	13,460.00	2013	6.17%	07-21-2014 to 12-31-2013	13,018.96
Totals:	172,639.00				172,374.73

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	ear
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	172,374.73

Weighted Average Retirement Age Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

BEACH RESOURCE MANAGEMENT, LLC

CASH BALANCE PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	0	0	0	0	0	0	0	1
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	3	1	0	0	0	0	0	0	0	4
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	1	0	0	0	0	0	0	0	0	1
55-59	0	0	1	0	0	0	0	0	0	0	1
60-64	0	0	2	0	0	0	0	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	5	0	0	0	0	0	0	0	9

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age: 47.6 Average Service: 4

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1 4.94% 1.39%	Seg 1 1.24%	Pre-Retirement 5.00%		
	Seg 2 6.15% 4.05%	Seg 2 4.47%	Post-Retirement 5.50%		
	Seg 3 6.76% 5.08%	Seg 3 5.52%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 28 & 20 yrs Female-modified RP2000 combined healthy female projected 28 & 20 yrs	2013 Applicable Mortality Table from Rev Rul 2006-67	2009 Applicable Mortality Table from Rev Rul 2006-67		
Assumed Benefit Form	For Funding	Normal Form			
Calculated Effective Int	erest Rate	6.17%			
Cash Balance Projected	Interest Crediting Rate	5.00%			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Plan Effective Date January 1, 2008

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Normal Retirement AgeAll participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit Based on their group classification, participants receive a cash

balance contribution equal to a percentage of compensation or a

fixed dollar amount as follows:

Group 1: 69.380% of pay Group 2: 5.000% of pay

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Termination Benefit Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1.000 hours

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently not top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance The Interest Crediting Rate for this plan year is 4.77%

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2013

OMB No. 1210-0110 **2013**

This Form is Open to Public Inspection

-	W 64. Ann. Co. Co. Co. Co. Co. Co. Co. Co. Co. Co	File as	an attachme	ent to Form	5500 or 5	500-SF.			
For calenda	r plan year 2013 or fiscal pl	an year beginning	01/01/2013			and end	ing 12/3	31/2013	
▶ Round o	off amounts to nearest do	llar.					3		
Caution	: A penalty of \$1,000 will be	assessed for late filing	of this report	unless reas	onable cau	ise is establish	ed.		
A Name of	plan ource Management LLC Cas					B Three-di	git	þ	001
C Plan spor Beach Reso	nsor's name as shown on lir urce Management LLC	ne 2a of Form 5500 or 5	500-SF			D Employer 84-1563435	Identificat	ion Number	(EIN)
E Type of pla	an: X Single Multiple	-A Multiple-B	F	Prior year pla	an size: 🛛	100 or fewer	101-50	no 🗆 More	e than 500
Part I	Basic Information			, ,		TOO OF IONOR	10130	NOTE INITIAL	than 500
	ne valuation date:	Month 12	Day 31		2012				
2 Assets:		WOTET 12	Day31	Year_	2013		C - III.		
	et value								
	arial value						2a		1358562
A THE REPORT OF THE PARTY OF TH	g target/participant count br						2b		1358562
	etired participants and bene			2-	(1) Nui	mber of partici		(2)	Funding Target
	erminated vested participan						0	12-14-14-14-14-14-14	0
	ctive participants:			30			3		4158
	Non-vested benefits			20/4)				and the state of t	
(2)									0
(3)				- '/	R KOWELD				916075
. ,	Total active						9		916075
63				3d		7	12		920233
	an is in at-risk status, check				The state of the s				
	ng target disregarding pres						. 4a		
at-	ing target reflecting at-risk a risk status for fewer than fiv	e consecutive vears and	arding transition d disregarding	on rule for pl	lans that ha	ave been in	4b		
	e interest rate						. 5	TANK TO THE RESERVE T	6.47.0/
	normal cost						6		6.17 %
To the best of accordance w	r Enrolled Actuary f my knowledge, the information sup with applicable law and regulations. In offer my best estimate of anticipated	plied in this schedule and accon	nnonving sehedule				te and accura	ite. Each prescr le expectations	14 100 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
SIGN HERE			07/25/2014						
	Sig	nature of actuary				VIIIVA E		Date	
R. Scott Harrison, FSPA, APA								14-02	175
	Type or	print name of actuary				3. 5 - 1.6 - 1.5 -	Most re	cent enrollm	nent number
	The	Raymond Company							89-3474
	4545 E	Firm name E. Southern Ave., #108	7-35/1/1057 NO.1			Tel	ephone n		uding area code)
		Mesa, AZ 85206							
		ddress of the firm		- Paris Carallana					
f the actuary ha	as not fully reflected any re	gulation or ruling promul	gated under t	he statute ir	n completin	g this schedule	e, check ti	ne box and	see

Pa	rt II	Begin	ning of Year C	arryove	er and Prefunding B	Balances						
la constant	and the second s			3,000-00			(a) (Carryover balance		(b) F	refundir	ng balance
7				2 2	able adjustments (line 13				0			78823
8	8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)						lanta di lanta		0			
9	9 Amount remaining (line 7 minus line 8)								0			78823
10	Interest	on line 9	using prior year's	actual retu	m of13.82 %		0					10893
11	Prior ye	ar's exce	ess contributions to	be added	to prefunding balance:	· /						
	a Prese	ent value	of excess contribut	ions (line (38a from prior year)							18239
					terest rate of0.00 °							0
	C Total	available	at beginning of curre	ent plan yea	ar to add to prefunding bala	nce						18239
	d Portio	on of (c)	to be added to prefe	unding bal	ance							18239
12	Other re	eductions	s in balances due to	elections	or deemed elections				0			0
13	Balance	e at begin	nning of current yea	r (line 9 +	line 10 + line 11d – line 1	2)			0			107955
Pa	art III	Fun	ding Percentag	ges								
14	Funding	g target a	ttainment percenta	ge							14	135.17 %
15	Adjuste	d funding	g target attainment _l	percentage	9						15	141.34 %
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.								16	102.39 %		
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage								17	%			
Pa	art IV	Con	tributions and	Liquidit	ty Shortfalls	5 11 M BLC51		Commission of the Commission o				
18					ar by employer(s) and em	-		A 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1				
(M	(a) Date IM-DD-Y		(b) Amount pai employer(s		(c) Amount paid by employees	(a) Da (MM-DD-)				emplo	nt paid by oyees	
07	7-24-2013	3		20679								
10)-30-2013	3		50000								
11	1-25-2013	3		25000				war and the same of the same o				
	3-20-2014			50000		ļ						-17
	5-19-2014			13500								
07	7-21-2014	4		13460			1					
40						Totals ▶	18(b)		172639	18(c)		0
19					uctions for small plan with							
	(S)				num required contribution			H	19a			0
				1010 C 100 C	usted to valuation date				19b			0
20					red contribution for current	year adjusted to	o valuation	date	19c			172375
20		7	outions and liquidity		a nelar vane?							у П.
					e prior year?							Yes X No
					installments for the currer	260	n a timely i	manner?			L	Yes X No
	C IT line	Zua is "	res," see instruction	ns and con	nplete the following table Liquidity shortfall as of	THE RESERVE THE PROPERTY OF THE PARTY.	of this slee	a voor				
		(1) 1s	st		(2) 2nd	and of quarter		3rd			(4) 4th	
							` '	accomplete to the second secon		W	. /	

Pa	rt V Assumptio	ns Used to Determine	Funding Target and Targ	et Normal Cost					
21	Discount rate:			II ANN ALAW SANS SERVE					
	a Segment rates:	1st segment: 4.94%	2nd segment: 6.15 %	3rd segment: 6.76 %		N/A, full yield curve used			
	b Applicable month ((enter code)			21b	4			
22	Weighted average re	tirement age			22	65			
23	Mortality table(s) (se	e instructions) X Pr	escribed - combined Pro	escribed - separate	Substitu	ıte			
Pa	rt VI Miscellane	ous Items							
24	Has a change been n		tuarial assumptions for the curren	A D					
25	Has a method change	e been made for the current pl	an year? If "Yes," see instruction	s regarding required attac	hment	Yes X No			
26	Is the plan required to	o provide a Schedule of Active	Participants? If "Yes," see instru	ctions regarding required	attachmen	tX Yes No			
27	27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 27								
Pa	rt VII Reconcili	ation of Unpaid Minim	um Required Contribution	s For Prior Years					
28	Unpaid minimum req	uired contributions for all prior	years		28	0			
29			d unpaid minimum required contril		29	0			
30	Remaining amount of	f unpaid minimum required co	ntributions (line 28 minus line 29)		30	0			
Pa	Part VIII Minimum Required Contribution For Current Year								
31	Target normal cost a	nd excess assets (see instruc	tions):	16					
Arches Hill Mil	a Target normal cost	(line 6)		31a	162851				
	b Excess assets, if a	31b	162851						
32	Amortization installment	ents:	Outstanding Bala	nce	Installment				
	a Net shortfall amorti	zation installment			0	0			
	b Waiver amortization	n installment							
33			ter the date of the ruling letter gra) and the waived amount		33				
34	Total funding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34	0			
			Carryover balance	Prefunding balar	nce	Total balance			
35	Balances elected for requirement	use to offset funding	(0	0			
36	Additional cash requi	rement (line 34 minus line 35).			36	0			
37			ontribution for current year adjuste		37	172375			
38	Present value of exce	ess contributions for current ye	ar (see instructions)						
	a Total (excess, if any	y, of line 37 over line 36)			38a	172375			
	b Portion included in	line 38a attributable to use of	prefunding and funding standard	carryover balances	38b				
39	Unpaid minimum requ	uired contribution for current y	ear (excess, if any, of line 36 over	line 37)	39	0			
40	Unpaid minimum requ	uired contributions for all years	·		40	0			
Par	rt IX Pension I	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions)	0				
41	If an election was mad	de to use PRA 2010 funding re	elief for this plan:						
	a Schedule elected .					2 plus 7 years 15 years			
	b Eligible plan year(s) for which the election in line	41a was made		200				
42	Amount of acceleration	n adjustment			42				
			d over to future plan years		43				

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Plan Effective Date January 1, 2008

Plan Year From January 1 to December 31

Eligibility All employees not excluded by class are eligible to enter on the

January 1 or July 1 coincident with or following the completion of

the following requirements:

1 year of service Minimum age 21

Normal Retirement AgeAll participants are eligible to retire with their full retirement benefit

on the later of the following:

Attainment of age 65

Completion of 5 years of participation

Normal Retirement Benefit Based on their group classification, participants receive a cash

balance contribution equal to a percentage of compensation or a

fixed dollar amount as follows:

Group 1: 69.380% of pay Group 2: 5.000% of pay

Maximum benefit is \$17,083 per month Maximum percent of salary is 100%

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on

salary and/or service on the calculation date, and payable on the

normal retirement date.

Termination Benefit Upon termination for any reason other than death, disability or

retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following

vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

Years before the effective date Years with less than 1.000 hours

Summary of Plan Provisions Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Top-Heavy Status A plan is top-heavy if over 60% of the value of all accrued benefits

in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This

plan is currently not top-heavy.

Death Benefit Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance The Interest Crediting Rate for this plan year is 4.77%

Statement of Actuarial Assumptions and Method Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

	<u>For Funding</u> <u>Min Max</u>	<u>For 417(e)</u>	For Actuarial Equiv.		
Interest Rates	Seg 1 4.94% 1.39%	Seg 1 1.24%	Pre-Retirement 5.00%		
	Seg 2 6.15% 4.05%	Seg 2 4.47%	Post-Retirement 5.50%		
	Seg 3 6.76% 5.08%	Seg 3 5.52%			
Pre-Retirement					
Turnover	None	None	None		
Mortality	None	None	None		
Assumed Ret Age	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation	Normal retirement age 65 and 5 years of participation		
Post-Retirement					
Mortality	Male-modified RP2000 combined healthy male projected 28 & 20 yrs Female-modified RP2000 combined healthy female projected 28 & 20 yrs	2013 Applicable Mortality Table from Rev Rul 2006-67	2009 Applicable Mortality Table from Rev Rul 2006-67		
Assumed Benefit Form	For Funding	Normal Form			
Calculated Effective Int	erest Rate	6.17%			
Cash Balance Projected	Interest Crediting Rate	5.00%			

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN Employer ID# 84-1563435: Plan No. 001

Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: December 31, 2013

<u>Date</u> 07-24-2013	<u>Amount</u> 20,679.00	<u>Year</u> 2013	<u>Rate</u> 6.17%	Period 07-24-2013 to 12-31-2013	Adj Ctb 21,225.25
10-30-2013	50,000.00	2013	6.17%	10-30-2013 to 12-31-2013	50,509.55
11-25-2013	25,000.00	2013	6.17%	11-25-2013 to 12-31-2013	25,149.32
03-20-2014	50,000.00	2013	6.17%	03-20-2014 to 12-31-2013	49,344.46
06-19-2014	13,500.00	2013	6.17%	06-19-2014 to 12-31-2013	13,127.19
07-21-2014	13,460.00	2013	6.17%	07-21-2014 to 12-31-2013	13,018.96
Totals:	172,639.00				172,374.73

19	Discounted employer contributions see instructions for small plan with a valuation date after the beginning	of the y	ear
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c	172,374.73

Weighted Average Retirement Age Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65 Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

BEACH RESOURCE MANAGEMENT, LLC

CASH BALANCE PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2013 to 12/31/2013 Valuation Date: 12/31/2013

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	1	0	0	0	0	0	0	0	1
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	3	1	0	0	0	0	0	0	0	4
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	1	0	0	0	0	0	0	0	0	1
55-59	0	0	1	0	0	0	0	0	0	0	1
60-64	0	0	2	0	0	0	0	0	0	0	2
65-69	0	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	5	0	0	0	0	0	0	0	9

^{*}Employees who have not met the minimum eligibility requirements are excluded

Average Age: 47.6 Average Service: 4