#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

SIGN HERE 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

2015

This Form is Open to Public Inspection

Part I	Annual Report	: Identification Information				
For calend	ar plan year 2015 or fi	iscal plan year beginning 01/01/2	015	and ending 12/3	1/2015	
A This re	turn/report is for:	a single-employer plan	list of participating em	an (not multiemployer) (Fi	_	
<b>B</b> This ret	urn/report is	a one-participant plan  the first return/report	a foreign plan  the final return/report			
		an amended return/report	·	/report (less than 12 mont	ths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	ogram
D 4 II	<u> </u>	special extension (enter descr	. ,			
Part II		ormation—enter all requested inf	ormation			
1a Name BEACH RE	•	ENT, LLC CASH BALANCE PENS	ION PLAN	1	Three-digit plan number (PN) ▶	001
				1	C Effective date	
Mailin	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O				ntification Number
	r town, state or province SOURCE MANAGEME	ce, country, and ZIP or foreign posta ENT, LLC	al code (if foreign, see instru	uctions) 2	2c Sponsor's tel	ephone number I-273-3100
	ALLEY ROAD, STE 10	03		2	2d Business cod	e (see instructions)
BASALT, CO	) 81621				54	11600
<b>3a</b> Plan a	dministrator's name a	nd address Same as Plan Spons	sor.	3	<b>3b</b> Administrator	's EIN
				3	<b>3C</b> Administrator	's telephone number
		e plan sponsor has changed since imber from the last return/report.	the last return/report filed fo		lb ein	
<b>a</b> Spons	or's name			4	IC PN	
<b>5a</b> Total	number of participants	s at the beginning of the plan year			5a	11
<b>b</b> Total	number of participants	s at the end of the plan year			5b	11
		account balances as of the end of	' '	•	5c	
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	9
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan yea	ar		5d(2)	7
		terminated employment during the			5e	4
		or incomplete filing of this return				
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a aplete.				
SIGN	Filed with authorized	/valid electronic signature.	04/30/2016	GARY BEACH		
HERE	Signature of plan a	administrator	Date	Enter name of individual	l signing as plan a	administrator

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

	Form 5500-SF 2015		Page 2					
b	Were all of the plan's assets during the plan year invested in eligib 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 cann  If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit not use Fo	ndent qualified public a ions.) orm 5500-SF and must	ccounta	ant (IQ  ı <b>d use</b>	PA)  Form	5500.	
Par	<u>_</u>	•	-				l L	
			()					
	Plan Assets and Liabilities	_	(a) Beginning					(b) End of Year
	Total plan assets	7a		1819	037			1941987
-	Total plan liabilities	7b		1819	607			1044007
	Net plan assets (subtract line 7b from line 7a)	7c	,,,		037			1941987
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	ınt				(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)		129	569			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	. 8a(3)						
b	Other income (loss)	. 8b		-4	620			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						124949
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d		2	249			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
<u>f</u>	Administrative service providers (salaries, fees, commissions)	. 8f			350			
	Other expenses	. 8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2599
	Net income (loss) (subtract line 8h from line 8c)	. 8i						122350
j	Transfers to (from) the plan (see instructions)	8j						
Par								
9a	If the plan provides pension benefits, enter the applicable pension 1A 1C 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	lee from the Liet of Plan	Chara	octorict	ic Coc	les in th	
_	in the plan provides wellare beliefles, effer the applicable wellare i	cature coc	ics from the List of Flai	Onare	iciciisi	10 000	103 111 11	ic mandenons.
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributescribed in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest					· ·		
	reported on line 10a.)			10b		X		
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 by fraud or dishonesty?	······································		10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end )	10g		X		
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g 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	he required	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for all years from							0
	Is this a defined contribution plan subject to the minimum funding						•	RISA? Yes X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		<b>13c(3)</b> F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		o
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter pland the letter's serial representation of the letter's series of the l		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount	······	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

### 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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

Fo	r calendar	r plan year 2015	or fiscal plan y	ear beginning	01/01/2015			and endi	ng 12/3	1/2015		
•	Round o	off amounts to	nearest dollar.									
•	Caution:	: A penalty of \$1	1,000 will be ass	essed for late filir	ng of this repo	rt unless reaso	nable ca	use is establish	ed.			
	Name of p		AGEMENT, LLC	CASH BALANC	E PENSION F	PLAN		B Three-dig plan num	•	<b>•</b>		001
	•		shown on line 2a AGEMENT, LLC	a of Form 5500 o	r 5500-SF			<b>D</b> Employer	Identificat 84-1563		er (EIN)	
Е	Type of pla	an: X Single	Multiple-A	Multiple-B	F	Prior year pla	n size: 🕨	100 or fewer	101-5	00 Moi	e than 50	00
Р	art I	Basic Inforr	mation				_					
1		ne valuation dat		Month 12	Day <u>31</u>	Year <u>2</u>	015	_				
2	Assets:	:										
	<b>a</b> Mark	et value							2a			1812418
	<b>b</b> Actua	arial value							2b			1812418
3	Funding	g target/particip	ant count break	down			` '	Number of rticipants	,	ted Fundin arget	g (3	) Total Funding Target
	<b>a</b> For re	etired participar	nts and beneficia	aries receiving pa	yment			0			0	0
	<b>b</b> For to	erminated veste	ed participants					4		118	356	11856
	<b>C</b> For a	ctive participan	ts					7		12841	21	1284121
	<b>d</b> Total	l						11		12959	77	1295977
4	If the pl	lan is in at-risk s	status, check the	box and comple	ete lines (a) and	d (b)						
	<b>a</b> Fund	ling target disre	garding prescrib	ed at-risk assum	ptions				4a			
				umptions, but disronsecutive years					4b			
5	Effectiv	e interest rate							5			6.10%
6	Target	normal cost							6			187352
	To the best of accordance combination	with applicable law a	e information supplied and regulations. In my		ssumption is reasor							umption was applied in the other assumptions, in
	SIGN HERE									04/1	3/2016	
			Signa	ture of actuary						Date	Э	
R.	SCOTT H	IARRISON, FSF	PA, APA					_		14-0	02175	
			Type or pr	int name of actua	nry				Most re	ecent enro	llment nu	mber
TH	IE RAYMO	OND COMPANY	/					_		480-	289-347	4
	45 E. SOL ESA, AZ 8	JTHERN AVE. ‡ 5206		irm name				Te	elephone	number (in	cluding a	area code)
			Addı	ress of the firm				_				
If th	e actuary	has not fully ref	lected any regul	ation or ruling pro	omulgated und	ler the statute i	n comple	eting this schedu	ıle, check	the box ar	nd see	П
	ructions	Hot rully for	arry rogui	and or running pro	aigatoa ana	.c. ino statuto i	oompic	g 0011000	, 5110010	o box ai	000	

Page	2	_
ı ayc	_	

Pa	rt II	Begir	ning of Year	Carryov	er and Prefunding B	alances							
							(a) (	Carryover balance		(b) F	refundi	ing balance	
7		-	•		cable adjustments (line 13 f				0			312544	
8			•	-	unding requirement (line 35				0			0	
9	Amoun	t remaini	ng (line 7 minus lir	ne 8)					0			312544	
10	Interest	t on line 9	9 using prior year's	actual ret	urn of10.29%				0			32161	
11	11 Prior year's excess contributions to be added to prefunding balance:												
	<b>a</b> Pres	ent value	of excess contribu	utions (line	38a from prior year)					130469			
					Ba over line 38b from prior ye interest rate of%							0	
	<b>b(2)</b> Ir	nterest or	n line 38b from pric	or year Sch	nedule SB, using prior year's	actual						0	
												0	
	C lotal	available	at beginning of cur	rent plan ye	ear to add to prefunding balar	ice						130469	
	<b>d</b> Porti	on of (c)	to be added to pre	funding ba	llance							130469	
12	Other r	eductions	s in balances due t	to elections	s or deemed elections				0			0	
13	Balance	e at begir	nning of current ye	ar (line 9 +	- line 10 + line 11d – line 12	)			0			475174	
Pa	art III	Fun	ding Percenta	iges									
14	Funding	g target a	attainment percenta	age							14	100.94 %	
15	Adjuste	ed funding	g target attainment	percentag	je						15	130.46 %	
16					of determining whether car						16	119.64 %	
17	If the co	urrent val	lue of the assets of	f the plan i	s less than 70 percent of the	e funding targ	get, enter s	uch percentage			17	%	
Pa	art IV	Con	tributions and	d Liquid	ity Shortfalls								
18					ear by employer(s) and emp					1			
(M	(a) Dat M-DD-Y		(b) Amount pa employer(		(c) Amount paid by employees	(a) Da (MM-DD-		(b) Amount pa employer(		(0	•	int paid by oyees	
03	/08/201	6		129569	0								
						Totals ▶	18(b)		400500	18(c)			
10	D:		lanca a sa taiba at a sa		lance Control Control of the Control		` , ,	and the section of th	129569	10(0)			
19			-		tructions for small plan with								
	_			•	imum required contributions			•	19a 19b			0	
					ljusted to valuation date			•	19b			0	
20			allocated toward mile		uired contribution for current y 	rear aujusted t	io valuatior	ı udle	196			128133	
20		,	•	,	he prior year?				L		Γ	Yes X No	
			_		installments for the curren						 [	Yes No	
	<b>C</b> If line	e 20a is "	Yes," see instruction	ons and co	mplete the following table a	s applicable:						_	
		40			Liquidity shortfall as of e	nd of quarter							
		(1) 1:	St		(2) 2nd		(3)	3rd			(4) 4th	<u> </u>	

Pa	rt V	Assumptio	ns Used to Determine	Funding Target and Targe	et Normal Cost					
21		ınt rate:								
	<b>a</b> Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %	3rd segment 6.81 %		N/A, fu	ıll yield	curve	e used
	<b>b</b> App	licable month (	enter code)			21b				4
22	Weigh	ted average ret	irement age			. 22				65
23	Mortali	ity table(s) (see	e instructions) X Pre	escribed - combined Pre	scribed - separate	Substitu	te			
Pa	rt VI	Miscellane	ous Items							
24		•		tuarial assumptions for the current	•				l Yes	X No
25	Has a	method change	e been made for the current pl	an year? If "Yes," see instructions	regarding required attac	chment			Yes	X No
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	l attachment	İ	X	Yes	No
27		•	o alternative funding rules, en	ter applicable code and see instruc	ctions regarding	27				
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	um Required Contribution	s For Prior Years					
28	Unpaid	d minimum requ	uired contributions for all prior	years		. 28				0
29				d unpaid minimum required contrib		29				0
30	Remai	ning amount of	unpaid minimum required cor	ntributions (line 28 minus line 29)		. 30				0
Pa	Part VIII Minimum Required Contribution For Current Year									
31			nd excess assets (see instruct	•						
	<b>a</b> Targ	et normal cost	(line 6)			. 31a				187352
				line 31a		. 31b				12281
32		zation installme			Outstanding Bala		l	nstallm	ent	
						0				0
						0				0
33				ter the date of the ruling letter gran) and the waived amount		33				
34	Total f	unding requirer	ment before reflecting carryove	er/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	. 34				175071
				Carryover balance	Prefunding bala	ince	To	otal bal	ance	
35			use to offset funding	0		46938				46938
36						. 36				128133
37	Contrib (line 19	outions allocate 9c)	d toward minimum required co	ontribution for current year adjuste	d to valuation date	37				128133
38	Preser	nt value of exce	ess contributions for current ye	ear (see instructions)		, ,				
	<b>a</b> Tota	I (excess, if any	, of line 37 over line 36)			. 38a				0
	<b>b</b> Porti	ion included in	line 38a attributable to use of	prefunding and funding standard c	arryover balances	. 38b				0
39		<u> </u>		ear (excess, if any, of line 36 over	•	. 39				0
40	•			S		40				0
Pa	rt IX	Pension	Funding Relief Under F	Pension Relief Act of 2010	(See Instructions	)				
41	If an el	ection was mad	de to use PRA 2010 funding re	elief for this plan:			-			
	<b>a</b> Sche	edule elected					2 plus 7 yea	ars	15	years
	<b>b</b> Eligi	ble plan year(s	for which the election in line	41a was made		200	8 2009	2010	)	2011
42	Amoun	nt of acceleratio	n adjustment			. 42				
43	Excess	s installment ac	celeration amount to be carrie	d over to future plan years		43				

#### 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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

P	art I   Annual Report	Identification Information				
For	calendar plan year 2015 or fis	cal plan year beginning	01/01/2015	and ending	12/31/201	5
A	This return/report is for:	a single-employer plan  a one-participant plan	a multiple-employer p a list of participating e a foreign plan	lan (not multiemployer) mployer information in	(Filers checking this accordance with the	s box must attach form instructions)
В	This return/report is:	the first return/report	the final return/report			
	, , , , , , , , , , , , ,	an amended return/report	H .	n/rapart (lass than 12 r	mantha)	
		ari amerided return/report	a short plan year retui	n/report (less than 12 r	nonuns)	
C	Check box if filing under:	Form 5558	automatic extension		☐ DFVC pro	ogram
		special extension (enter descri	ption)		_	
P:	art II Basic Plan Info	rmation enter all requested in	nformation			
	Name of plan	enter an requested in	mormation		1b Three-digit	<u> </u>
	SOUTH MANAGEMENT (1987) PROVINCENS	AGEMENT, LLC CASH BALANC	CE PENSTON PLAN		plan numbe	
		, , , , , , , , , , , , , , , , , , , ,			(PN) ▶	001
					1c Effective da 01/01/20	
2a	Plan sponsor's name (emplo	yer, if for a single-employer plan)				lentification Number
	Mailing Address (include roo	m, apt., suite no. and street or P.O. e, country, and ZIP or foreign posta	Box)	untiana)	(EIN) 84-	
	BEACH RESOURCE MANA		a code (ii loreign, see insti	uctions)	2c Sponsor's te	elephone number
	DENCH RESCORCE HARR	GENERI, IIIC			(970) 27	
					2d Business co	de (see instructions)
	711 EAST VALLEY ROA	AD, STE 103			541600	
	US BASALT CO 81621					
3a	Plan administrator's name a	nd address X Same as Plan Spo	nsor Name		3b Administrate	or's EIN
					3c Administrate	or's telephone number
_					<del> </del>	A MANAGEMENT OF THE PARTY OF TH
4		e plan sponsor has changed since to the from the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN	
а	Sponsor's name	nor non ale lactrotarinopoli.			4c PN	
5a		at the beginning of the plan year .				11
b		at the end of the plan year				11
C		account balances as of the end of the				
		***************************************			5c	
d(	<ol><li>Total number of active par</li></ol>	ticipants at the beginning of the plan	n year	***************************************	5d(1)	9
d(	2) Total number of active par	ticipants at the end of the plan year	***************************************		5d(2)	7
e`	Number of participants that t	erminated employment during the p		efits that were		
_	less than 100% vested	••••••••••••	***************************************	***************************************	5e	4
Ca	ution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca	use is established	•
		ther penalties set forth in the instruc				
	or Schedule MB completed a ief, it is true, correct, and com	nd signed by an enrolled actuary, a	s well as the electronic ver	rsion of this return/repo	rt, and to the best of	my knowledge and
Dei	lei, it is true, correct, and corr	piete.			n. 11	
SI	GN	A STATE OF THE STA		GARY B	EACIT	
Н	ERE Signature of plan adm	inistrator	Date 4-30-16	Enter name of individu		dministrator
SI	GN The			GARY TO	beact <sup>†</sup>	
HELEFLINE	ERE Signature of employe	r/plan sponsor	Date 4-30-16	Enter name of individu	al signing as emplo	yer or plan sponsor
Pre	eparer's name (including firm	name, if applicable) and address; in	clude room or suite numbe	er	Preparer's teleph	one number

	Form 5500-SF 2015		Page 2							
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (\$	See instructions.)		•••••		•••••		X Yes	ПNо
_	Are you claiming a waiver of the annual examination and report of ar	,	,	ntant	(IQP/	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.)	••••••	•••••	••••••	•••••	••••••	<b>X</b> Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inst			_			_	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA sectior	1 402	1)?		x Yes	∐ No	∐ Not de	etermined
Pa	rt III Financial Information		<b>.</b>							
<u>7</u>	Plan Assets and Liabilities		(a) Beginning of	Yea	<u> </u>	1		(b) End o	f Year	
<u>a</u>	Total plan assets	7a	1,81	9,6	37	+			1,941,	987
b	Total plan liabilities	7b				+				
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c	1,81	.9,6	37	+		(b) T	1,941,	987
a	(4)									
	(1) Employers	8a(1)	12	9,5	69					
	(2) Participants	8a(2)								
_	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	(4	,62	0)					
d d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							124,	949
u	to provide benefits)	8d		2,2	49					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3	50					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_			2,	599
<u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	8i				_			122,	350
<u>_j_</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructio	ns:	
$\rightarrow$	1A 1C 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fear	ture codes	from the List of Plan Cha	racte	ristic (	Codes	in the	instruction	s:	
	rt V   Compliance Questions					I				
10	During the plan year:		the Commented		Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol									
	Program)	-		10a		x				
b	Were there any nonexempt transactions with any party-in-interest?									
	reported on line 10a.)			10b		х				
	, , ,			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•	·	10d		x				
е										
	carrier, insurance service, or other organization that provides some	•	,							
_	the plan? (See instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the plan	1?	••••••	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		х				
h 	If this is an individual account plan, was there a blackout period? (\$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 2520.101			10i						
j	j Did the plan trust incur unrelated business taxable income?									
Pa	rt VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)								X Yes	s 🔲 No
11	a Enter the unpaid minimum required contribution for current year fro						11a			0
12	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					RISA?	Yes	x No

Form 5500-SF 2015 Page <b>3</b>	3		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan ye granting the waiver.			f the letter ruling 'ear
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip		<u> </u>	
b Enter the minimum required contribution for this plan year	••••••	12b	
c Enter the amount contributed by the employer to the plan for this plan year		12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus signature)	0	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?			□ No □ N/A
Part VII Plan Terminations and Transfers of Assets	••••••	·····   L 1 1 C3	LINO LINA
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No.
	••••••	13a	110
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan of the PBGC?			Yes X No
C If during this plan year, any assets or liabilities were transferred from this plan to another plant which assets or liabilities were transferred. (See instructions.)			
13c(1) Name of plan(s):	130	<b>c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)
Part VIII Trust Information		_	
14a Name of trust		14b Trust's El	N
14c Name of trustee or custodian		14d Trustee of telephone n	
Part IX IRS Compliance Questions			
<b>15a</b> Is the plan a 401(k) plan:	••••••••••••	☐ Yes	☐ No
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee dematching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ferrals and employer	Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curritesting method" for nonhighly compensated employees (Treas. Reg. section 1.401(k)-2(a)(2)(ii) 2(a)(2)(ii))?	) and 1.401(m)-	☐ Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements ur	nder section 410(b):	Ratio Percentage Test	Average Benefit Test
<b>16b</b> Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(a) this plan with any other plans under the permissive aggregation rules?	4) by combining	☐ Yes	☐ No
17a Has the Plan been timely amended for all required law changes?	•••••••••••	☐ Yes	□ No □ N/A
<b>17b</b> Date of the last plan amendment/restatement for the required tax law changes was adopted instructions for tax law changes and codes).	/Enter th	e applicable cod	le (See
17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volume submit		a favorable IRS	S opinion or
advisory letter, enter the date of that favorable letter / / and the letter's  17d If the plan is an individually-designed plan and recieved a favorable determination letter from II determination letter / / / .		e of plan's last fa	vorable
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.		☐ Yes	☐ No
19 Were in-service distributions made during the plan year?		Yes	☐ No
If Yes, enter amount		19	
Were minimum required distributions made to 5% owners who have attained age 70 ½ (regard not retired) as required under section 401(a)(9)?		Yes	□ No □ N/A

#### BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

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 Age**All 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 from beginning of entry

year

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: 69.38% of compensation Group 2: 5% of compensation

Maximum benefit is \$17,500.00 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 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 Attachment to 2015 Schedule SB, Part V - EIN: 84-1563435 PN: 001

## BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN

Summary of Plan Provisions Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

**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 5.00%

## BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN

Summary of Actuarial Assumptions and Method Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

	For Fundi <u>Min</u> <u>M</u>	ling <u>Iax</u>	<u>For 417</u>	<u>(e)</u>	For Actuarial Equiv.			
Interest Rates	Seg 1: 4.72% 1.3	.32%	Seg 1:	1.69%	Pre-Retirement: 5.00%			
	Seg 2: 6.11% 4.0	.06%	Seg 2:	4.11%	Post-Retirement: 5.50%			
	Seg 3: 6.81% 5.0	.09%	Seg 3:	5.07%				
Pre-Retirement								
Turnover	None		None		None			
Mortality	None		None		None			
<b>Assumed Ret Age</b>	Normal retirement a 5 years of participati			retirement age 65 and of participation	Normal retirement age 65 and 5 years of participation			
Post-Retirement								
Mortality	Male-modified RP20 combined healthy m projected 30 & 22 ye Female-modified RF combined healthy fe projected 30 & 22 ye	nale vears P2000 emale	2015 Applicable Mortality Table from Notice 2013-49  2009 Applicable Mort Table from Rev Rul 20					
Assumed Benefit Form l	For Funding		Normal	Form				
Calculated Effective Into	erest Rate		6.10%					
Cash Balance Projected	Interest Crediting R	Rate	5.00%					
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.				

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.

#### 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).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

		File as an attachment to For	rm 5500 or 5500-SF.				
For calendar p	olan year 2015 or fiscal p	lan year beginning 01/01/2015	and e	nding 12	/31/2015		
Round off	f amounts to nearest do	llar.	*				
Caution: A	A penalty of \$1,000 will b	e assessed for late filing of this report unless re-	asonable cause is establ	ished.			
A Name of pla	an	-digit	git 001				
Beach Resou	urce Management LLC C	ash Balance Pension Plan	plan r	umber (PN	) •	331	
C Plan enone	or's name as shown on li	ne 2a of Form 5500 or 5500-SF	D Employ	er Identific	ation Number (E	:IN)	
The same of the sa	urce Management LLC	10 24 017 0111 0000 01 0000 01	84-15634		anon rambol (2	,	
E Type of plan	n: X Single Multipl	e-A Multiple-B F Prior year	plan size: 🛛 100 or fewer	er 🛮 101-	500 More th	an 500	
Part I B	Basic Information			L			
1 Enter the	e valuation date:	Month 12 Day 31 Yea	r_2015				
2 Assets:							
a Market	t value			2a	100	1812418	
<b>b</b> Actuar	ial value			2b		1812418	
3 Funding	target/participant count b	reakdown	(1) Number of participants	(2) Ve	ested Funding Target	(3) Total Funding Target	
<b>a</b> For ret	tired participants and ber	eficiaries receiving payment		0	0	0	
<b>b</b> For ter	rminated vested participa	nts		4	11856	11856	
				7	1284121		
d Total				1	1295977	1295977	
		ck the box and complete lines (a) and (b)			Hillowich III		
		scribed at-risk assumptions		4a			
	0 0 0	assumptions, but disregarding transition rule for		1000		and the second s	
		ive consecutive years and disregarding loading					
5 Effective	interest rate			5	6.10 %		
6 Target n	ormal cost			6		187352	
To the best of accordance wi	Enrolled Actuary my knowledge, the information s ith applicable law and regulations offer my best estimate of anticipal	upplied in this schedule and accompanying schedules, stateme. In my opinion, each other assumption is reasonable (taking in ed experience under the plan.	nts and attachments, if any, is co to account the experience of the	emplete and ac plan and reaso	curate. Each prescrib inable expectations) a	ed assumption was applied in and such other assumptions, in	
SIGN HERE		B4			04/13/20	16	
	5	Signature of actuary			Date		
	R. Sc	cott Harrison, FSPA, APA			14-0217	75	
	Туре	or print name of actuary		Most	recent enrollme	ent number	
(440)11000	Th	e Raymond Company			(480) 28	9-3474	
	454	Firm name 5 E. Southern Ave., #108		Telephon	e number (includ	ding area code)	
		Mesa, AZ 85206					
		Address of the firm	-				
		regulation or ruling promulgated under the statu			the discount of		

Pa	rt II	Begin	ning of Year	Carryove	er and Prefunding B	alances							
							(a) Carryover balance			(b) Prefunding balance			
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)						0			312544			
8				,	unding requirement (line 35				0			0	
9	Amount	remainii	ng (line 7 minus lir	ne 8)					0			312544	
10	Interest	on line 9	using prior year's	actual retu	ırn of10.29 <sub>%</sub>				0			32161	
11													
	<b>a</b> Presei	nt value	of excess contribu	utions (line	38a from prior year)							130469	
					a over line 38b from prior ye interest rate of <u>0.00</u> %							0	
	<b>b(2)</b> Int	erest or	line 38b from prid	or year Sch	edule SB, using prior year	's actual							
												0	
	C Total a	ivallable	at beginning of cur	rent plan ye	ar to add to prefunding bala	nce						130469	
	<b>d</b> Portio	n of (c)	to be added to pre	funding ba	lance					130469			
12	Other re	ductions	s in balances due	to elections	or deemed elections				0			0	
13	Balance	at begir	nning of current ye	ar (line 9 +	line 10 + line 11d – line 12	2)			0			475174	
Pa	art III	Fun	ding Percenta	ages									
14	Funding	•		•							14	100.94 %	
15	Adjusted	l funding	target attainmen	percentag	e						15	130.46 %	
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	119.64 %	
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									%			
Pa	art IV	Con	tributions and	d Liquidi	ty Shortfalls					'			
18					ear by employer(s) and em	<del>' '</del>		T		T .			
(M	(a) Date IM-DD-YY		(b) Amount pa employer(		(c) Amount paid by employees	( <b>a)</b> Da (MM-DD-)					(c) Amount paid by employees		
	3-08-2016		, ,	129569	, ,	<u> </u>	,	. , ,	,			,	
				'		Totals ▶	18(b)		129569	18(c)		0	
19	Discount	ed emp	loyer contributions	- see inst	ructions for small plan with	a valuation d	ate after th	ne beginning of the	year:				
	<b>a</b> Contri	butions	allocated toward ι	ınpaid mini	mum required contribution	s from prior ye	ears		19a			0	
b Contributions made to avoid restrictions adjusted to valuation date											0		
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date									12813			
20	20 Quarterly contributions and liquidity shortfalls:												
	a Did th	e plan h	ave a "funding sh	ortfall" for th	ne prior year?							Yes X No	
	<b>b</b> If line	20a is "	Yes," were require	d quarterly	installments for the curren	nt year made ii	n a timely	manner?			<u> </u>	Yes No	
					mplete the following table a	-						<u> </u>	
	-				Liquidity shortfall as of e		of this pla	n year					
		(1) 15	st		(2) 2nd		(3)	3rd			(4) 4t	n	
						1			1				

Pa	rt V	Assumptio	ns Used to Determine I	Funding Target and Targe	t Normal Cost						
21	Discou	ount rate:									
	<b>a</b> Seg	gment rates:	1st segment: 4.72%	2nd segment: 6.11 %	N/A, full yield o	curve used					
	<b>b</b> App	licable month (	enter code)	21b		4					
22	Weigh	ted average re	tirement age		22		65				
23	23 Mortality table(s) (see instructions) X Prescribed - combined Prescribed - separate Substitute										
Pa	Part VI Miscellaneous Items										
24	24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment										
25	Has a	method change	e been made for the current pla	n year? If "Yes," see instructions	regarding required attac	hment		Yes X No			
26	Is the	plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	tions regarding required	attachment	X	Yes No			
27		•	•	er applicable code and see instruc		27					
Pa	rt VII	Reconcilia	ation of Unpaid Minimu	m Required Contribution	s For Prior Years						
28	Unpaid	d minimum requ	uired contributions for all prior y	ears		28		0			
29				unpaid minimum required contrib	. ,	29		0			
30	Remai	ning amount of	f unpaid minimum required con	tributions (line 28 minus line 29)		30		0			
Pa	rt VIII	Minimum	<b>Required Contribution</b>	For Current Year							
31	Targe	t normal cost a	nd excess assets (see instructi	ons):							
	<b>a</b> Targ	et normal cost	(line 6)			31a	1873				
	<b>b</b> Exce	ess assets, if a	pplicable, but not greater than I	ine 31a		31b		12281			
32	Amorti	zation installme	ents:		Outstanding Bala	ince	Installme	ent			
	<b>a</b> Net	shortfall amorti	zation installment			0		0			
	<b>b</b> Wai	ver amortizatio	n installment			0		0			
33				er the date of the ruling letter grar ) and the waived amount		33					
34	Total f	unding requirer	ment before reflecting carryove	r/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34		175071			
				Carryover balance	Prefunding balar	nce	Total bala	nce			
35			use to offset funding	0		46938		46938			
36	Additio	onal cash requi	rement (line 34 minus line 35)			36	1281;				
37			ed toward minimum required co		37	12813					
38	Preser	nt value of exce	ess contributions for current yea	ar (see instructions)							
	<b>a</b> Total (excess, if any, of line 37 over line 36)										
	<b>b</b> Port	ion included in	line 38a attributable to use of p	38b							
39	Unpaid	d minimum requ	uired contribution for current ye	39							
40	Unpaid	d minimum requ	uired contributions for all years		40						
Pa	rt IX	Pension	Funding Relief Under P	ension Relief Act of 2010	(See Instructions)	)					
41	If an el	ection was mad	de to use PRA 2010 funding re	lief for this plan:							
	a Sche	edule elected					2 plus 7 years	15 years			
	<b>b</b> Eligi	ble plan year(s	) for which the election in line 4	1a was made		2008	8 2009 2010	2011			
42	Amour	nt of acceleration	on adjustment			42	<u> </u>				
//3	Evcess	inetallment ac	ecoloration amount to be carried	l over to future plan years		43					

# BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN

Schedule of Active Participant Data Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	1	0	0	0	0	0	0	0	0	1
25-29	0	1	0	0	0	0	0	0	0	0	1
30-34	0	0	1	0	0	0	0	0	0	0	1
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	2	0	0	0	0	0	0	0	0	2
45-49	0	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	0	0	0	0	0	0
55-59	0	0	1	0	0	0	0	0	0	0	1
60-64	0	0	0	0	0	0	0	0	0	0	0
65-69	0	0	1	0	0	0	0	0	0	0	1
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	4	3	0	0	0	0	0	0	0	7

<sup>\*</sup>Employees who have not met the minimum eligibility requirements are excluded

Average Age: 42.0 Average Service: 5

### 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, 2015

Rate

6.10%

<u>Period</u> 03-08-2016 to 12-31-2015

	Totals: 129,569.00		128,133.35
19	Discounted employer contributions see instructions for small plan with a valuation date after the beg	inning 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 10c	128 133 35

2015

Amount

129,569.00

Attachment to 2015 Schedule SB, Line 22 - Description of Weighted Average Retirement Age EIN: 84-1563435 PN: 001

## BEACH RESOURCE MANAGEMENT, LLC CASH BALANCE PENSION PLAN

Weighted Average Retirement Age Plan Year: 1/1/2015 to 12/31/2015 Valuation Date: 12/31/2015

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 from beginning of entry year

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

Weighted average retirement age 65