Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2016

This Form is Open to **Public Inspection**

OMB Nos. 1210-0110

1210-0089

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.

Part I		Identification Information							
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016									
A	, , , ,	X a single-employer plan	a multiple-employer pl						
A This return/report is for: a one-participant plan list of participating employer information in accordance with the form instructions.) a foreign plan									
B This return/report is									
an amended return/report a short plan year return/report (less than 12 months)									
C Check b	oox if filing under:		DFVC program	n					
Part II	Basic Plan Info	special extension (enter descr prmation—enter all requested inf	• /						
1a Name		chief all requested in	omation		1b Three-digit	<u> </u>			
		ENT, LLC 401(K) PROFIT SHARIN	G PLAN		plan numb (PN) ▶				
					1c Effective d	ate of plan 01/01/2008			
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C				dentification Number 84-1563435			
	town, state or province OURCE MANAGEME	ce, country, and ZIP or foreign posta ENT, LLC	al code (if foreign, see instr	ructions)		telephone number 0-273-3100			
	AL BRIDGE DRIVE LE, CO 81623					code (see instructions) 541600			
	•				2h Adadada	Code FIN			
3a Plan ad	dministrator's name a	nd address X Same as Plan Spor	nsor.		3b Administration	or's EIN			
					3c Administrator's telephone number				
4 If the n	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN				
name,	EIN, and the plan nu	mber from the last return/report.	and last rotally roport moa r	or the plan, error the					
a Sponso					4c PN	4.0			
_		s at the beginning of the plan year			5a	18			
		at the end of the plan yearaccount balances as of the end of			5b				
		account balances as of the end of			5c	0			
		articipants at the beginning of the plant			5d(1)	9			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0			
than 1	100% vested	terminated employment during the			5e	0			
		or incomplete filing of this return							
SB or Sche		ther penalties set forth in the instruc ind signed by an enrolled actuary, a plete.							
0.0.0	Filed with authorized	/valid electronic signature.	03/16/2017	HEATHER BEACH					
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as pla	n administrator			
SIGN									
HERE	Signature of emplo		Date			ployer or plan sponsor			
Preparer's	name (including firm ı	name, if applicable) and address (in	nclude room or suite numbe	er)	Preparer's telep	hone number			

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	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	an indepe	ndent qualified public a	account	ant (IQ	PA)			X Ye		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									3 📙 140	
С	If the plan is a defined benefit plan, is it covered under the PBGC ir						_		Not det	ermined	
Pa	t III Financial Information						•				
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year		
a	Total plan assets	7a		760108				(,		0	
b	Total plan liabilities	7b								0	
	Net plan assets (subtract line 7b from line 7a)	7c		760108						0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal		
а	Contributions received or receivable from:		, ,					` '			
	(1) Employers	8a(1)			-						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)		70455							
	Other income (loss)	8b		70155						_	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7015	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		827868							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		2395	,						
q	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							83026	3	
÷	Net income (loss) (subtract line 8h from line 8c)	8i					-760108				
÷	Transfers to (freezy) the plan (and instructions)										
	t IV Plan Characteristics	8j									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:		
	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:		
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					75000	
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.)	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection Complete all entries in accordance with the instructions to the Form 5500-SF.

Pari		t Identification Information	n					78	
For cal	endar plan year 2016 or fi			01/01/2		and ending		2/31/2016	
A Thi	s return/report is for:	x a single-employer plan a one-participant plan	_ a li	ist of partici	oloyer poating e	lan (not multiemploye mployer information i	r) (Filers n accord	checking this bo ance with the for	x must attach m instructions.)
B This	s return/report is:	the first return/report	H	oreign plan final return	/report				
	rotaninopolitio.	an amended return/report	H			m/ramant (lasa than 46	· · · · · · · · · · · · ·	No. of the last of	
		an amended return/report	∐as	mont plan ye	ar retui	n/report (less than 12	months)	
C Che	eck box if filing under:	Form 5558	aut	tomatic exte	nsion			DFVC progra	am
		special extension (enter desc	cription)					THE COURT	
Part	II Basic Plan Info	ormation enter all requested	d informat	tion					
_	ame of plan	onto: an requestee	a imorriac	iion			1b	Three-digit	
В	EACH RESOURCE MAN	AGEMENT, LLC 401(K) PRO	OFIT SE	HARING E	LAN		14	plan number (PN) ▶	002
							1c	Effective date of 01/01/2008	
2a PI	an sponsor's name (emplo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O Pavi				2b	Employer Ident	ification Number
Ci	ty or town, state or provin	ce, country, and ZIP or foreign pos	stal code ((if foreign, s	ee instr	uctions)		(EIN) 84-15	63435
	EACH RESOURCE MAN	NA 1772					2c	Sponsor's telep (970) 273-	
4:	165 Crystal Bridg	e Drive					2d	Business code 541600	(see instructions)
US	Carbondale CO 81623								
3a PI	an administrator's name a	nd address X Same as Plan Sp	onsor				3b	Administrator's	EIN
							3c	Administrator's	telephone number
									,
		e plan sponsor has changed since mber from the last return/report.	the last r	return/repor	t filed fo	r this plan, enter the	4b	EIN	
a Sp	onsor's name						4c	PN	
5a To	tal number of participants	at the beginning of the plan year	***************************************	•••••			5a	3	18
		at the end of the plan year)	0
C Nu	mber of participants with mplete this item)	account balances as of the end of	the plan	year (only o	efined o	contribution plans	50	>	0
d(1)	Total number of active par	rticipants at the beginning of the pl	an year	***************************************	•••••		5d	(1)	9
d(2)	Total number of active par	rticipants at the end of the plan yea	ar	***************	**********	*******************************	5d	(2)	0
	mber of participants that states than 100% vested	terminated employment during the	plan yea	r with accru	ed bene	efits that were	5		0
Cautio	on: A penalty for the late	or incomplete filing of this retu	rn/report	will he ass	essed	unless reasonable (allee is	established	
Under SB or	penalties of perjury and o	ther penalties set forth in the instru and signed by an enrolled actuary,	uctions, I	declare tha	I have	examined this return	report, in	cluding, if applic	able, a Schedule knowledge and
Deliei,	it is true, correct, and con	l aaa		0 1		1111		0 0	
SIGN	11000	Dellen	ACTOR ST.	3/16/1	7	Heath	ers	s. beaer	
HERE	Signature of plan adn	ninistrator		Date		Enter name of individ	dual signi	ng as plan admi	nistrator
SIGN	The		00 m [12]	3/16/	7	Gam	L. 6	reach	
HERE	0.3			Date		Enter name of individ	dual signi	ng as employer	or plan sponsor
Prepar Skip	er's name (including firm this question	name, if applicable) and address (i	include ro	oom or suite	numbe	r)		arer's telephone p this quest	

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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016 a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach **A** This return/report is for: a list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan x **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) DFVC program C Check box if filing under: Form 5558 automatic extension 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 401(K) PROFIT SHARING PLAN . (PN) ▶ 002 1c Effective date of plan 01/01/2008 Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing Address (include room, apt., suite no. and street, or P.O. Box) (EIN) 84-1563435 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number BEACH RESOURCE MANAGEMENT, LLC (970) 273-3100 2d Business code (see instructions) 4165 Crystal Bridge Drive 541600 US Carbondale CO 81623 Plan administrator's name and address X Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 18 5a **5a** Total number of participants at the beginning of the plan year Total number of participants at the end of the plan year 5b 0 Number of participants with account balances as of the end of the plan year (only defined contribution plans

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Number of participants that terminated employment during the plan year with accrued benefits that were

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

bellet, it	is true, correct, and complete.						
SIGN							
HERE	Signature of plan administrator	Date	Enter name of individua	dual signing as plan administrator			
SIGN							
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso				
Preparer Skip th	's name (including firm name, if applicable) and address (include nis question	room or suite numbe	er)	Preparer's telephone number Skip this question			

complete this item) **d(1)** Total number of active participants at the beginning of the plan year

d(2) Total number of active participants at the end of the plan year

less than 100% vested

0

9

0

O

5c

5d(1)

5d(2)

5e

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)	•••••		•••••	•••••	•••••	x Yes	□No
	Are you claiming a waiver of the annual examination and report of ar			ntant	(IQPA	A)			_	<u> </u>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar							•••••	x Yes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot					_				
	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	1402	1)?		Yes	∐ No	☐ Not de	etermined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year	•			(b) End	of Year	
а	Total plan assets	7a	76	0,1	8					0
b	Total plan liabilities	7b								0
С	Net plan assets (subtract line 7b from line 7a)	7c	76	0,1	8					0
8_	Income, Expenses, and Transfers for this Plan Year		(a) Amount			_		(b) T	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	7	0,1	55					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							70,	 155
d	Benefits paid (including direct rollovers and insurance premiums									
_	to provide benefits)	8d	82	7,8	58					
<u>e</u> f	Certain deemed and/or corrective distributions (see instructions)	8e		2,3	25					
-	Administrative service providers (salaries, fees, commissions)	8f		2,5						
<u>g</u> h	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g							830	263
"	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 8i				-	830,263 (760,108)			
÷	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8j							(700,1	
ر ا	art IV Plan Characteristics	l oj								
$\overline{}$	If the plan provides pension benefits, enter the applicable pension fe	atura aada	on from the List of Plan Ch	oroot	oriotio	Code	o in the	inotruoti		
Ja	2A 2E 2F 2G 2J 2K 2T 3D	ature coue	es iloni the List of Flan Ch	aract	5115110	Code	:5 III IIIC	HISHUCH	0115.	
_			from the List of Dian Cha		.: _ 4: _ /	2-4	:- 4l :			
וט	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racie	ISUC (Joues	in the	iristi uctioi	is.	
D	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
<u></u>		ions within	the time period		103	140	IVA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		·							
	Program)		••••••	10a		х				
b	The state of the s									
_	reported on line 10a.)			10b		X				
	, , , ,			10c	Х				-	75,000
C	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	•	•	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other	er persons	by an insurance							
	carrier, insurance service, or other organization that provides some			.		v				
	the plan? (See instructions.)			10e		х				
				10f		х				
9		-	·	10g		Х				
	2520.101-3.)	***************************************		10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Par	t VI	Pension Funding Compliance				_			
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)			SB		Yes 2	No	
11a	-	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see	-		er the date Day	of the Ye		ing	
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.		,				
b	Enter t	ne minimum required contribution for this plan year	•••••	, 12b					
С	Enter t	ne amount contributed by the employer to the plan for the plan year	•••••	12c					
d		et the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d					
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••	. [] Yes [No		//A	
Par	t VII	Plan Terminations and Transfers of Assets							
_13a	Has a	esolution to terminate the plan been adopted in any plan year?	••••••	,	X Yes		No		
	If "Yes	enter the amount of any plan assets that reverted to the employer this year	••••••	. 13a				0	
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro	•		x	Yes	☐ No)	
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideassets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to					
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)	
Dar	t VIII	Trust Information - Skip These Questions							
		-		141	3 T	INI			
140	Name	or trust		141) Trust's E	IIN			
140	Name	of trustee or custodian		140	Trustee of telephone				
Par	t IX	IRS Compliance Questions - Skip These Questions							
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No		
15k		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design- safe ha	rbor		"Prior y test	ear" ADP	
				"Curren			N/A		
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age 🔲	Avera	age fit test	□ N/A	
16k		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules?	' II I	Yes			No		
17a	If the p	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable lier/	RS opinion I	etter or a	dvisory let	ter, en	ter the d	ate of	
17k		an is an individually-designed plan that received a favorable determination letter from the IRS	, enter the d	ate of th	e most rec	ent de	terminati	on	
18	Define Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s?			☐ Yes		No		
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			☐ Yes		No		