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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pa	art I Annual Rep	oort Identification Information								
For	calendar plan year 2016	or fiscal plan year beginning 01/01/2	2016 and ending 13	2/31/2016						
Α .	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must att list of participating employer information in accordance with the form instruction a foreign plan							
Вт	his return/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	the final return/report a short plan year return/report (less than 12 months)						
C	Check box if filing under:	Form 5558 special extension (enter desc	automatic extension	DFVC program						
Pa	rt II Basic Plan	Information—enter all requested in	formation							
	Name of plan CH RESOURCE MANAG	GEMENT, LLC CASH BALANCE PENS	ION PLAN	1b Three-digit plan numbe (PN) ▶	r 001					
				1c Effective da	te of plan 1/01/2008					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BEACH RESOURCE MANAGEMENT, LLC				2b Employer Identification Number (EIN) 84-1563435 2c Sponsor's telephone number						
	CRYSTAL BRIDGE DRI' ONDALE, CO 81623	VE			de (see instructions) 41600					
3a	Plan administrator's nar	me and address ⊠ Same as Plan Spo	nsor.	3b Administrate 3c Administrate	or's EIN or's telephone number					
4		of the plan sponsor has changed since in number from the last return/report.	the last return/report filed for this plan, enter the	4b EIN						
а	Sponsor's name			4c PN						
5a	Total number of particip	pants at the beginning of the plan year.		5a	1					
b	Total number of particip	pants at the end of the plan year		5b						
С			the plan year (only defined contribution plans	5c						
d((1) Total number of activ	e participants at the beginning of the p	lan year	5d(1)						
d((2) Total number of active	e participants at the end of the plan ye	ar	5d(2)						
е	Number of participants than 100% vested	that terminated employment during the	e plan year with accrued benefits that were less	5e						
			n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re							
SB		ted and signed by an enrolled actuary, a	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repor							

SIGN HERE

Filed with authorized/valid electronic signature.

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

SIGN HERE

Signature of employer/plan sponsor

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

Preparer's telephone number

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	all of the plan's assets during the plan year invested in eligib								X Ye	s No
	ou claiming a waiver of the annual examination and report of 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Ye	s No
	answered "No" to either line 6a or line 6b, the plan cann								_	_
C If the p	plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	X	Yes	No	Not de	termined
Part III	Financial Information		-							
7 Plan A	ssets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a Total p	olan assets	7a	1	941987						0
b Total p	olan liabilities	7b								0
C Net pla	an assets (subtract line 7b from line 7a)	7c	1	941987						0
	e, Expenses, and Transfers for this Plan Year		(a) Amour	nt	_			(b) T	otal	
	butions received or receivable from: nployers	8a(1)								
	articipants	8a(2)								
	hers (including rollovers)	8a(3)								
	income (loss)	8b		198296	5					
	ncome (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							19829	96
	ts paid (including direct rollovers and insurance premiums			405700						
	vide benefits)	8d	2	135732						
	n deemed and/or corrective distributions (see instructions).	8e		4551						
	istrative service providers (salaries, fees, commissions)	8f		4331						
	expenses	8g			_				214028	22
	expenses (add lines 8d, 8e, 8f, and 8g)	8h				-1941987				
	come (loss) (subtract line 8h from line 8c)ers to (from) the plan (see instructions)	8i		104100				,,		
	, , , ,	8j								
	Plan Characteristics	footure on	idea from the List of D	on Cho	ro oto ri	otio Co	doo in	the inet	wationa.	
	plan provides pension benefits, enter the applicable pension 1C 3D	reature co	odes from the List of Pi	an Cha	racteri	Silc CC	odes in	the inst	ructions.	
b If the	plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	uctions:	
Part V	Compliance Questions									
10 Durir	ng the plan year:				Yes	No	N/A		Amount	t
desc	there a failure to transmit to the plan any participant contribuctibed in 29 CFR 2510.3-102? (See instructions and DOL's Varam)	oluntary F	iduciary Correction	10a		X				
b Were	e there any nonexempt transactions with any party-in-interest rted on line 10a.)	t? (Do not	include transactions	10b		X				
C Was	the plan covered by a fidelity bond?			10c		X				
	he plan have a loss, whether or not reimbursed by the plan's aud or dishonesty?			10d		X				
e Were carrie				10e		X				
f Has	the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g Did t	he plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X				
	s is an individual account plan, was there a blackout period?			10h						
	n was answered "Yes," check the box if you either provided the ptions 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 this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?										
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	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 ,		gn-based "Prior year" ADP test					
				"Curre	rrent year" N/A P test					
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		
	for the	ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) are plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	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).

▶ 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

P	art I Annual Repor	t Identification Information			<u> </u>				
For	calendar plan year 2016 or t	iscal plan year beginning	01/01/2016	and ending	12/31/201	.6			
Α	A This return/report is for: x a single-employer plan								
В	This return/report is:	the first return/report	x the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12	months)				
С	Check box if filing under:	Form 5558 special extension (enter desc		Francisco	DFVC p	rogram			
-	art II Basic Plan Inf	ormation enter all requested	information						
1a	Name of plan				1b Three-digit				
	BEACH RESOURCE MAN	AGEMENT, LLC CASH BALAN	CE PENSION PLAN		plan numb (PN) ▶	001			
					1c Effective d 01/01/2				
2a	Mailing Address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign posi	D. Box) tal code (if foreign, see instr	ructions)	2b Employer I	dentification Number -1563435			
	BEACH RESOURCE MAN	AGEMENT, LLC				telephone number			
					(970) 2				
	4165 Crystal Bride	ge Drive			2d Business code (see instructions) 541600				
	US Carbondale CO 81623					was used a second pro-			
3a	3a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone numb								
4	If the name and/or EIN of the name, EIN, and the plan nu	ne plan sponsor has changed since imber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN				
a	Sponsor's name				4c PN				
5a	Total number of participant	s at the beginning of the plan year		•••••	5a	11			
b		s at the end of the plan year			5b	0			
С	Number of participants with complete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c				
d(Total number of active pa	rticipants at the beginning of the pla	n year		5d(1)	7			
d(2) Total number of active pa	rticipants at the end of the plan yea	r	***************************************	5d(2)	0			
е	Number of participants that less than 100% vested	terminated employment during the	plan year with accrued ben	efits that were	5e	0			
Ca	ution: A penalty for the late	e or incomplete filing of this retur	n/renort will be assessed	unless reasonable ca	use is established	ľ			
Un SB	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.								
SI	IGN HOAT	n Sellin	3.16-17	Heathe	rs. Beal	'n			
100000	ERE Signature of plan add	ministrator	Date	Enter name of individu	al signing as plan a	administrator			
QI	IGN The		3.16.17	Gasn	L. Bea	_			
12250324503	ERE Signature of employe	er/plan sponsor	Date	Enter name of individu					
Pre	reparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number Skip this question								

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).

1210-0089

OMB Nos. 1210-0110

2016

This Form is Open to Public Inspection

► Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 12/31/2016 and ending 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 CASH BALANCE PENSION PLAN . (PN) ▶ 001 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 11 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 5c complete this item) **d(1)** Total number of active participants at the beginning of the plan year 5d(1) 7 5d(2) **d(2)** Total number of active participants at the end of the plan year 0 Number of participants that terminated employment during the plan year with accrued benefits that were 5e less than 100% vested O

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.

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

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	Were all of the plan's assets during the plan year invested in eligible	accete? (9	See instructions)						X Yes	□No
_	Are you claiming a waiver of the annual examination and report of ar						••••••	•••••	<u> </u>	Шио
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	•			•	,	•••••	•••••	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot	t use Forr	n 5500-SF and must inst	ead ι	ıse Fo	orm 5	500.			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA sectior	1 402	1)? .	[3	x Yes	☐ No	o Not	determined
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Yea	r			(b) End	of Year	
а	Total plan assets	7a	1,94	1,9	87					0
b	Total plan liabilities	7b								0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,94	1,9	87					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b)	Total	
а	Contributions received or receivable from:	90(4)								
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
b	(3) Others (including rollovers)	8a(3) 8b	1.0		0.6					
	Other income (loss)	8c	13	8,2	96					225
d d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	00							198	,296
	to provide benefits)	8d	2,13	5,7	32					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		4,5	51					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,140	,283
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			(1,941,	987)
<u>_i_</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	art 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 instruct	tions:	
	1A 1C 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ons:	
Ш										
Pa	art V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	N/A		Amount	
а	, , , , , , , , , , , , , , , , , , ,		· ·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	-	-	400		х				
b	Program) Were there any nonexempt transactions with any party-in-interest?			10a						
	reported on line 10a.)			10b		х				
С	Was the plan covered by a fidelity bond?	•••••	••••••	10c		х				
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 persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		x				
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? (3 2520.101-3.)			10h						
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? Yes X No							
	(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	