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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension B	senerit Guaranty Corporation	▶ Complete all entries in	accordance with the in	structions to the Form 5	500-SF.						
Part I		Identification Information									
For calend	dar plan year 2014 or fi	scal plan year beginning 01/01/2	014	and ending 12	/31/2014						
	eturn/report is for:	a single-employer plan a one-participant plan the first return/report	ш	r plan (not multiemployer) bloyer information in accor							
		an amended return/report	☐ a short plan year ret	urn/report (less than 12 m	12 months)						
		arramended return/report	an amended return/report								
C Check	box if filing under:	Form 5558 special extension (enter description)	automatic extension	n	DFVC p	rogram					
		Special extension (enter descri	iption)								
Part II	Basic Plan Info	rmation—enter all requested in	ormation		_						
1a Name CHAMPION	•	REMENT PLAN & TRUST			1b Three-digit plan numb (PN) ▶						
					1c Effective d	ate of plan 01/01/2007					
2a Plan s	sponsor's name and ad ENTERPRISES, INC.	dress; include room or suite numb	er (employer, if for a sing	le-employer plan)	' '	dentification Number 84-1495959					
					2c Sponsor's	telephone number					
2037 W 14T DENVER, C						ode (see instructions)					
				_	423300						
3a Plan a	administrator's name ar	nd address XSame as Plan Spons	sor.		3b Administrati	tor's EIN					
		e plan sponsor has changed since mber from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN						
	sor's name				4c PN						
5a Total	number of participants	at the beginning of the plan year			5a	10					
b Total	number of participants	at the end of the plan year			5b	8					
		account balances as of the end of			5c	7					
		rticipants at the beginning of the pl			5d(1)	9					
d(2) To	tal number of active pa	rticipants at the end of the plan year	ar		5d(2)	7					
		erminated employment during the p	•	enefits that were	5e	0					
Caution:	A penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable car	use is establishe	d.					
Under pen SB or Sch	alties of perjury and ot	her penalties set forth in the instructed actuary, and signed by an enrolled actuary, a	ctions, I declare that I have	ve examined this return/re	port, including, if a	applicable, a Schedule					
SIGN	Filed with authorized/	valid electronic signature.									
HERE			Date	Enter name of individ	lual cianina ac nla	n administrator					
CION	Oignature or planta		Butto	Enter name of individ	idai sigiling as plai	Taariiriiotratoi					
SIGN HERE											
	Signature of emplo	yer/plan sponsor name, if applicable) and address (ir	Date			ployer or plan sponsor hone number (optional)					
Preparers	s name (including illm r	iarne, il applicable) and address (il	iciade room of salte nam	вег) (оршонан)	Preparer's telep	ione number (optional)					

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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	an independ	ent qualified public accountans.)	nt (IQ	PA)				<u></u>	es [No
C	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	gram (see ERISA section 40	21)? .		Yes	No		Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) E	nd o	f Year		
a	Total plan assets	. 7a	3460						41	4093	
b	Total plan liabilities	. 7b		0						0	
С	Net plan assets (subtract line 7b from line 7a)	. 7с	3460	23					41	4093	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(i	b) To	al		
	Contributions received or receivable from: (1) Employers	. 8a(1)	125	65							
	(2) Participants		289	00							
	(3) Others (including rollovers)			0							
b	Other income (loss)	. 8b	266	05							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							6	8070	1
	Benefits paid (including direct rollovers and insurance premiums			0							
	to provide benefits)	1		0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
	Administrative service providers (salaries, fees, commissions) Other expenses			0							
	Total expenses (add lines 8d, 8e, 8f, and 8g)									0)
	Net income (loss) (subtract line 8h from line 8c)								6	8070)
	Transfers to (from) the plan (see instructions)										
Par	t IV Plan Characteristics	oj		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature codes	s from the List of Plan Charad	cterist	ic Coc	les in t	he instr	uctio	18:		
10	During the plan year:				Yes	No		A	moun	ıt	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Correc	ction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					25	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	that provides some or all of the benefits under the plan? (See			X						1596
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es >	× No
11a	Enter the unpaid minimum required contribution for current year for	rom Schedul	e SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	ts of section 412 of the Code	or se	ction :	302 of	ERISA	?	Y	es >	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below										
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	-			, and e	enter tl Day			e letter 'ear _	rulin	g

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	orm 5500), and s	kip to line 13.			
b	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	Subtract the amount in line 12c from the amount in line 12b. Enter the resu negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding				Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?				res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer	this year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s):			13c(2) E	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)		•			
	Name of trust MPION ENTERPRISES RETIREMENT PLAN & TRUST				rust's EIN 61524797	

Form 5500-SF

Department of the Treasury Internal Revenue Service

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	r fiscal plan year beginning	01/01/2014	and ending	12/31/201	4				
This return/report is for:	x a single-employer plan a one-participant plan	of participating emplo	olan (not multiemployer) (oyer information in accord						
This return/report is:	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 months)							
Check box if filing under:	Form 5558 special extension (enter descr	automatic extension		☐ DFVC pr	ogram				
	nformation enter all requested	information		1b Three-digit					
Name of plan CHAMPION ENTERPRI	ISES RETIREMENT PLAN & TR	UST		plan numbe (PN) ▶	001				
			+ 	1c Effective da 01/01/20					
Plan sponsor's name and CHAMPION ENTERPRI	l address; include room or suite numb ISES, INC.	er (employer, if for a single	e-employer plan)		dentification Number -1495959				
2037 W 14TH AVE				2c Sponsor's t (303) 2	elephone number 60-7550				
US DENVER CO 80204				2d Business code (see instructions) 423300					
	e and address X Same as Plan Sp	onsor Name		3b Administrat	or's EIN				
If the name and/or EIN of name, EIN, and the plan	f the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
Sponsor's name				4c PN					
	nts at the beginning of the plan year			5a	10				
	nts at the end of the plan year			5b	8				
Number of participants wi complete this item)	ith account balances as of the end of	the plan year (defined ber	efit plans do not	5c	7				
(1) Total number of active p	participants at the beginning of the pla	an year		5d(1)	9				
,	participants at the end of the plan yea			5d(2)	7				
	at terminated employment during the			5e	0				
aution: A penalty for the la	ate or incomplete filing of this retur	rn/report will be assesse	d unless reasonable cau	ise is established	l				
nder penalties of perjury and B or Schedule MB complete elief, it is true, correct, and c	d other penalties set forth in the instructed and signed by an enrolled actuary, complete.	actions, I declare that I hav as well as the electronic v	e examined this return/repersion of this return/report	port, including, if a t, and to the best o	pplicable, a Schedule of my knowledge and				
SIGN Buyan	a Home	3-10-15	BRYAN JAMISON						
SIGN THE		Date	Enter name of individua	al signing as plan a	administrator				
HERE Signature of plan a	0 / 1	3-117-15	BRYAN JAMISON	1					
B.	or Clair	10.1							
HERE Signature of plan a	ye Company	Date	Enter name of individua	al signing as emplo	oyer or plan sponsor				

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6a v	Vere all of the plan's assets during the plan year invested in eligible	assets? (Se	e instructions.)				x Yes No
	are you claiming a waiver of the annual examination and report of ar			(IQPA	4)		
11	inder 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions	s.)				X Yes No
11	f you answered "No" to either line 6a or line 6b, the plan cannot	t use Form	5500-SF and must instead u				
c If	the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	ram (see ERISA section 4021)? .		Yes	No Not determined
Par	t III Financial Information						
7 F	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Year
ат	otal plan assets	7a	346,02	23			414,093
b T	otal plan liabilities	7b		0			0
C N	Net plan assets (subtract line 7b from line 7a)	7c	346,02	:3			414,093
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
-	Contributions received or receivable from:	8a(1)	12,56	55			
1	1) Employers	8a(2)	28,90	The same of the sa	2 11		
1	3) Others (including rollovers)	8a(3)		0			
-	Other income (loss)	8b	26,60)5			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				92 192	68,070
	Benefits paid (including direct rollovers and insurance premiums						
	o provide benefits)	8d		0			
e (Certain deemed and/or corrective distributions (see instructions)	8e		0			
f A	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0	1=	0026	terroban s
h T	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
in	Net income (loss) (subtract line 8h from line 8c)	8i					68,070
jI	ransfers to (from) the plan (see instructions)	8j		0			
	f the plan provides welfare benefits, enter the applicable welfare fea	ature codes f	rom the List of Plan Character	istic (Codes	in the	instructions:
Par					Yes	No	Amount
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	lione within t	ne time period described in		res	NO	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ciary Correcti	on Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not inc	lude transactions reported	10b		х	
С	Was the plan covered by a fidelity bond?			10c	х		250,000
d	Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other	er persons b	y an insurance carrier,				
	insurance service, or other organization that provides some or all cinstructions.)	of the benefi	ts under the plan? (See	10e	х		1,596
-	Has the plan failed to provide any benefit when due under the plan			10f		х	
f							
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х	
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	ne required n 1-3	otice or one of the	10i			
Par	t VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	s," see instructions and comp	lete S	Schedu	ıle SB	(Form Yes X No
11a	Enter the unpaid minimum required contribution for current year fro						
12	Is this a defined contribution plan subject to the minimum funding			r sec	tion 30	2 of El	RISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is being			ons,	and e	nter the	date of the letter ruling
880	granting the waiver		Mor	nth _		_ Day	y Year

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550	0), and skip to line 13.						
b	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding dead	lline?	.,		Yes [] No [] N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			☐ Ye	lo			
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea	ar		13a				
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coff the PBGC?					\\/ \V \ \			
С	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	nother plan(s), identify the	plan(s) to					
1	3c(1) Name of plan(s):		13c	(2) EIN(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)							
14a N	lame of trust			14b Trust's EIN				
C	HAMPION ENTERPRISES RETIREMENT PLAN & TRUST				26-152	4797		