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

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

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Repor	<u>t Identification Informatio</u>	11			
For calend	dar plan year 2014 or	fiscal plan year beginning 01/01/	/2014	and ending 12/	31/2014	
A This re	eturn/report is for:	X a single-employer plan		ver plan (not multiemployer) (mployer information in accord	_	
		a one-participant plan	a foreign plan			
B This ref	turn/report is	X the first return/report	the final return/rep	port		
		an amended return/report	a short plan year ı	return/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extens	ion	DFVC pro	ogram
		special extension (enter des	scription)			
Part II	Basic Plan Inf	formation—enter all requested	information			
1a Name					1b Three-digit	
	REMENT PLAN				plan numbe	
					(PN) •	001
					1c Effective da	te of plan 1/01/2014
	sponsor's name and a DRINK RESOURCE	address; include room or suite num S, LLC	nber (employer, if for a si	ngle-employer plan)	. ,	entification Number 7-4727556
					2c Sponsor's to	elephone number
	NTON ST., STE. 302 AL, CO 80111)-255-2679
						de (see instructions) 22300
3a Plan a	administrator's name	and address XSame as Plan Spo	nsor.		3b Administrate	or's EIN
					20 Administrator	
					JC Administrate	or's telephone number
4 If the	name and/or EIN of t	he plan sponsor has changed sinc	e the last return/report fi	led for this plan, enter the	4b EIN	
name	e, EIN, and the plan n	he plan sponsor has changed sinc umber from the last return/report.	e the last return/report fil	led for this plan, enter the	_	
name a Spons	e, EIN, and the plan n sor's name	number from the last return/report.			4c PN	
name a Spons	e, EIN, and the plan n sor's name				4c PN 5a	3
a Spons 5a Total	e, EIN, and the plan n sor's name number of participan	number from the last return/report.	r		4c PN	
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	Form 5500-SF 2014		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 of the plan cannual examination of the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi ot use Fo	endent qualified public accounta tions.)orm 5500-SF and must instead	nt (IQ	PA) Form	5500.			X Ye X Ye	s 📗	No No ed
Par		<u> </u>	<u> </u>		<u>L</u>	I					
	Plan Assets and Liabilities		(a) Paginning of Voc		T		/b) E	nd of	Year		
	Total plan assets	. 7a	(a) Beginning of Yea	0	-		(D) E	na oi	Tear	0	
	Total plan liabilities	. 7b									
1	Net plan assets (subtract line 7b from line 7a)	76 7c		0	-				-	0	
	ncome, Expenses, and Transfers for this Plan Year	. 70	(a) Amazumt				-	-\ T-4			
	Contributions received or receivable from:		(a) Amount				(1	b) Tot	aı		
	(1) Employers	. 8a(1)									
	2) Participants	. 8a(2)									
	(3) Others (including rollovers)	. 8a(3)	1737	7 34							
b	Other income (loss)	. 8b	-25	94							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							171	140	
	Benefits paid (including direct rollovers and insurance premiums		1709)OE							
	to provide benefits)	. 8d	1708	903							
	Certain deemed and/or corrective distributions (see instructions)	. 8e									
	Administrative service providers (salaries, fees, commissions)	. 8f		205							
	Other expenses	. 8g		235					474	4.40	
	Total expenses (add lines 8d, 8e, 8f, and 8g)								171	140	
	Net income (loss) (subtract line 8h from line 8c)									0	
	Transfers to (from) the plan (see instructions)	8j									
Par											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Plan Char	acteris	stic Co	des in	the ins	tructio	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Plan Chara	rterist	ic Coc	les in t	he instr	uction			
	in the plant provided world's bottome, office the applicable world's		doo nom the Elector Flam Onara.	0101101	000	.00 (uotioi			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Α	mount		
а	Was there a failure to transmit to the plan any participant contribu			40-		Х					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest		Ů,	10a		,,					
~	on line 10a.)		-	10b		X					
С	Was the plan covered by a fidelity bond?			10c		Х					
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	and, that was caused by fraud								
	or dishonesty?	·············		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a					X					
<u>9</u>	If this is an individual account plan, was there a blackout period?	-	·	10g		^					
	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)	•							Ye	s X	No
11a	Enter the unpaid minimum required contribution for current year fr	rom Sche	dule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA	?	Ye	s X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.							•			
	If a waiver of the minimum funding standard for a prior year is being		•	rtions	and o	ontar th	a data	of the	letter	ulina	

.. Month

Day

Year

granting the waiver.

	F	Form 5500-SF 2014	Page 3 - 1					
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r 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 ative amount)	`		12d			
е	Will t	the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			. X	Yes N	lo	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?		under the o	control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)		ne plan(s)	to			
1	3c(1)	Name of plan(s):		1:	3c(2) E	IN(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Part II Basic Plan Information enter all requested information	For calendar plan year 2014 or fis	cal plan year beginning 01/01/2014	and ending 12	2/31/2014
Power Source Power Pow		of participating employed a one-participant plan a foreign plan the first return/report the final return/report		-
Power Source Power Pow				
Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of Engineer Besides Security Activations to the Form 1970 (Part II)		Benefit Plan		
Part I Annual Report Identification Information a short plan year return/report (less than 12 months) C Chack 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 FDR Retirement Plan PRO and Drink Resources, LLC 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Food and Drink Resources, LLC 6555 S. Kenton St., Ste. 302 10 Centennial co 80111 2a Plan administrator's name and address Same as Plan Sponsor Name 4 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. a Sponsor's name 5 Total number of participants at the beginning of the plan year Automatic of the plan year 4 (2) Total number of active participants at the beginning of the plan year Automatic of plan year (efficience benefit plans do not get size the plan year of complete this lieu.) 5 (2) Total number of active participants at the beginning of the plan year Automatic Plan year 5 (2) Total number of participants at the end of the plan year Automatic Plan year Sold(1) Total number of participants at the end of the plan year Sold(2) Total number of participants at the end of the plan year Number of participants that terminated employment during the plan year with accrued benefits that were less than 100 Now sets description.		Retirement Income Security Act of 1974 (ERISA), and sec		
a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program Part II Basic Plan Information enter all requested information 1a Name of plan FDR Retirement Plan Part Retirement Plan 1b Three-digit plan number (PN) > 001 1c Effective date of plan 0.1/01/2014 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Food and Drink Resources, LLC 6555 s. Kenton St., Ste. 302 US Centennial CO 80111 2a Plan administrator's name and address Same as Plan Sponsor Name 3b Administrator's telephone number (720) 255-2679 2d Business code (see instructions) 722300 3a Plan administrator's name and address Same as Plan Sponsor Name 4 If the name and/or EIN of the plan sponsor has changed since the last return/report flied for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year 4d PN 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not dd (1) Total number of active participants at the beginning of the plan year 4d(2) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the terminated employment during the plan year with accound benefits that were less than 100% vested 5d(2) 2 Employer Identification Number of participants at the end of the plan year 5d(2) 2 Employer Complete this terminated employment during the plan year with accound benefits that were less than 100% vested 5d(2) 2 Employer Identification Number of participants at the end of the plan year Complete this time)	Employee Benefits Security Administration	` '	ons to the Form 5500-SF.	
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 FDR Retirement Plan Part II b Three-digit plan number (PN) 001 1c Effective date of plan 01/01/2014 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Food and Drink Resources, LLC 6555 s. Kenton St., Ste. 302 255-2679 US Centennial CO 80111 2d Business code (see instructions) 722300 3a Plan administrator's name and address and a	Part I Annual Report	dentification Information		
Part II Basic Plan Information enter all requested information		a short plan year return	/report (less than 12 months)	
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Food and Drink Resources, LLC (EIN) 27-4727556 2c Sponsor's telephone number (720) 255-2679 2d Business code (see instructions) 722300 3a Plan administrator's name and address X Same as Plan Sponsor Name 3b Administrator's EIN 3c Administrator's telephone number 4 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. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year Mumber of participants with account balances as of the end of the plan year (defined benefit plans do not d(2) Total number of active participants at the beginning of the plan year Number of participants at the end of the plan year Number of participants at the terminated employment during the plan year with accound benefits that were essential number of participants at the end of the plan year Complete this item) O (EIN) 27-4727556 2c Sponsor's telephone number (720) 255-2679 2d Business code (see instructions) 722300 3b Administrator's EIN 4b EIN 4c PN 5a 3 5b 2 5c 0 O 5d(1) 3 5d(1) 3 5d(2) 2 Eless than 100% vested D Total number of participants at the end of the plan year Complete this item)				·
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e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested box Total number of participants at the end of the plan year complete this item) 5d(2) 2 5e 5e				0
less than 100% vested				1) 3
complete this item)				2) 2
	b Total number of participants at complete this item)	the end of the plan year C	56	0

Under penalties of perjury and other penalties set forth in the instructions SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.			
SIGN -	3/2/	Richard Keys	
SIGN HERE Signature of plan administrator	Date /	Enter name of individua	al signing as plan administrator
SIGN Signature of employer/plan sponsor	Date	Enter name of individua	al signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include	e room or su	ite number (optional)	Preparer's telephone number (optional)
For Paperwork Reduction Act Notice and OMB Cont Form 5500-SF 2014	trol Number	s, see the instructions for Form Page 2	n 5500-SF. Form 5500-SF (2014) v.140124
examination and report of an independent qualified public accountant (IC under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan canno c If the plan is a defined benefit plan, is it covered under the PBGC ins	RPA) nd conditions t use Form	5.) 5500-SF and must instead use	Are you claiming a waiver of the anhual X Yes No Form 5500. Yes No Not determined
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
Figure Assets and Liabilities	7a	0	0
a Total plan assets	7a 7b	0	
b Total plan liabilities			
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount	(b) Total
Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)	173,734	
b Other income (loss)	8b	(2,594)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		171,140
d Benefits paid (including direct rollovers and insurance premiums to		170 005	
provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d 8e	170,905	
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	235	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		171,140
Net income (loss) (subtract line 8h from line 8c)	8i		0
Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 3D	ature codes	from the List of Plan Characterist	ic Codes in the instructions:

b If t	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteri	istic (Codes	in the	instructions	3 :	
Part	Compliance Questions						
10 [uring the plan year:		Yes	No	Α	mount	
	as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
	re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on	10b		х			
		10c		х			
	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or						
e V	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service, or other organization that provides some or all of the benefits under the plan? (See	10d 10e		x			
f		10f		х	·		
g Di	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х			
	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		х		you.	
	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part \							
	soon and line 11a below) er the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of					T Y	es X No
	"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 year, see instruction anting the waiver		d ente		late of the l	etter ru	ing
	Form 5500-SF 2014 Page 3-						
If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
_ b E	nter the minimum required contribution for this plan year			12b			
C E	nter the amount contributed by the employer to the plan for this plan year			12c			
d s	obtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	а		12d			
	gative amount)				Yes 🔲	No	□ N/A
Part V					100 [110	
	as a resolution to terminate the plan been adopted in any plan year?			X Y	es 🗆 No		
	Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b v	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc	der th	e con	trol	[X	Yes	□ No
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.)	plan(s) to				
13c	1) Name of plan(s):		13c(2) EIN	(s)	13c(3) PN(s)
Part V	II Trust Information (optional)						

4a Name of trust	14b Trust's EIN