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

For calend	Ailliaai Kepoi	rt Identification Informatior				
	dar plan year 2014 or	fiscal plan year beginning 01/01/2	2015	and ending 01/	/31/2015	
A This re	eturn/report is for:	a single-employer plan		r plan (not multiemployer) (ployer information in accord		
		a one-participant plan	a foreign plan			
B This ref	turn/report is	the first return/report	X the final return/repor	rt		
		an amended return/report	X a short plan year ret	urn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	า	DFVC p	rogram
	3	special extension (enter desc	cription)			
Part II	Basic Plan Inf	formation—enter all requested in	formation			
1a Name					1b Three-digit	
FDR RETIF	REMENT PLAN				plan numb (PN) ▶	er 001
					1c Effective d	
						01/01/2014
		address; include room or suite numb	per (employer, if for a sing	le-employer plan)		dentification Number
FOOD AND	DRINK RESOURCE	S, LLC			(=:)	27-4727556
6555 S KEN	NTON ST., STE. 302				-	telephone number 20-255-2679
	AL, CO 80111				2d Business c	ode (see instructions)
						722300
3a Plan a	administrator's name	and address XSame as Plan Spon	sor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
		the plan sponsor has changed since	the last return/report filed	d for this plan, enter the	4b EIN	
name		the plan sponsor has changed since number from the last return/report.	the last return/report filed	d for this plan, enter the	4b EIN 4c PN	
name a Spons	e, EIN, and the plan n sor's name		·		_	
a Spons 5a Total	e, EIN, and the plan n sor's name number of participan	number from the last return/report.			4c PN	2 0
a Spons 5a Total b Total c Numb	e, EIN, and the plan no sor's name number of participan number of participan per of participants wit	ts at the beginning of the plan year at the end of the plan year	the plan year (defined be	enefit plans do not	4c PN 5a	0
a Spons 5a Total b Total c Number	e, EIN, and the plan no sor's name number of participan number of participan per of participants wit lete this item)	ts at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of	the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c	
a Spons 5a Total b Total c Numb comp d(1) To	e, EIN, and the plan nesor's name number of participan number of participan per of participants wit lete this item)tal number of active p	ts at the beginning of the plan year at the end of the plan year	the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c 5d(1)	0 0 2
name a Spons 5a Total b Total c Numb comp d(1) To	e, EIN, and the plan nesor's name number of participan number of participan per of participants wit lete this item) tal number of active p	ts at the beginning of the plan year. ts at the end of the plan year h account balances as of the end of	the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2)	0 0 2 0
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th	e, EIN, and the plan nesor's name number of participan number of participans wit lete this item)	ts at the beginning of the plan year at the end of the plan year	the plan year (defined be lan yearear	enefit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	0 0 0 0
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name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is	e, EIN, and the plan neor's name number of participan number of participants wit lete this item)tal number of active per of participants that namber of active per of participants that nan 100% vestedA penalty for the late alties of perjury and dedule MB completed true, correct, and correct, and correct, and corrects.	ts at the beginning of the plan year at the end of the plan year	the plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable cau	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established ont, including, if a st, and to the best of the set of the se	0 0 2 0 0 0 0 0 0 0 d. applicable, a Schedule of my knowledge and
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name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan nesor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year articipants at the beginning of the end of the plan year articipants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. Individual electronic signature.	the plan year (defined be lan year with accrued be rn/report will be assessed totions, I declare that I have as well as the electronic value.	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if a st, and to the best of the best	d. applicable, a Schedule of my knowledge and
name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan nesor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances as of the end of the plan year account balances at the beginning of the poarticipants at the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the end of the plan year terminated employment during the plan year the p	the plan year (defined be lan year with accrued be rn/report will be assessed totions, I declare that I have as well as the electronic value.	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if a st, and to the best of the best	d. applicable, a Schedule of my knowledge and
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name a Spons 5a Total b Total c Numb comp d(1) To d(2) To e Numb less th Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	e, EIN, and the plan nesor's name number of participan number of participants wit lete this item)	ts at the beginning of the plan year at the end of the plan year articipants at the beginning of the end of the plan year articipants at the beginning of the poarticipants at the end of the plan year terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. Individual electronic signature.	the plan year (defined be lan year with accrued be rn/report will be assessed totions, I declare that I have as well as the electronic value.	enefit plans do not enefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if a st, and to the best of the best	d. applicable, a Schedule of my knowledge and

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a seco	an indepe and condi	endent qualified public accounta	ınt (IQ	PA)			×	Yes Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA section 40	21)?		Yes	No	No	t deterr	nined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Er	nd of Y	'ear	
а	Total plan assets	. 7a		0						0
b	Total plan liabilities	. 7b								0
C	Net plan assets (subtract line 7b from line 7a)	. 7с		0						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
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								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d								
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	. 8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								
i	Net income (loss) (subtract line 8h from line 8c)	. 8i								
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics				•					
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	odes in	the inst	ructions	s:	
b	If the plan provides welfare benefits, enter the applicable welfare fr	ooturo oo	don from the List of Plan Chara	otoriot	io Coo	doo in t	ha inatri	otiono:		
D	in the plan provides wellare benefits, effici the applicable wellare i	eature co	des from the List of Flan Chara	Clensi	ic Coc	ili esiii t	ne msuc	ictions.	•	
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribu									
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		0 ,	10a		X				
D	Were there any nonexempt transactions with any party-in-interes on line 10a.)		-	10b		X				
	Was the plan covered by a fidelity bond?					Х				
	Did the plan have a loss, whether or not reimbursed by the plan's			10c		^				
d	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	of the bei	nefits under the plan? (See	10-		X				
	instructions.)			10e						
	Has the plan failed to provide any benefit when due under the plan			10f		X				
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a		•	10g		X				
h	2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided t 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)	•					•		Yes	X No
11a	Enter the unpaid minimum required contribution for current year f	rom Sche	dule SB (Form 5500) line 39	<u></u>		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?		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 bei	ng amorti:	zed in this plan year, see instru	ctions	and e	enter th	ne date d	of the le	etter rul	ina

. 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 1	3.				
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 (tive amount)	`		12d			
е	Will t	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 resolution to terminate the plan been adopted in any plan year?			. X	Yes N	0	
	If "Y	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?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			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

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

2014

This Form is Open to Public Inspection

Part	I Annual Repor	t Identification Informatio	n			
For cale	endar plan year 2014 or t	fiscal plan year beginning	01/01/2015	and ending	01/31/201	.5
A This	return/report is for:	x a-single-employer-plan a one-participant plan		lan-(not-multiemployer) yer information in acco		is-box-must-attach-a-list n instructions)
B This	return/report is:	the first return/report	the final return/report			
	rotaninoport io.	an amended return/report	- H	rn/report (less than 12	months)	
C Che	ck box if filing under:	Form 5558	automatic extension		DFVC p	rogram
Part	II Rasic Plan Inf	ormation enter all requester				
-	ime of plan	Ormation enter all requester	a information		1b Three-digit	
FI	R Retirement Pla	an			plan numb (PN) ▶	001
					1c Effective da 01/01/2	-
2a Pla	an sponsor's name and a ood and Drink Res	address; include room or suite num sources, LLC	ber (employer, if for a single	-employer plan)	2b Employer I	dentification Number -4727556
65	55 S. Kenton St., Ste	∍. 302			2c Sponsor's (720) 2	telephone number 55-2679
US	Centennial CO 80111				2d Business of 722300	ode (see instructions)
3a Pla	an administrator's name	and address 🗓 Same as Plan S	ponsor Name		3b Administra	tor's EIN
		he plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b EIN	
	onsor's name	umber from the last return/report.			4c PN	
		s at the beginning of the plan year	6300 A			2
		s at the end of the plan year				0
C Nu	mber of participants with	account balances as of the end o	f the plan year (defined bene	efit plans do not	5c	0
d(1)	Total number of active pa	articipants at the beginning of the p	lan year	***************************************	. 5d(1)	2
d(2)	otal number of active pa	articipants at the end of the plan ye	ar		. 5d(2)	0
		terminated employment during the	-		. 5e	0
Cautio	n: A penalty for the lat	e or incomplete filing of this retu	ırn/report will be assessed	unless reasonable c	ause is established	j
SB or		other penalties set forth in the instr and signed by an enrolled actuary mplete.				• •
SIGN		1		Richard Keys		
HERE	Signature of plan ad	minfstrator	Date 97 V	Enter name of individ	ual signing as plan a	administrator
CICN	1	00		Picaun	17.0	
SIGN	Signature of employ	er/plan sponsor	Date 9	Enter name of individe	1/	over or plan sponsor
Prepar		name, if applicable) and address;				none number (optional)

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					Yes [□No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)								
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
- 1	f you answered "No" to either line 6a or line 6b, the plan canno	t use Forn	n 5500-SF and must instead u						
С	f the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section 4021	1)?	[Yes	No 🗌	Not dete	ermined
Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year				(b) End of Y	ear	
а	Total plan assets	7a		0					0
b	Total plan liabilities	7b							0
С	Net plan assets (subtract line 7b from line 7a)	7c		0					0
_	ncome, Expenses, and Transfers for this Plan Year		(a) Amount	_			(b) Tota	ı	
	Contributions received or receivable from: 1) Employers	8a(1)			J. T.				
	2) Participants	8a(2)				3			
	3) Others (including rollovers)	8a(3)						S.III.	
	Other income (loss)	8b					A II ST		E SOT
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		10					
	Benefits paid (including direct rollovers and insurance premiums							11, 319	
	o provide benefits)	8d							
_	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f							
	Other expenses	8g 8h						SC LL L	
· -	Net income (loss) (subtract line 8h from line 8c)	8i							
-	Fransfers to (from) the plan (see instructions)	8j							7 V 1
	t IV Plan Characteristics	-1							
	f the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	ristic (Codes	in the	instructions:		
-	t V Compliance Questions								
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribution.	iona within	the time period described in		Yes	No	Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	iary Correc	ction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	•	· · · · · · · · · · · · · · · · · · ·	10ь		x			
С	Was the plan covered by a fidelity bond?			10c		х		122	
d	Did the plan have a loss, whether or not reimbursed by the plan's f								
	or dishonesty?		A S. S. MILLON CONTINUE TO SECURIOR MANAGEMENT II	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all commissions.	of the bene	fits under the plan? (See						
_	instructions.)			10e		Х			
	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 er	nd.)	10g		х			
h	If this is an individual account plan, was there a blackout period? (9 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			10i					
Par	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							☐ Yes [X No
11a	Enter the unpaid minimum required contribution for current year fro	om Schedu	ile SB (Form 5500) line 39						
12	Is this a defined contribution plan subject to the minimum funding r			_	_	2 of El	RISA?	Yes [X No
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below.	as applica	ble.)						
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver	g amortize	d in this plan year, see instructi						_

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If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), 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 a minus sign to the left of a negative amount)	12d		
е	Will 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?	XY	es 🔲 N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		[X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s); 13	c(2) EIN	(s)	13c(3) PN(s)
Dark	Will Truct Information (antional)			
Part	(-)			
14a I	lame of trust	14b ⊺	rust's EIN	