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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information								
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/2	015	and ending 1:	2/31/2015					
A This re	A This return/report is for: a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)									
a one-participant plan a foreign plan										
B This ret	B This return/report is the first return/report the final return/report the final return/report an amended return/report as short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descr	iption)							
Part II	Basic Plan Info	ormation—enter all requested inf	ormation							
1a Name CHAMPION		FIREMENT PLAN & TRUST			1b Three-digit plan numbe (PN) ▶	001				
					1c Effective da					
Mailin	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta		etructions)	2b Employer Identification Number (EIN) 84-1495959					
	ENTERPRISES INC.	cc, country, and 211 of foleign post	ar code (ir foreign, see inc	siruoiion <i>a)</i>	2c Sponsor's to	elephone number 3-260-7550				
2027 W 44T	-H V/E				2d Business code (see instructions)					
2037 W. 14TH AVE. DENVER, CO 80204						423300				
3a Plan administrator's name and address Same as Plan Sponsor.						3b Administrator's EIN				
					3c Administrato	r's telephone number				
		ne plan sponsor has changed since sumber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
		s at the beginning of the plan year			· · · · · · · · · · · · · · · · · · ·	8				
		s at the end of the plan year			5b	9				
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						6				
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	7				
			5d(2)	7						
Pumber of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
		ther penalties set forth in the instruc								
SB or Sche		and signed by an enrolled actuary, a								
SIGN	Filed with authorized	d/valid electronic signature.	03/16/2016	FARMER & BETTS						
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator				
SIGN										
HERE		oyer/plan sponsor	Date	Enter name of individ		•				
Preparer's	name (including firm	name, if applicable) and address (in	clude room or suite numl	per)	Preparer's teleph	one 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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second	an indepen and condition ot use For	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		X Yes	
C If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not deterr	nined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning	•				(b) End		
a Total plan assets	7a		414	093				4402	
b Total plan liabilities	7b		44.4	0				4400	0
C Net plan assets (subtract line 7b from line 7a)	7c			093	-			4402	20
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) T	otal	
(1) Employers	8a(1)		10	944					
(2) Participants	8a(2)		27	623					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		1	586					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							401	53
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		10	183					
Certain deemed and/or corrective distributions (see instructions)	8e			0					
f Administrative service providers (salaries, fees, commissions)	8f			0					
g Other expenses	8g		3	843					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							140	26
i Net income (loss) (subtract line 8h from line 8c)	8i							261	27
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in t	ne instruc	tions:	
B If the plan provides welfare benefits, enter the applicable welfare fe	oaturo code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	o inetructi	one:	
in the plan provides wellare benefits, effer the applicable wellare is	eature couc	es from the List of Fra	ii Cilaid	acterist	.10 000	163 111 1116	z msuucu	0113.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest			401		X				
reported on line 10a.)			10b		^				
C Was the plan covered by a fidelity bond?			10c	X					50000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)	ner persons ne or all of t	by an insurance he benefits under	10e	X					1689
f Has the plan failed to provide any benefit when due under the plan									1000
· · · · · · · · · · · · · · · · · · ·			10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	•	,	10g	X					50000
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						
j Did the plan trust incur unrelated business taxable income?			10j						
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 all years from	Schedule S	SB (Form 5500) line 4	0			11a			
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction (302 of E	RISA?	Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing	
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗌	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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, transferred to another plan, or brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b 1	Γrust's EIN	١		
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's	
140 Name of flustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Ye	S	No		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions	
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	Were in	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information	ordance with the inst	ructions to the Form 55	00-SF.				
For calendar plan year 2015 or fiscal plan year beginning	01/01/2015	and ending	12/31/201	.5			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a one-participant plan the first return/report an amended return/report a short plan year return/report (less than 12 months)							
C Check box if filling under: ☐ Form 5558 ☐ special extension (enter descript	automatic extension	(DFVC pi	ogram			
Part II Basic Plan Information enter all requested inf							
1a Name of plan	ormation		4h 71 11-11	The second secon			
CHAMPION ENTERPRISES RETIREMENT PLAN & TRUS	ST		1b Three-digit plan number (PN) ▶	er 001			
			1C Effective da 01/01/2	100 m 100 m 100 m € 1 m 100 m 100 m			
Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (include room, apt., suite no. and street or P.O. E City or town, state or province, country, and ZIP or foreign postal	Box) code (if foreign, see ins	structions)	2b Employer le	dentification Number			
CHAMPION ENTERPRISES INC.	,	- ,	2c Sponsor's telephone number (303) 260-7550				
2037 W. 14TH AVE.			2d Business co 423300	ode (see instructions)			
US DENVER CO 80204							
3a Plan administrator's name and address X Same as Plan Spons	sor Name		3b Administrat 3c Administrat	or's EIN or's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year	******************************	***************************************	5a	8			
b Total number of participants at the end of the plan year	**************	*******************	5b	9			
Number of participants with account balances as of the end of the complete this item)	plan year (defined ber	nefit plans do not	5c	6			
d(1) Total number of active participants at the beginning of the plan y		*************************************	5d(1)	7			
d(2) Total number of active participants at the end of the plan year 5d(2)							
Number of participants that terminated employment during the pla less than 100% vested			5e	0			
Caution: A penalty for the late or incomplete filing of this return/re			uso is ostablished				
Under penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as a belief, it is true, correct, and complete.	ons. I declare that I hav	e examined this return/re	nort including if ar	onlicable a Schedule			
SIGN Bura C Garan	3-11-16	BRYAN JAMISON					
HERE Signature of plan administrator	Date	Enter name of individu	al signing as plan a	dministrator			
SIGN Dura C Draw	3-11-110	BRYAN JAMISON					
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor							
Preparer's name (including firm name, if applicable) and address; inclu	de room or suite numb	er	Preparer's telepho				

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (Se	ee instructions.)						X Yes No
	ADV UNION VE MINO IN THE PROPERTY OF THE PROPE								A les [] NO
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility all f you answered "No" to either line 6a or line 6b, the plan canno	nd condition	c) ••••••••••••	********	*******			[X Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance proc	ram (see FRISA secti	on 402	11)?	OIIII	Vec		Not determine
	rt III Financial Information		,		- 1 / 1	*********			
7	Plan Assets and Liabilities		(-) D!!	. 534		1			
a		_	(a) Beginning			-	(b) End of	Year
	Total plan liabilities								
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b	0						0
	Income, Expenses, and Transfers for this Plan Year	7c	7c 414,093						440,220
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amount 10,944					(b) Tota	al
	(2) Participants	8a(2)		27,6					
	(3) Others (including rollovers)	8a(3)			0				
	Other income (loss)	8b		1,5					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40,153
d	Benefits paid (including direct rollovers and insurance premiums								40,153
	to provide benefits)	8d		10,1	.83				
10000	Certain deemed and/or corrective distributions (see instructions)	8e			0				
	Administrative service providers (salaries, fees, commissions)	8f			0				
	Other expenses	8g		3,8	43				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							14,026
020	Net income (loss) (subtract line 8h from line 8c)	8i							26,127
	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j			0				
b	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feat		- Total Control of the Control of th						
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A	An	nount
а	Was there a failure to transmit to the plan any participant contributi								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		HEAR COST IN € 1 NO IN SOCIAL PLANE DE PRINCIPA MARCHE I III						
b	troid any nonexempt dansactions with any party-in-interest?	(Do not incl	ude transactions			Х			
C	reported on line 10a.)			10b		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's fi			10c	X				50,000
	by fraud or dishonesty?	****************	*************************************	10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides somethe plan? (See instructions.)	or all of the	benefits under	10e	x				1,689
f	Has the plan failed to provide any benefit when due under the plan	?	************************	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x				50,000
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instruction	ons and 29 CFR		Δ.				30,000
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-	e required no	otice or one of the	10h		X			
j	Did the plan trust incur unrelated business taxable income?			10i					
Par	t VI Pension Funding Compliance			[10]		L			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes	s," see instructions and	comp	lete S	Schedu	ile SB (Fo	rm	
11a	Enter the unpaid minimum required contribution for current year fro					1	44-	***********	Yes X No
12	Is this a defined contribution plan subject to the minimum funding re						11a	00	Пу. 🗊
- 4	3 domino dominodadi pian subject to the minimum lunding re	squirements	or Section 412 of the (Jude o	sect	ion 30	Z OT ERIS	A7 ***	Yes X No

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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		7	
a If a waiver of the minimum funding standard for a prior year is being amortized in granting the waiver.	this plan year, see instructions, and e	nter the date of t	the letter ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 550			
b Enter the minimum required contribution for this plan year	000000000000000000000000000000000000000	12b	
c 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)	000000000000000000000000000000000000000	12d	
e Will the minimum funding amount reported on line 12d be met by the funding dead	dline?	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?	***************************************	Yes X N	lo
If "Yes," enter the amount of any plan assets that reverted to the employer this year	ar	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	007000000000000000000000000000000000000	trol	Yes X No
C 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		Name of the state
13c(1) Name of plan(s):	13c(2	2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information			
14a Name of trust	1	I4b Trust's EIN	
14c Name of trustee or custodian	1	4d Trustee or of telephone num	
Part IX IRS Compliance Questions		The state of the s	
15a is the plan a 401(k) plan:	••••••••••	Yes	No
	***************************************	Design- based safe harbor method	ADP/ACP test
15c If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usi testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(i 2(a)(2)(ii))?	k)-2(a)(2)(ii) and 1,401(m)-	Yes	□ No
16a Check the box to indicate the method used by the plan to satisfy the coverage requ		Ratio Percentage Test	Average Benefit Test
] Yes	No
17a Has the Plan been timely amended for all required law changes?] Yes [□ No □ N/A
17b Date of the last plan amendment/restatement for the required tax law changes was	adopted/_/Enter the a	pplicable code	(See
instructions for tax law changes and codes). 17c If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or vol. advisory letter, enter the date of that favorable letter.			
advisory letter, enter the date of that favorable letter / . and 17d If the plan is an individually-designed plan and recieved a favorable determination letter / /	the letter's carial number		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS, made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island	A section 1022(i)(2) has been	☐ Yes 「	□ No
19 Were in-service distributions made during the plan year?		Yes [No No
If Yes, enter amount	A	9	
Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?		Yes [□ No □ N/A