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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit CHAMPION ENTERPRISES RETIREMENT PLAN & TRUST plan number 001 (PN) • 1c Effective date of plan 01/01/2007 2a 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) 84-1495959 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number CHAMPION ENTERPRISES INC. 303-260-7550 2d Business code (see instructions) 5025 E 56TH AVENUE 423300 COMMERCE CITY, CO 80022 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 9 5a Total number of participants at the beginning of the plan year 5b 10 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 8 d(2) Total number of active 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% vested 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

<u>belief, it is t</u>	rue, correct, and complete.						
0.0.4	Filed with authorized/valid electronic signature.	07/17/2017	BRYAN JAMISON				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include i	room or suite numbe	r)	Preparer's telephone number			

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
	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	and condit	ions.)						X Ye	s No
	If the plan is a defined benefit plan, is it covered under the PBGC ir						-	No	Not de	termined
Par	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		440220					42384	2
b	Total plan liabilities	7b		0)					
С	Net plan assets (subtract line 7b from line 7a)	7c		440220)				42384	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
	Contributions received or receivable from:	- 41)		10838						
	(1) Employers	8a(1)		26600						
	(2) Participants	8a(2)		20000						
	(3) Others (including rollovers)	8a(3)		39384						
	Other income (loss)	8b		33304	-				7682	22
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							7002	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		39825						
	Certain deemed and/or corrective distributions (see instructions).	8e		50000)					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		3375						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							9320	00
i	Net income (loss) (subtract line 8h from line 8c)	8i							-1637	'8
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 2T 3D	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Part	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	ŧ
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	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				
е	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.)	ne or all of	the benefits under	10e	X					1783
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	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						

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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 c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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 l tive 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			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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	B) PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
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:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
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	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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, er	nter the	date	of the m	nost rec	ent determ	ination
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	Was	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

Part I

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For calendar plan year 2016 or fiscal plan year beginning

Annual Report Identification Information

x a single-employer plan

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 8057(b) and 8058(a) of the Internal Revenue Code (the Code).

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

01/01/2016

and ending

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

12/31/2016

A This return/report is for: B This return/report is:	x a single-employer plan a one-participant plan the first return/report an amended return/report	a list of participating a foreign plan the final return/repo	plan (not multiemployer) (f employer information in ac rt turn/report (less than 12 mo	cordance with	this box must attach the form instructions.)
C Check box if filing under:	Form 5558	automatic extension	(DEV	C program
Part II Basic Plan In	formation enter all requester				
1a Name of plan	(WITH MARKET TO THE WITH TO THE WITH TH	, renormance		1b Three-d	igit
CHAMPION ENTERPRI	SES RETIREMENT PLAN & T	RUST		plan nur	
					date of plan
Mailing Address (include r	ployer, if for a single-employer plan) oom, apt., suite no. and street, or P	O Bowl	0.002000		r Identification Number 84-1495959
CHAMPION ENTERPRI	ince, country, and ZIP or foreign poo SES INC.	stal code (if foreign, see ins	structions)	2c Sponsor	's telephone number 260-7550
5025 E 56th Avenu				THE PROPERTY OF THE PARTY OF TH	s code (see instructions)
US Commerce City (0 80	022 and address X Same as Plan Sp			61	
oa Fian administrators name	and address LAI Same as Plan Sp	onsor		3b Administ	trator's EIN
4 If the name and/or EIN of name EIN and the plan of	the plan sponsor has changed since umber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN	trator's telephone number
Sponsor's name	amour nom me tast retainmeport.			4c PN	
5a Total number of participan	ts at the beginning of the plan year			5a	9
b Total number of participan	its at the end of the plan year			5b	10
 Number of participants wit complete this item) 	h account balances as of the end of	the plan year (only defined	f contribution plans	5c	5
d(1) Total number of active p	articipants at the beginning of the pl	an year		5d(1)	7
d(2) Total number of active p	articipants at the end of the plan yes	SF		5d(2)	8
 Number of participants that 	t terminated employment during the	plan year with accrued be	nefits that were	5e	0
Caution: A penalty for the la	te or incomplete filling of this retu	rn/report will be assesse	d unless reasonable caus	e is establish	ned.
Under penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	actions. I declare that I have	e examined this return/rend	ert includion i	fanolicable a Schodule
SIGN Dans	Qn:	7/17/17	BRYAN JAMISON		
HERE Signature of plan ad	ministrator	Date	Enter name of individual	sloning as plac	n administrator
SIGN B	Claria and	7117117	BRYAN JAMISON	argining test puts	or ordinated datas
HERE Signature of employ	enplan sponsor	Date	Enter name of individual	sinning os am	Olower or plan encours
Preparer's name (including firm Skip this question	name, if applicable) and address (i	include room or suite numb	er) E		phone number
			8		

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6a b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-45? (See instructions on waiver eligibility a	in independer and conditions	t qualified public ac	countar	d (IQ	PA)		
C	If you answered "No" to either line 6a or line 6b, the plan cannot if the plan is a defined benefit plan, is it covered under the PBGC in	ot use Form 5 surance progr	500-SF and must i am (see ERISA sec	nstead tion 40	use 21)?	Form	5500.	□No □ Not determin
	art III Financial Information			e we we	140	37974		
7	Plan Assets and Liabilities		(a) Beginning	of Yes	ar	1	(1) End of Year
a	Total plan assets	. 7a	- 13 6 15 1	440,	_	1		423,842
b	Total plan liabilities	7b	11200		0			425,042
C	Not plan assets (subtract line 7b from line 7a)	7c	202.000	440,2	220			423,842
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt	V-10	1		(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		10.8	200	18	1118010	
	(2) Participants			26,6	-	100		Sixel the continue
	(3) Others (including rollovers)			20,0	000	100		
b	Other income (loss)	8b	144	39,3	204	200		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		Charles and a	33,0	104	200	CONTRACTOR OF THE PARTY OF THE	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	The state of the s	39,8	25			76,822
0	Certain deemed and/or corrective distributions (see instructions)	8e		50,0	000	163	TE THE SE	
f	Administrative service providers (salaries, fees, commissions)	8f						
	Other expenses	8g		3,3	75			
	Total expenses (add lines 8d, 8e, 8t, and 8g)	8h	TAKE KEST	SH				93,200
	Net income (loss) (subtract line 8h from line 8c)	81		11101	98			(16,378)
	Transfers to (from) the plan (see instructions)	8j				2.5		The state of the s
-	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, onter the applicable welfare fea							
		ible cours iro	in the List of Flan C	naracte	msaic	Code	s in the ins	tructions:
-	rt V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a	Was there a fallure to transmit to the plan any participant contributi described in 29 CFR 2510.3-102? (See instructions and DOL's Vol Program)	untary Fiducia	ry Correction					
b	Program)	(Do not inchy	to transactions	2000		X		
¢	Was the plan covered by a fidelity bond?					X	100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	delity bond, th	at was caused	10c	X	x		50,000
0				. 10d	~	_		
f	Has the plan falled to provide any benefit when due under the plan?			10e	^	x		1,783
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	-	x	1000	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instruction	and 20 CCD	10h				
	If 10h was answered "Yes," check the box if you either provided the			- cons		X	10/2/10	

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			-	-	
			40.	-76	- 2070

Part VI	Pension Funding Compliance			-			10X
11 ls t	is a defined bonefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500 and line 11a below)	mplete	: Schedule	SB	To	Yes	X No
11a Em	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						1990
12 Is ER	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo SA?	de or s	ection 302		In	Yes	X No
(8	"Yas," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				11		
90.00	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instri- ting the waiverMon propleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	dh.	s, and enter Da			e letter n	uling
	r the minimum required contribution for this plan year.		Lanc				
		_		_			
	r the amount contributed by the employer to the plan for the plan year						
neg	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le alive amount)		120				
e wa	the minimum funding amount reported on line 12d bc met by the funding deadline?		- 0	Yes [] No		N/A
Part VII	Plan Terminations and Transfers of Assets					-	1000
13a Has	a resolution to terminate the plan been adopted in any plan year?			Yes	IX	No	
11.7	ss," enter the amount of any plan assets that reverted to the employer this year		138		120	,	-
b We	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of of the PBGC?	constant	the		Yes	X N	0
C It, d	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify a sasets or liabilities were transferred. (See instructions.)	the pla	in(s) to				
13c(1)	Name of plan(s):	13c(2	EIN(s)		12	c(3) PN	l(s)
Part VIII 14a Nan	Trust Information - Skip These Questions e of trust		14b7	rust's E	IN		
			140	rust's E	IN.		
14c Nam	e of trustee or custodian			rustee o			
Part IX	IDS Committee of Control of Control						
-	IRS Compliance Questions - Skip These Questions	4					
	plan a 401(k) plan? If "No," skip b.		Yes			No	
15b How 401(did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	. 🗆	Design-ba safe harbo			"Prior ye test	ear" ADP
			*Current ye ADP test	ear"		N/A	
16a Wha year	testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	0	Ratio percentage		Avera		□ N/A
101.0	e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?	0	Yes			No	
17a If the	plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op ter// and serial number						
	plan is an individually-designed plan that received a favorable determination letter from the IRS, enter	r the d	ate of the m	ost rece	ent dete	eminatk	on
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 separa 8?	ted fro	m	Yes		No	
19 Was	ny plan participant a 5% owner who had attained at least age 70 % during the prior plan year?			Yes		No	