## 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		t Identification Information							
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12/3	31/2014				
<b>A</b> This re	turn/report is for:		er) (Filers checking this box must attach a list cordance with the form instructions)						
		a one-participant plan	a foreign plan						
<b>B</b> This ret	urn/report is	X the first return/report	the final return/report	n/report					
		an amended return/report	a short plan year retu	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram			
		special extension (enter desc	cription)						
Part II	Basic Plan Inf	ormation—enter all requested in	nformation						
1a Name					<b>1b</b> Three-digit				
	ON PROFIT SHARIN	IG PLAN			plan number				
					(PN) •	001			
					1c Effective dat	e of plan /01/2014			
	sponsor's name and a PUMPKIN FARM, L	address; include room or suite num LC	per (employer, if for a singl	e-employer plan)	' '	entification Number -3497690			
					2c Sponsor's te				
	T 151ST STREET EN, IL 60491			-		-301-3276			
						de (see instructions) 1210			
3a Plan a	administrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator's EIN				
name	e, EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN				
	sor's name				4C PN				
_		ts at the beginning of the plan year		<b> -</b>	5a	5			
<b>b</b> Total	number of participan	ts at the end of the plan year			5b	5			
		h account balances as of the end o			5c	5			
<b>d(1)</b> To	tal number of active p	participants at the beginning of the p	olan year		5d(1)	5			
<b>d(2)</b> To	tal number of active p	participants at the end of the plan ye	ear	······	5d(2)				
<b>e</b> Numbe	er of participants that	terminated employment during the	plan year with accrued be	-	5e	(			
				dlaaaaaaaabla aa	:				
Under pen SB or Sch	alties of perjury and	e or incomplete filing of this retu other penalties set forth in the instru and signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/rep	ort, including, if app				
SIGN		d/valid electronic signature.	06/01/2015	DAVID BENGTSON					
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as plan	administrator			
SIGN									
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	ıal signing as empl	over or plan sponsor			
Preparer's	name (including firm	name, if applicable) and address (	include room or suite numi	per ) (optional)	Preparer's telepho	one 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 cannot be a second to the plan cannot be a sec	an independ and condition	dent qualified public accounta	nt (IQ	PA)					es	No
C	f the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance pro	ogram (see ERISA section 40	21)? .		Yes	No	1	Not de	termi	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) E	nd o	f Year		
	Total plan assets	. 7a		0	-				13	3285	
	Total plan liabilities	. 7b		0	-				10	3285	
	Net plan assets (subtract line 7b from line 7a)	. 7с		U	-					3200	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(k	o) To	tai		
	(1) Employers	. 8a(1)	1332	285							
	(2) Participants	. 8a(2)		0							
	(3) Others (including rollovers)	. 8a(3)		0							
	Other income (loss)			0							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							13	3285	,
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0							
	Certain deemed and/or corrective distributions (see instructions)	. 8e		0							
f	Administrative service providers (salaries, fees, commissions)	. 8f		0							
g	Other expenses	. 8g		0							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								C	)
<u>_i</u> _	i Net income (loss) (subtract line 8h from line 8c)								13	3285	<u> </u>
<u>j</u>	Transfers to (from) the plan (see instructions)	· 8j		0							
b Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan pro	eature code	s from the List of Plan Charad	cterist	ic Cod	les in t	he instr	uctio	ns:		
10	During the plan year:				Yes	No		Α	mour	ıt	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			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	Χ					Ę	50000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 bene	fits under the plan? (See	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year en	d.)	10g		X					
h						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)								Y	es	× No
<u>11a</u>	Enter the unpaid minimum required contribution for current year f	rom Schedu	le SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	g requiremen	nts of section 412 of the Code	or se	ction	302 of	ERISA'	?	Υ	es	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						<u> </u>				
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	-			, and 6	enter tl Day			e letter ′ear _	rulin	g 

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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 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?			Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

Department of the Treasury Internal Revenue Service

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.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

	Identification Information								
For calendar plan year 2014 or fi		01/01/2014	and ending	12/31/2014	***				
A This return/report is for:	☑ a single-employer plan	of participating employ	ian (not multiemployer) yer information in accor	) (Filers checking this box must a rdance with the form instructions	uttach a list 3)				
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:	Form 5558	automatic extension		DFVC program					
A Afterda weir in mind	special extension (enter descr	ription)							
Part II Basic Plan Info	ormation—enter all requested inf	formation							
1a Name of plan	Illiani Airo Airo Airo	Ulimateri		1b Three-digit	***************************************				
,	man ( man			plan number					
BPF Pension Profit	Sharing Plan				01				
				1c Effective date of plan 01/01/2014					
•	ddress; include room or suite numbe	er (employer, if for a single-	employer plan)	2b Employer Identification N	Number				
Bengtson Pumpkin Fa	rm, LLC	•		(EIN) 36-3497690					
				2c Sponsor's telephone nur	mber				
TOWAR WELL TRAME OF	•			(708) 301-3276	<del></del>				
13341 West 151st St	reet			2d Business code (see instr	uctions)				
Homer Glen	The se Dien Chon	TI.	60491	111210	<del></del>				
3a Plan administrator s name at	nd address Same as Plan Spons	or.		3b Administrator's EIN					
	e plan sponsor has changed since t mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN	Majorganijanija, majorda major				
	at the beginning of the plan year								
					5				
<i>i</i> , ,	at the end of the plan yearaccount balances as of the end of t				5				
complete this item)	La transportación de la companya de en la companya de en la companya de la companya de la companya de la compa	51.1 1.27.1 1.27.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1			5				
	rticipants at the beginning of the pla	`		5d(1)	5				
	rticipants at the end of the plan yea			5d(2)					
e Number of participants that te less than 100% vested	erminated employment during the p			5e	0				
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	uniess reasonable ca	use is established.					
Under penalties of perjury and oth	her penalties set forth in the instruc nd signed by an enrolled actuary, a	tions, I declare that I have e	examined this return/rep	port, including, if applicable, a S	chedule Ige and				
sign & DIW	R M		David Bengtso	'n					
HERE Signature of plan ac	<b>*</b>	Date 5.30/5		dual signing as plan administrato	4				
Olylidius vi pian w	Ampretrator	Date July	Futer using or marker	dal signing as plan auminous.	17				
			•						
SIGN HERE									
HERE Signature of employ	yer/plan sponsor name, if applicable) and address (inc	Date		dual signing as employer or plan Preparer's telephone number	sponsor				

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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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cannus in the plan is the plan in the plan in the plan in the plan is the plan in the plan in the plan in the plan in the plan is the plan in the pla	ndent qualified public accounta tions.) rm 5500-SF and must instea	ant (IC	PA) Form	n 5500	Yes No		
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA section 4	021):		] res	☐ IAO ☐ IAOL determined	
Pa	rt III Financial Information						21 A 78 A 7	
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year	
<u>a</u>	Total plan assets	7a			0	<del></del>	133,285	
<u>b</u>	Total plan liabilities	7b		<del></del>	0		122 00	
***************************************	Net plan assets (subtract line 7b from line 7a)	. 7c			0		133,28	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	0-74	(a) Amount	2 23	, -		(b) Total	
-	(1) Employers	I	1.3	3,28	20.5			
نسسبس	(2) Participants	8a(2)			0 2			
-	(3) Others (including rollovers)	8a(3)			0			
-	Other income (loss)	8b			0		400 000	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					133,285	
: <del>( )   ( )</del>	to provide benefits)	. 8d		,	0			
-	Certain deemed and/or corrective distributions (see instructions)		8e (					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f			0			
9	Other expenses		<b>8</b> g 0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				100.00	
+	Net income (loss) (subtract line 8h from line 8c)  Transfers to (from) the plan (see instructions)	8í					133,285	
Total Control Control								
	t IV Plan Characteristics	i Augusta and and	a de la destrucción de la companya	10 10 <b>2</b> 11 10 <b>2</b>	- KI - O	ida a ta	. H	
***************************************	If the plan provides pension benefits, enter the applicable pension 2E 3B 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteris	ic Cod	les in t	the instructions:	
Part	V Compliance Questions							
10	During the plan year:			7 7 7 7	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	tions withir iclary Corr	n the time period described in ection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Ý		
Ċ				10c	Х	.,,	50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X		
f	Has the plan failed to provide any benefit when due under the plan	ŋ?	elasken er ja ili li keresen er leder plaastak en er	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)			10h		v		
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	I notice or one of the	10ii		X		
Part				ادينانسنوب	<b></b>	<b></b>		
economic Co		1 0 05 IN	, a	1.1.	A.I	- 00	757	

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If	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form	5500), and sk	ip to line 13.					
b	Enter the minimum required contribution for this pl	an year		****************	<u> </u>	12b			
	Catalibra and catalibrated by the complements of	so alon for this plan year.		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		12c			
d	Enter the amount contributed by the employer to the Subtract the amount in line 12c from the amount in negative amount).	line 12b. Enter the result (e	nter a minus s	ign to the left	of a	12d			
е	Will the minimum funding amount reported on line	12d be met by the funding o	leadline?	***********			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?				Y	s X N	lo	
	If "Yes," enter the amount of any plan assets that r	everted to the employer this	year	, , , , , , , , , , , , , , , , , , , ,		13a			Stranger to the Sec
b	Were all the plan assets distributed to participants of the PBGC?							Yes	⊠ No
c	If during this plan year, any assets or liabilities wer which assets or liabilities were transferred. (See in		to another plar	n(s), identify th	ne plan(s) t	o			
	i3c(1) Name of plan(s):				18	3c(2) EIN	l(s)	13c(3	PN(s)
	COO - ALLE AND		<u>iiii</u>				<del></del>		
£ Transmission	VIII Trust Information (optional)		<del>,</del>	<del></del>		411		<del> </del>	<del></del>
14a	Name of trust					<b>14b</b> Tru	IST'S EIN		