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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

| Part I | | t Identification Information | [] | | | | | | |
|---|--|---|---|--|--|--|--|--|--|
| For calend | ar plan year 2014 or f | fiscal plan year beginning 10/01/ | <u>2014</u> | and ending 09 | 9/30/2015 | | | | |
| A This ret | turn/report is for: | | oyer) (Filers checking this box must attach a list accordance with the form instructions) | | | | | | |
| | | a one-participant plan | a foreign plan | , , | | , | | | |
| B This retu | urn/report is | the first return/report | the final return/repo | ort | | | | | |
| | | an amended return/report | | | | | | | |
| | | П | | | , | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | on | ☐ DFVC | program | | | |
| | | special extension (enter des | cription) | | | | | | |
| Part II | Basic Plan Info | ormation—enter all requested in | nformation | | | | | | |
| 1a Name | | · | | | 1b Three-dig | jit | | | |
| LAKELAND | FARMERS MARKET | , INC. MONEY PURCHASE PENS | SION PLAN AND TRUST | | plan numl | | | | |
| | | | | | (PN) • | 002 | | | |
| | | | | | 1c Effective date of plan 10/01/1998 | | | | |
| | | ddress; include room or suite num | ber (employer, if for a sin | gle-employer plan) | 2b Employer | Identification Number | | | |
| LAKELAND I | FARMERS MARKET, | INC. | | | (EIN) 59-1623428 | | | | |
| 0704 0141110 | ELL BOAB | | | | 2c Sponsor's telephone number 863-682-4809 | | | | |
| 2701 SWIND LAKELAND, | FL 33805-3815 | | | | 2d Business code (see instructions | | | | |
| | | | | | 531190 | | | | |
| 3a Plan a | dministrator's name a | and address Same as Plan Spor | nsor. | | 3b Administra | | | | |
| LAKELAND I | FARMERS MARKET, | | WINDELL ROAD | | 59-1623428 | | | | |
| | | LAKELA | AND, FL 33805-3815 | | 3c Administrator's telephone number 863-682-4809 | | | | |
| | | | | | | | | | |
| | | ne plan sponsor has changed sincounder from the last return/report. | e the last return/report file | ed for this plan, enter the | 4b EIN | | | | |
| name a Spons | , EIN, and the plan nu or's name | umber from the last return/report. | · | | 4c PN | | | | |
| name a Spons | , EIN, and the plan nu or's name | | · | | 4c PN 5a | 2 | | | |
| name a Spons 5a Total | , EIN, and the plan nu or's name number of participants number of participants | umber from the last return/report. s at the beginning of the plan year s at the end of the plan year | | | 4c PN 5a | | | | |
| name a Spons 5a Total i b Total i C Numb | , EIN, and the plan nu or's name number of participants number of participants er of participants with | umber from the last return/report. | of the plan year (defined b | enefit plans do not | 4c PN 5a | 2 2 2 | | | |
| name a Spons 5a Total b Total c Numb comple | , EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item) | s at the beginning of the plan year s at the end of the plan year account balances as of the end of | of the plan year (defined b | enefit plans do not | 4c PN 5a 5b | 2 | | | |
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| name a Spons 5a Total i b Total i c Numb comple d(1) Tot d(2) Tot e Numbe less th | EIN, and the plan nuor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa er of participants that t an 100% vested | s at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan year iterminated employment during the | of the plan year (defined b plan yeareareareareareaplan year with accrued b | enefit plans do not | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e | 2 2 2 2 2 | | | |
| name a Spons 5a Total of b Total of c Number completed (1) Total of d(2) Total of e Number less the Caution: A | EIN, and the plan number of participants or participants or participants with ete this item) | s at the beginning of the plan year is at the end of the plan year in account balances as of the end of articipants at the beginning of the plan year iterminated employment during the error incomplete filing of this return. | plan year (defined be assess | enefit plans do not enefits that were eed unless reasonable ca | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established | 2 2 2 2 0 | | | |
| name a Spons 5a Total of b Total of c Number completed (1) Total of d(2) Total of e Number less the Caution: A Under pensions SB or Schelles | EIN, and the plan number of participants on participants or of participants or of participants with ete this item) | s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the er or incomplete filling of this return the penalties set forth in the instruction and signed by an enrolled actuary, | plan year (defined be assessuctions, I declare (defined be assessuctions, I declare that I have | enefit plans do not enefits that were ed unless reasonable ca | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if | 2 2 2 2 2 2 6 ed. applicable, a Schedule | | | |
| name a Spons 5a Total of b Total of c Number completed (1) Total of d(2) Total of e Number less the Caution: A Under pensions SB or Schelles | EIN, and the plan number of participants number of participants er of participants with ete this item) | s at the beginning of the plan year is at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year articipants at the end of the plan year terminated employment during the er or incomplete filling of this return the penalties set forth in the instruction and signed by an enrolled actuary, | plan year (defined be assessuctions, I declare (defined be assessuctions, I declare that I have | enefit plans do not enefits that were ed unless reasonable ca | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if | 2 2 2 2 2 2 6 ed. applicable, a Schedule | | | |
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| name a Spons 5a Total i b Total i c Numb comple d(1) Tot e Numbe less th Caution: A Under pens SB or Sche belief, it is SIGN HERE | EIN, and the plan nuor's name number of participants er of participants with ete this item) | s at the beginning of the plan year is at the end of the plan year | plan year (defined be plan yeareare plan year with accrued be plan year will be assess uctions, I declare that I had as well as the electronic | enefit plans do not enefits that were ed unless reasonable ca eversion of this return/repor | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if rt, and to the best dual signing as placed. | 2 2 2 2 2 2 2 0 0 ed. applicable, a Schedule of my knowledge and | | | |
| name a Spons 5a Total of b Total of c Number completed d(1) Total of e Number less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE | p. EIN, and the plan number of participants or participants or participants or participants or of participants or of participants or of participants or of active participants that the participants of participants that the participants of participants that the participants of participants or of participants that the participants of participants or or or participants or | s at the beginning of the plan year is at the end of the plan year | plan year (defined because plan year with accrued because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have as well as the electronic plate | penefit plans do not penefits that were ped unless reasonable cale are examined this return/report Enter name of individent that the control of the contr | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if rt, and to the best dual signing as plantage and signing as end | ed. applicable, a Schedule of my knowledge and | | | |
| name a Spons 5a Total of b Total of c Number completed d(1) Total of e Number less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE | p. EIN, and the plan number of participants or participants or participants or participants or of participants or of participants or of participants or of active participants that the participants of participants that the participants of participants that the participants of participants or of participants that the participants of participants or or or participants or | s at the beginning of the plan year is at the end of the plan year | plan year (defined because plan year with accrued because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have as well as the electronic plate | penefit plans do not penefits that were ped unless reasonable cale are examined this return/report Enter name of individent that the control of the contr | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if rt, and to the best dual signing as plantage and signing as end | ed. applicable, a Schedule of my knowledge and an administrator | | | |
| name a Spons 5a Total of b Total of c Number completed d(1) Total of e Number less th Caution: A Under pens SB or Sche belief, it is: SIGN HERE | p. EIN, and the plan number of participants or participants or participants or participants or of participants or of participants or of participants or of active participants that the participants of participants that the participants of participants that the participants of participants or of participants that the participants of participants or or or participants or | s at the beginning of the plan year is at the end of the plan year | plan year (defined because plan year with accrued because plan year with accrued because plan year with accrued because plan year will be assess uctions, I declare that I have as well as the electronic plate | penefit plans do not penefits that were ped unless reasonable cale are examined this return/report Enter name of individent that the control of the contr | 4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if rt, and to the best dual signing as plantage and signing as end | ed. applicable, a Schedule of my knowledge and an administrator | | | |

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|----------|---|-------------|---------------------------------|------------|----------|-----------------|------------------|-----------|
| b | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | ant (IQPA) | | | X Yes | |
| C | f the plan is a defined benefit plan, is it covered under the PBGC in | surance p | rogram (see ERISA section 40 | 21)? | | Yes | ☐ No ☐ Not dete | rmined |
| Par | t III Financial Information | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Yea | ır | | | (b) End of Year | |
| a | Total plan assets | 7a | 2466 | 81 | | | 253 | 932 |
| <u>b</u> | Total plan liabilities | 7b | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | 7с | 2466 | 81 | _ | | 253 | 932 |
| | ncome, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | |
| | Contributions received or receivable from: (1) Employers | 8a(1) | 71 | 31 | | | | |
| | (2) Participants | 8a(2) | | 0 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 0 | | | | |
| | Other income (loss) | 8b | 1 | 20 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 7: | 251 |
| | Benefits paid (including direct rollovers and insurance premiums | | | 0 | | | | |
| 1 | to provide benefits) | 8d | | 0 | | | | |
| | Certain deemed and/or corrective distributions (see instructions) | 8e | | 0 | | | | |
| | Administrative service providers (salaries, fees, commissions) | 8f | | 0 | | | | |
| | Other expenses | 8g 8h | | | | | | 0 |
| | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | 7: | 251 |
| | Transfers to (from) the plan (see instructions) | 8j | | 0 | | | | |
| Part | IV Plan Characteristics | O) | | | | | | |
| Part | · | eature cod | es from the List of Plan Charad | cterist | | | he instructions: | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| а | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure) | | | 10a | | X | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | ? (Do not i | nclude transactions reported | 10b | | X | | |
| c | Was the plan covered by a fidelity bond? | | | 10c | Χ | | | 50000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's | | | 100 | | | | |
| e | or dishonesty? | ······ | | 10d | | X | | |
| | insurance service, or other organization that provides some or all instructions.) | | , , | 10e | | X | | |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount a | s of year e | nd.) | 10g | | X | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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) | | | | | | | s No |
| 11a | Enter the unpaid minimum required contribution for current year fr | om Sched | ule SB (Form 5500) line 39 | | | 11a | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | requireme | ents of section 412 of the Code | or se | ection : | 302 of | ERISA? X Yes | s No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, | | • | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is beir granting the waiver. | - | | | , and 6 | enter th Day | | uling |

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|--|---|--------------------------------------|----------|----------|--------|-------|
| lf 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 | | | 7131 |
| | | | | | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | | 12c | | | 7131 |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enegative amount) | = | 12d | | | (|
| е | Will the minimum funding amount reported on line 12d be met by the funding of | deadline? | | X 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 No | | |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this | s year | 13a | | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC? | | | | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.) | to another plan(s), identify the pla | n(s) to | | | |
| 1 | 3c(1) Name of plan(s): | | 13c(2) E | IN(s) | 13c(3) | PN(s) |
| | | | | | | |
| | | | | | | |
| | | | | | I | |

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Short Form Annual Return/Report of Small Employee Form 5500-SF CARS Nos 1210-0110 1210-0389 Benefit Plan Otperiment of the Treasury Internal Environic Service 2014 This form is required to be filled under sections 104 and 4665 of the Employee Refirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6068(a) of the Internal Revenue Code (the Code). Department of Labor Department Security Administration This Form is Open to Public Inspection Complete all entries in apportance with the instructions to the Form 5500-5F. 10/01/2014 and ending 09/30/2015 a matiple-employer plan (not stuffsemployer) (Filters checking this bearmust attach a lest of participating employer information in accordance with the form instructions) A This return/segert is for: a one-participant plan a foreign plan Pro Rest return/report as amended celus//report The final return/report B The return/report is a short plan year return/report (less than 12 months) Form \$558 automatic entension C Check box if filing under DFVC program apocial extension (enter description) Part B Basic Plan Information—order all requested information Three-digit LAKELAND FARNERS MARKET, INC. MONEY PURCHASE PENSTON PLAN AND TRUST plan number 002 (PN) F 10 Effective date of plan 10/01/1998 28 Pan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) LAKELAND FARKERS MARKET, TNC. 2b Employer Identification Number (EM 59-1623428 2c Sponsor's telephone number 2701 SWINDELL ROAD 863-682-4809 2d Business code (see instructions) LAKELANO PL 33805-3815 Su Prom administrator's name and address. | Some as Plan Sportor LAKELANO 33805-3815 531190 3b Administrator's EIN 59-1623428 LAKELAND PARMERS MARKET, INC. 3C Administrator's telephone number 2701 SWINDELL ROAD 863-682-4809

Coeffort A penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.

Divide penalty for the late or incomplete filling of this return/report will be assessed unless reasonable cause is established.

Divide penalty for the late or incomplete lifting of this return/report, including, if applicable, a Scheduler St. or Scheduler and completed and signed by an enrolled activary, as well as the electronic variety of this return/report, and to the best of my knowledge and belief it is the complete and complete.

Standard of plant administrator.

Divide Standard of plant administrator.

Divide Standard of plant administrator. Variety of this return/report, including.

JAMES L. WILBARRS, JR.

Egger and Enter name of individual signing as plan administrator SIGN HERE

Signature of entologie/plan appointer — Date — Enter name of individual signing as employer or plan sponsor name (including firm name, if approache) and address (include room or sude number) (optional) — Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and Carly Control Numbers, see the Instructions for Form Mot. St.

 $\mathbf{r}_{\mathbf{J}}$

d(1) Yotal number of active participants at the beginning of the plan year...

d(2) Total number of active participants at the end of the plan year......

name, EIN, and the pien number from the last returning out.

59 Total number of participants at the beginning of the plan year

33805-3815 4 If the name and/or EIN of the plan sponsor has changed since the fast return/report filled for this plan, order the

Number of participants with account balances as or the one of the plan year (defined benefit plans do not

Number of participants that terminated employment during the plan year with account benefits that were less than 100% vertice.

LAKELAND

8 Sportsor's name

2

2

۵

4b EIN

4c PN

50

5b

5c

5d(1)

5d(2)

5e

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|----------|--|-------------|-------------------------------|------------|---------|-----|---------|---|
| _ | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | | X Yes No |
| c | If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in: | | | | _ | | Пмо П | Not determined |
| | rt III Financial Information | surance p | Togram (see LINIOA section 40 | /2 1): | ····· L | 163 | Пио П | TVOL determined |
| 7 Ta | | | ()5 | | | | | • |
| | Plan Assets and Liabilities Total plan assets | 7- | (a) Beginning of Yea | ar 4668 | 2.1 | | (b) End | of Year 253932 |
| | Total plan assets Total plan liabilities | 7a | Σ. | 1000 | , _ | | | 233732 |
| | | 7b 7c | 2. | 4668 | 2.1 | | | 253932 |
| 8 | Net plan assets (subtract line 7b from line 7a) | 76 | | 1000 | , _ | | /L\ T | |
| | Contributions received or receivable from: | | (a) Amount | | | | (b) To | otai |
| | (1) Employers | 8a(1) | | 713 | 31 | | | |
| | (2) Participants | 8a(2) | | | 0 | | | |
| | (3) Others (including rollovers) | 8a(3) | | | 0 | | | |
| b | Other income (loss) | 8b | | 12 | 20 | 0 | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 7251 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | 0 | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | 0 | | | | | |
| g | Other expenses | 8g | | | 0 | | | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | (|
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 7251 |
| j | Transfers to (from) the plan (see instructions) | 8j 0 | | | | | | |
| 9a b | If the plan provides pension benefits, enter the applicable pension to 2C 3D If the plan provides welfare benefits, enter the applicable welfare fe | | | | | | | |
| Par | t V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | 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 | | - | 10a | | Х | | |
| b | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | Х | | |
| C | C Was the plan covered by a fidelity bond? | | | 10c | Х | | | 50000 |
| C | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 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.) | | | 10e | | Х | | |
| f | 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 of year end.) | | | 10g | | Х | | |
| <u> </u> | h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | 10g | | Х | | |
| i | | | | 10i | | | | |
| Part | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below) | • | | • | | | • | Yes No |

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver.

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

11a

Day .

. Month

No

Yes

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|-------|--|--|---------|---------------|-----------|--------|-------|
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo | rm 5500), and skip to line 13. | | | | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | | | 7131 |
| | | | | | | | |
| c | Enter the amount contributed by the employer to the plan for this plan year. | | | 12c | | | 7131 |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the resul negative amount) | ` | | 12d | | | 0 |
| е | Will the minimum funding amount reported on line 12d be met by the funding | ng deadline? | | | X 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 t | this year | | 13a | | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC? | red to another plan, or brought unde | r the c | ontrol | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this pl which assets or liabilities were transferred. (See instructions.) | an to another plan(s), identify the pl | an(s) t | 0 | | | |
| 1 | I3c(1) Name of plan(s): | | 13 | 3c(2) Ell | N(s) | 13c(3) | PN(s) |
| | | | | | | | |
| | VIII Trust Information (optional) | | | 4.41 | | | |
| 14a | Name of trust | | | 14b Tr | ust's EIN | | |