## Form 5500-SF

Department of the Treasury

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 6058(a) of the Internal Revenue Code (the Code).

2010

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number J & R LANDSCAPING, INC. RETIREMENT PLAN 001 (PN) ▶ 1c Effective date of plan 04/01/1989 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 11-2958690 J & R LANDSCAPING, INC. (EIN) 2c Plan sponsor's telephone number 317 THREE MILE HARBOR ROAD E. HAMPTON, NY 11937-2014 2d Business code (see instructions) 812990 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN THREE MILE HARBOR ROAD 11-2958690 E. HAMPTON, NY 11937-2014 3c Administrator's telephone number 516-324-9174 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. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 16 5a 16 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 16 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 814182 654057 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 654057 814182 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 101712 8a(1) (1) Employers ..... 8a(2) (2) Participants ..... (3) Others (including rollovers)..... 8a(3) 58463 Other income (loss)..... 8b 160175 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ..... 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 50 Administrative service providers (salaries, fees, commissions)...... 8f Other expenses..... 8g 50 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 160125 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

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Part IV	Dian	('harac	tarietice
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2A 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	naracteris	tic Co	des in	the instru	uctions	•	
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described OFFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	l in <b>10a</b>		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions report line 10a.)	ed <b>10b</b>		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					70000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra dishonesty?	ud <b>10d</b>		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance			1				
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 00))					[	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the C						Yes	X No
_		'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ouc or se	CHOIT	JUZ 01	LINIOA			□
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in inting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			24,				
b	Ent	ter the minimum required contribution for this plan year			12b				
С	Ent	ter the amount contributed by the employer to the plan for this plan year		L	12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)		L	12d				
е	Will	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>		,		Yes	X No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou the PBGC?	ght under	the co	ontrol 			Yes	X No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ich assets or liabilities were transferred. (See instructions.)	fy the pla	ın(s) to	)				
13c(1) Name of plan(s):						N(s)		13c(3)	PN(s)
`au+	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable ca	ISA İS	estah	lished			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					icable.	a Sche	dule
SB o	r Ścł	hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ref s true, correct, and complete.							
SIGI	N	Filed with authorized/valid electronic signature. 05/13/2011 JOHN KALB/	CHER						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## 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 6058(a) of the Internal Revenue Code (the Code).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

۲		rdance wit	n the instructions to the Form 5500	-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning	01/01/	2010 and ending		12/31/201	0		
Α	This return/report is for: 🗵 single-employer plan	multiple-e	mployer plan (not multiemployer)	employer) one-participant plan				
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plar	year return/report (less than 12 mon	ths)				
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	am		
	special extension (enter descript	ion)						
Pa	art II Basic Plan Information—enter all requested inform	mation						
1a	Name of plan			1b	Three-digit			
	J & R LANDSCAPING, INC. RETIREMENT PLAN	ſ			plan number	0.01		
			-		(PN) •	001		
				10	Effective date of 04/01/198			
2a	Plan sponsor's name and address (employer, if for single-employer	er plan)		2b		fication Number		
	J & R LANDSCAPING, INC.	,			(EIN) 11-295			
	317 THREE MILE HARBOR ROAD			2c		telephone number		
	or, imale fills made to to the		-	2d	516-324-9	1 / 4 (see instructions)		
	E. HAMPTON NY 11937-2014			Zu	812990	(see ilistractions)		
3a	Plan administrator's name and address (if same as Plan sponsor, J $\&$ R LANDSCAPING, INC.	enter "Same	e")	3b	Administrator's			
			-	2-	11-295869			
	317 THREE MILE HARBOR ROAD E. HAMPTON NY 11937-20	14		3C	516-324-9	telephone number 174		
4	f the name and/or EIN of the plan sponsor has changed since the l		port filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report. Spons	or's name		10	DN			
52	Total number of participants at the heginning of the plan year			4c	I	1 /		
_	Total number of participants at the beginning of the plan year		<del> </del>	5a		16		
	Total number of participants at the end of the plan year		<u> </u>	5b		16		
С	Total number of participants with account balances as of the end complete this item)		` '	5c		16		
6a	Were all of the plan's assets during the plan year invested in eligi	ble assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report o							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•			X Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use or III Financial Information	FORM 5500-	SF and must instead use Form 550	υ.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
_	Total plan assets	7a	(a) Beginning of Teal	7	(b) Life	814182		
b	Total plan liabilities					021201		
C	Net plan assets (subtract line 7b from line 7a)		654057	7		814182		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) .	Гotal		
а	Contributions received or receivable from:				(/			
	(1) Employers		101712	2				
	(2) Participants	8a(2)		_				
_	(3) Others (including rollovers)	```		_				
b	Other income (loss)		58463	3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				160175		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)		50	)				
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					5(		
i	Net income (loss) (subtract line 8h from line 8c)					160125		
i	Transfers to (from) the plan (see instructions)							

		Form 5500-SF 2010 Page 2-					
Part	: IV	Plan Characteristics					
9a		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plant 2A 3D	an Characten	SUC U	des in	ine instructio	ons:
b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	n Characteri:	stic Oc	des in t	he Instructio	ns:
Part	V	Compliance Questions			Ĺ		
10	Du	ring the plan year:		Yes	No		ynount
a	Wa	as there a failure to transmit to the plan any participant contributions within the time period desc B CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary Correction Program)	ribed in 10a		х		
b	We	are there any nonexempt transactions with any party-in-interest? (Do not include transactions re-	ported		x.		U. L. T.
c	W	as the plan covered by a fidelity bond?	100	X	1		70000
d	Die	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?	y fraud		х		
e	We	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance cam surance service or other organization that provides some or all of the benefits under the plan? (S structions.)	ier, See		х		187770
f	Ha	s the plan failed to provide any benefit when due under the plan?	101		х		
g	Dic	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		х		
h	25	his is an Individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10		х		
İ	lf 1 ex	10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i				· · · · · · · · · · · · · · · · · · ·
Part		Pension Funding Compliance		L.	<u> </u>		
11	1s t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see Instructions	and complete	Schol	dule SE	3 (Form	Yes No
ir: b c d	)f a 9ra <b>you</b> En En Su ne	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, so ariting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to ster the minimum required contribution for this plan year.  Iter the amount contributed by the employer to the plan for this plan year.  Interest the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to gative amount).	Hne 13.		12b 12c 12d		Year
A	Wi	Il the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part							
13a		is a resolution to terminate the plan been adopted during the plan year or any prior year?		1.1	4	T	Yes X No
	If "	Yes," enter the amount of any plan assets that reverted to the employer this year			130		
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or the PBGC?					Yes 🔀 No
c	lf (	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), nich assets or liabilities were transferred. (See instructions.)					
	13c(	1) Name of plan(s):			c(2) E	IN(s)	13c(3) PN(5)
				i i	Ì		
		A DESCRIPTION OF THE PROPERTY					
Cast	tion	: A penalty for the late or incomplete filing of this return/report will be assessed unless n	easonable c	nuse I	estab	lished.	
Unde SB c	Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report.  SB or Schedule MB completed and signed by an enrolled actuery, as well as the electronic version of this return/report, and belief, it is true, correct, and complete.					g, if applicat	ble, a Schedule nowledge and
5/12/1/ John Kalbacher							
SIG HER			ame of indivi	dual <b>s</b> i	gning a	s pian admir	nistrator
			Kalbache				
SIG HEA			name of indivi	dual s	gning a	s employer	or plan sponsor
		/		1	1		