## 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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

	art I   Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011	
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan
В	This return/report is: the first return/report	the final r	eturn/report		_	
		a short pla	in year return/report (less than 12 mo	onths)		
C	Check box if filing under: Form 5558	-	extension	,	DFVC progra	m
C	special extension (enter description		Octorision		_ Di vo piogia	
D						
	art II   Basic Plan Information—enter all requested inform	ation		1h	Throo digit	
	Name of plan LANDSCAPING, INC. RETIREMENT PLAN			ID	Three-digit plan number	
Jan	CEANDOOAL ING, INC. RETIREMENT LEAN				(PN) ▶	001
				1c	Effective date of	plan
					04/01/	
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif	
J&F	R LANDSCAPING, INC.				(EIN) 11-29	58690
				2c	Sponsor's teleph	hone number
	THREE MILE HARBOR ROAD					
E. H/	AMPTON, NY 11937-2014			2d	Business code (s	
		. "0	m	26	81299	
	Plan administrator's name and address (if same as plan sponsor, e LANDSCAPING, INC. 317 THREE I		,	3D	Administrator's E	=IN 58690
	E. HAMPTON			3c	Administrator's t	elephone number
					516-324	
4	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.			40	DN	
	Sponsor's name			4c	I	40
	Total number of participants at the beginning of the plan year			5a		16
b	Total number of participants at the end of the plan year			5b		16
С	Number of participants with account balances as of the end of the promplete this item)		•	5с		16
62	Were all of the plan's assets during the plan year invested in eligib					X Yes No
b						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility			,		
		and Conditi	0113./			X Yes No
· _	If you answered "No" to either 6a or 6b, the plan cannot use F		•			X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information		•			X Yes No
7			SF and must instead use Form 550  (a) Beginning of Year		(b) End	of Year
7	rt III Financial Information	orm 5500-	SF and must instead use Form 550			
7	Plan Assets and Liabilities	orm 5500-	(a) Beginning of Year			of Year 900359
7 a	Plan Assets and Liabilities Total plan assets	. 7a	SF and must instead use Form 550  (a) Beginning of Year			of Year
7 a b	Plan Assets and Liabilities Total plan assets Total plan liabilities	. 7a	(a) Beginning of Year			of Year 900359
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	7a 7b 7c	(a) Beginning of Year 814182 (a) Amount		(b) End	of Year 900359
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c	(a) Beginning of Year 814182		(b) End	of Year 900359
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 814182 (a) Amount		(b) End	of Year 900359
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3)	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359
7 a b c	Plan Assets and Liabilities Total plan assets Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 814182 (a) Amount		(b) End	of Year 900359 900359
7 a b c 8 a	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359
7 a b c 8 a	Plan Assets and Liabilities Total plan assets	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359 900359
7 a b c 8 a b c c	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359 900359
7 a b c 8 a b c d	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359 900359
7 a b c 8 a b c f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359 900359
7 a b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359 900359  Total  86227
7 a b c 8 a b c f	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359 900359 'otal  86227
7 a b c 8 a b c d e f g	Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7a 7b 7c 8a(1) 8a(2) 8b 8c 8d 8e 8f 8g 8h 8i	(a) Beginning of Year 814182 814182 (a) Amount 75000		(b) End	of Year 900359 900359  Total

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⊢orm	5500	-S-	201	

Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

a b	Compliance Questions  During the plan year:  Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		Yes	No				
a b	Nas there a failure to transmit to the plan any participant contributions within the time period described in	-		140		Amou	ınt	
	29 OFR 25 to 3- to 2? (See instructions and DOL'S voluntary Fluuciary Correction Flogram)	10a		X				
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
C	Was the plan covered by a fidelity bond?	10c	X					70000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See nstructions.)	10e		X				
f	Has 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				
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
	f 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art \	Pension Funding Compliance							
11	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (500))						Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver							
	u 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				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left legative amount)			12d				
e	Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	o 📗	N/A
art \	II Plan Terminations and Transfers of Assets							
3a	las a resolution to terminate the plan been adopted in any plan year?			Y	es X	No		
	f "Yes," enter the amount of any plan assets that reverted to the employer this year							
b	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?			ntrol			Yes	X No
С	f during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the vhich assets or liabilities were transferred. (See instructions.)	ne plar	n(s) to			Ш	[	
	13c(1) Name of plan(s):				V(s)	1:	3c(3) [	PN(s)
				• • • • • • • • • • • • • • • • • • • •	. ,		,	
	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	establi	shed			
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return.					able o	School	dulo

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/23/2012	JOHN KALBACHER
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 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	Complete all entries in accord	iance witi	i tile ilistruct	ions to the Form 330	<i>J</i> -3F.	
Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning	01/01/	2011	and ending		12/31/2011
Α	This return/report is for:	a multiple	-employer pla	n (not multiemployer)		a one-participant plan
		the final r	eturn/report	, , , ,	L	
_			•	report (less than 12 mg	nnths)	
^	片 ' 片	•	•	report (1033 than 12 mi	лин <i>э)</i> Г	
C	Check box if filing under: Form 5558		extension		L	DFVC program
	special extension (enter description	<i>'</i>				
Pa	rt II Basic Plan Information—enter all requested information	ation				
	Name of plan					Three-digit
J 8	R LANDSCAPING, INC. RETIREMENT PLAN					plan number (PN) • 001
						Effective date of plan
						04/01/1989
2a	Plan sponsor's name and address; include room or suite number (er	mployer, if	for a single-e	mployer plan)	2b	Employer Identification Number
J	R LANDSCAPING, INC.		· ·	. , . ,		(EIN) 11-2958690
31	7 THREE MILE HARBOR ROAD				2c :	Sponsor's telephone number
						516-324-9174
Ε.	HAMPTON NY 11937-2014				2d	Business code (see instructions)
						812990
3 <u>a</u>	Plan administrator's name and address (if same as plan sponsor, en & R LANDSCAPING, INC.	iter "Same	")			Administrator's EIN 11-2958690
31	7 THREE MILE HARBOR ROAD					Administrator's telephone number
Ε.	HAMPTON NY 11937-2014					516-324-9174
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	eport 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				5a	16
b	Total number of participants at the end of the plan year				5b	16
C	Number of participants with account balances as of the end of the p					16
	complete this item)				5c	<u> </u>
	Were all of the plan's assets during the plan year invested in eligible		•	•		X Yes No
D	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					X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•			
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year
а	Total plan assets	7a	` '	81418	2	900359
b	Total plan liabilities	7b				
	Net plan assets (subtract line 7b from line 7a)	7c		81418	2	900359
8	Income, Expenses, and Transfers for this Plan Year			a) Amount		(b) Total
а	Contributions received or receivable from:		<u> </u>	,		(2) 10141
	(1) Employers	8a(1)		7500	0	
	(2) Participants	8a(2)				
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b		1122	7	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				8622
d	Benefits paid (including direct rollovers and insurance premiums					
	to provide benefits)	8d				
е	Certain deemed and/or corrective distributions (see instructions)	8e		_	_	
f	Administrative service providers (salaries, fees, commissions)	8f		5	0	
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				5
i	Net income (loss) (subtract line 8h from line 8c)	8i				8617
i	Transfers to (from) the plan (see instructions)	8i				

Page 2 Form 5500-SF 2011 Plan Characteristics Part IV If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Cedes in the instructions: 2E 2A 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions: Compilance Questions Part V Yes No Amount 10 During the plan year: Was there a fallure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiduciary Correction Program) ...... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 106 on line 10s.) 70000 Х 10c Was the plan covered by a fidelity bond?..... Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud Х 10d 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 x 10e instructions.) X Has the plan falled to provide any benefit when due under the plan? ..... 101 X Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... 101 Pension Funding Compliance Part VI is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. 12 (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 Day If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 12b b Enter the minimum regulaed contribution for this plan year...... 12¢ C Enter the amount contributed by the employer to the plan for this plan year..... Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 12d negative amount) No N/A Vec Will the minimum funding amount reported on line 12d be met by the funding deadline?...... Plan Terminations and Transfers of Assets Part VII X No Yes 138 Has a resolution to terminate the plan been adopted in any plan year? Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC? C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 1#c(2) EIN(s) 13c(1) Name of plan(s): 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 belief, it is true, copecif, John Kalbacher SIGN Enter name of individual algoing as plan administrator HERE Date Signaturé John Kalbacher SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor