## 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

2012

This Form is Open to Public Inspection

			Complete all entries in acc	ordance with the motivo	ctions to the Form 550	JU-3F.				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	cal plan year beginning 01/01/2	012 —	and ending	12/31/2	2012 			
Α	This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
В	This ret	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retur	n/report (less than 12 m	nonths)	)			
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım		
		-	special extension (enter descrip	otion)			_			
Pá	art II	Basic Plan Info	rmation—enter all requested info	rmation						
1a	Name	of plan				1b	Three-digit			
J & R	LANDS	SCAPING, INC. RETIR	EMENT PLAN				plan number	004		
						10	(PN)	001		
						10	Effective date o	•		
2a	Plan sr	onsor's name and add	dress; include room or suite number	(employer if for a single-	employer plan)	2h	Employer Identi			
		SCAPING, INC.	arece, merade reem er earle mamber	(omployor, in for a omigio	omployor plany			58690		
						2c	Sponsor's telep	hone number		
168 I	LONG L	ANE					516-32			
E. H	AMPTO	N, NY 11937-2014				2d	Business code (	see instructions)		
							81299	90		
3a	Plan ad	dministrator's name an	d address 🛛 Same as Plan Sponso	r Name Same as Plar	n Sponsor Address	3b	Administrator's	EIN		
						30	Administrator's	talanhana numbar		
						30	Administrators	telephone number		
4			plan sponsor has changed since th	e last return/report filed for	or this plan, enter the	4b	EIN			
9		EIN, and the plan nun or's name	nber from the last return/report.			4c	DNI			
			at the beginning of the plan year			5a	FIN	16		
b			at the end of the plan year			5b				
C			account balances as of the end of th			30		16		
		· · ·				5c		16		
6a			during the plan year invested in elig					X Yes No		
b			the annual examination and report					X Yes □ No		
			(See instructions on waiver eligibili					X Yes   No		
C										
			or incomplete filing of this return/ ner penalties set forth in the instructi	•				able a Schedule		
		, , ,	id signed by an enrolled actuary, as	*			O, 11	,		
beli	ef, it is t	rue, correct, and comp	lete.					-		
SIG	· NI	Filed with authorized/\	valid electronic signature.	06/26/2013	JOHN KALBACHER					
HE		Signature of plan ac		Date	Enter name of individ	dual sic	nina as nlan adr	ninistrator		
SIC	·NI	Oignature or plan at		Date	Enter name of marvie	addi Siç	griirig as piair aur	minstrator		
SIG		Signature of ample	vor/plan anancar	Date	Enter name of individ	of individual signing as employer or plan spons				
Pre	parer's	Signature of employ name (including firm na	gental sponsor ame, if applicable) and address; inc					number (optional)		
	, 0, 0	(			(21)			(optional)		

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Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Reginning of Yes	(a) Beginning of Year			(b) End of Year					
<u>,</u>	tal plan assets				1077565							
	Total plan liabilities	7b	30000					107	7 303			
	Net plan assets (subtract line 7b from line 7a)	7c	90035	59				107	7565			
8	Income, Expenses, and Transfers for this Plan Year	,,,	(a) Amount				(b) To		7000			
	Contributions received or receivable from:		(a) Amount			(b) Total						
	(1) Employers	8a(1)	10000	0								
	(2) Participants	8a(2)										
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	7725	6								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						177	7256			
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							50			
i	Net income (loss) (subtract line 8h from line 8c)	8i						17	7206			
j	Transfers to (from) the plan (see instructions)	8j										
Pai	t IV Plan Characteristics				•							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2A 3D	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instructi	ons:				
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:				
Par	t V Compliance Questions											
10	•				Yes	No			1			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		162	NO	<i>F</i>	mou	Int			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	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	X					700	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 oth											
·	insurance service or other organization that provides some or all o					X						
	instructions.)			10e		1						
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	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								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes		No	
112	a Enter the amount from Schedule SB line 39											
12									No			
-14								. 10				
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	ed in this plan year, see instru		and	_			er ruli	ng		
If	granting the waiver					Day		ear _				
	Enter the minimum required contribution for this plan year	•				12b						
	Enter the minimum required continuation for this plan year											

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	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 (enter a minus sign to the left of a 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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## 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 8057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2012
This Form is Open to Public

Pension Bi	enefit Guaranty Corporation	► Complete all entries in accorda	nce with the instruc	tions to the Form 550	o-SF.	)na	pection
Part I		ientification information					
For calend	ar plan year 2012 or fisc		01/2012	and ending	12/	/31/201:	2
A This ret	turn/report is for:	🗓 a single-employer plan 📗 a	multiple employer pl	en (not multiemployer)	□ a	one-partici	pant pian
B This ref	turn/report is:	the first return/report tr	e final return/report				
	-	an amended return/report	short plan year retum	/report (less than 12 m	onths)		
C Check I	box if filing under:	= =	utomatic extension		_	FVC progra	ım
- 5.7561		special extension (enter description)					
Part II	Basic Plan Infor	nation—enter all requested informati					
1a Name				•	1b Thre	se-digit	
J&R	LANDSCAPING, I	NC. RETIREMENT PLAN			,	number	001
					(PN	<i>! !</i>	
						ctive date o	1
2a Plan s	nonsor's name and addr	ess; include room or suite number (em	olover, if for a sinole-	emplover plan)	<u> </u>		fication Number
	LANDSCAPING, II		**************************************			I) 11-295	
					- '-	•	hone number
168 LO	ng lane				,	5-324-9	
					2d Bus	iness code (	see Instructions)
E. HAM		NY 11937-2014				2990	
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Nar	ne 🔯 Same as Plan	Sponsor Address	3b Adm	ılnistrator's I	EIN
					3C Adm	ninistrator's (	telephone numbe
4 If the	name and/or EIN of the p	cian sponsor has changed since the last per from the last return/report.	t return/report filed fo	r this plan, enter the	45 EIN		
	or's name	ogi ilgili dig lasci etdili/raport.			4c PN		
		t the beginning of the plan year			5a		
b Total	number of participants a	t the end of the plan year	<b></b>		5b		1
	1	count balances as of the end of the pla					
					5c		
6a Were	all of the plan's assets (	during the plan year invested in eligible	assets? (See instruc	ions.)	.,,		⊠ Yes 🗌 Þ
b Are y	ou claiming a waiver of t	he annual examination and report of an	independent qualifie	d public accountant (IQ	PA)		X Yes
		(See Instructions on waiver eligibility an ner line 6a or line 6b, the plan cannot					Μ tes Π .
		Incomplete filing of this return/repo	***************************************				
Caution: /	a beneity for the rate of		I Will De sessessing	RIIIGGO LOMBOLIMA CAD			able, a Schedule
Lindar con		er nanattiae eat forth in the instructions	I declare that I have		bulbati . trot		
SB or Sche	alties of perjury and other	er penaities set forth in the instructions, I signed by an enrolled actuary, as well	I declare that I have a as the electronic ver	examined this return/reg	ort, includ , and to the	e bestofmy	knowledge and
SB or Sche	elties of perium and other	t signed by an enrolled actuary, as well	I declare that I have as the electronic ven	examined this return/reg	oort, includ , and to the	e best of my	knowledge and
SB or Sche belief, it is	alties of perjury and other	t signed by an enrolled actuary, as well	I declare that I have as the electronic ven	examined this return/reg	, and to the	e best of my	knowledge and
SB or Sche	alties of perjury and othe edule MB completed and true, correct and complete	signed by an enrolled actuary, as well ate.	as the electronic ven	examined this return/report sion of this return/report John Kalbacher	, and to the	e best of my	knowledge and
SB or Sche belief, it is	alties of perjury and other	signed by an enrolled actuary, as well ate.	declare that I have as the electronic vers	examined this return/report sion of this return/report John Kalbacher Enter name of individu	, and to the	e best of my	knowledge and
SB or Sche belief, it is SIGN HERE SIGN	alties of perjury and othe edule MB completed and true, correct and complete	signed by an enrolled actuary, as well ate.	as the electronic ven	John Kalbacher  Enter name of individual	, and to the c ual signing	e best of my	ninistrator
SB or Schebellef, It is SIGN HERE SIGN HERE	afties of perjury and other edule MB completed and true, correct and comple  Signature of plan ad  Signature of employe	isigned by an enrolled actuary, as well attended to the company of	Date 6/25//3	John Kalbacher Enter name of individu	, and to the c uat signing c ual signing	e best of my as plan adr	ninistrator er or plan sponsor
SB or Schebellef, It is SIGN HERE SIGN HERE	afties of perjury and other edule MB completed and true, correct and comple  Signature of plan ad  Signature of employe	isigned by an enrolled actuary, as well by the company of the comp	Date 6/25//3	John Kalbacher Enter name of individu	, and to the c uat signing c ual signing	e best of my as plan adr	ninistrator
SB or Schebellef, It is SIGN HERE SIGN HERE	afties of perjury and other edule MB completed and true, correct and comple  Signature of plan ad  Signature of employe	isigned by an enrolled actuary, as well attended to the company of	Date 6/25//3	John Kalbacher Enter name of individu	, and to the c uat signing c ual signing	e best of my as plan adr	ninistrator er or plan sponsor
SB or Schebellef, It is SIGN HERE SIGN HERE	afties of perjury and other edule MB completed and true, correct and comple  Signature of plan ad  Signature of employe	isigned by an enrolled actuary, as well attended to the company of	Date 6/25//3	John Kalbacher Enter name of individu	, and to the c uat signing c ual signing	e best of my as plan adr	ninistrator er or plan sponsor
SB or Schebellef, It is SIGN HERE SIGN HERE	afties of perjury and other edule MB completed and true, correct and comple  Signature of plan ad  Signature of employe	isigned by an enrolled actuary, as well attended to the company of	Date 6/25//3	John Kalbacher Enter name of individu	, and to the c uat signing c ual signing	e best of my as plan adr	ninistrator er or plan sponsor

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Pa	rt III   Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a		0035	59		(,			77	565
b	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	9	0035	59				10	77	565
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) To			otal				
	Contributions received or receivable from:						(5) 1	<u>Jui</u>			
	(1) Employers	8a(1)	1	0000	00						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	,	7725	56						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-	177	256
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	50						
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									50
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-	177	206
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	٥j									
	If the plan provides pension benefits, enter the applicable pension 2E 2A 3D	feature co	des from the List of Plan Chara	acteris	stic Co	odes in	the instruc	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Charac	cterist	ic Co	des in t	he instructi	ons:			
Par							ı				
10	During the plan year:				Yes	No		Amo	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Х					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		Х					
C	Was the plan covered by a fidelity bond?			10c	Х					70	000
C	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 oth insurance service or other organization that provides some or all of	er persons	s by an insurance carrier,			Х					
	instructions.)			10e		21					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	`		10h		Х					
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	ne required	I notice or one of the	10i							
Par		1 0									
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No
11-	5500) and line 11a below)								1 53		140
		Enter the amount from Schedule SB line 39								No	
12								INO			
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being the standard for a prior year.	ng amortize	ed in this plan year, see instruc		, and	_	l ne date of t			ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Yea	r		
IT.	you completed line 12a, complete lines 3, 9, and 10 of Schedule	E IVID (FOR	in Jouuj, and Skip to line 13.								
	Enter the minimum required contribution for this plan year				J	12b					

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		40-	1			
C	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 (enter a minus sign to the left of a negative amount)	12d				
<u>e</u>	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?		Yes X N	o		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
•	3c(1) Name of plan(s):	3c(2) E	IN(s)	13c(3	<b>)</b> PN(s)	
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				