## 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).

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2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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Part	Annual Report	Identification Information	n				
For cale	ndar plan year 2013 or fi	iscal plan year beginning 01/0	01/2013	and ending	12/31/	2013	
<b>A</b> This	return/report is for:	X a single-employer plan	a multiple-employer p	plan (not multiemployer	)	a one-particip	pant plan
<b>B</b> This	return/report is:	the first return/report	the final return/report	t		_	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an amended return/report	a short plan year retu	rn/report (less than 12 r	nonths	)	
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<b>C</b> Che	ck box if filing under:	H	automatic extension			☐ DFVC progra	<b>4111</b>
		special extension (enter des	• ,				
Part I	I Basic Plan Info	ormation—enter all requested i	nformation				
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J & R LAI	NDSCAPING, INC. RETI	REMENT PLAN				plan number	004
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					1c		•
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	n sponsor's name and ac NDSCAPING, INC.	ddress; include room or suite num	ber (employer, it for a single	e-employer plan)	26	Employer Identi	fication Number 58690
0 01.11 = 1.	,					(=::1)	
					2C	Sponsor's telep	
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L. HAWII	1014, 141 11337 2014				20		(see instructions)
20.01				0 411	26	81299	
<b>Ja</b> Pla	n administrator's name a	nd address XSame as Plan Spor	nsor Name Same as Pla	an Sponsor Address	30	Administrator's	EIN
					3c	Administrator's	telephone number
					"	/ tarring trater 5	telepriorie nambei
<b>4</b> If th	ne name and/or EIN of th	e plan sponsor has changed since	e the last return/report filed t	for this plan, enter the	4b	FIN	
		e plan sponsor has changed since imber from the last return/report.	e the last return/report filed t	for this plan, enter the	4b	EIN	
na			e the last return/report filed	for this plan, enter the		EIN PN	
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Form 5500-SF 2013 Page **2** 

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea		П		(b) End	of V			
	Total plan assets	7a	(a) Beginning of Tea		(b) End of Year 1348377					7	
	otal plan liabilities				+				,,,,,,,		
	et plan assets (subtract line 7b from line 7a)			55	+			1:	348377	7	
	, par acces (casaca inc is incining ta)				+						
	Contributions received or receivable from:		(a) Amount	(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	17088	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	270880	)	
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	6	8							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							68	8	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							270812	2	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	_ vj									
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 instruc	tion	3:		
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 instruct	ons			
										—	—
Par	•						ı				
10	During the plan year:				Yes	No		Am	ount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	ection Program)	10a		X					
	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					70	0000
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	of the ben	efits under the plan? (See			Х					
	instructions.)			10e		Χ					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		^					
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											
11	Is this a defined benefit plan subject to minimum funding requirem								Yes		No
110	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year fr							LL	. 55		
	· · · · · · · · · · · · · · · · · · ·		,		-	11a	EDICAC	Г	1 vaa	<u></u>	Na
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	^	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			ctions	and .	antar ti	l ne data of t	ho !	etter r	lina	
	<b>a</b> 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 granting the waiver										
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		1				
h	Enter the minimum required contribution for this plan year					12b	Ī				

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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 (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 coof the PBGC?	ontrol		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) to which assets or liabilities were transferred. (See instructions.)	)				
1	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> PN(s)		
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

## Form 5500-SF

Department of the Treatmay Internal Revenue Service

Department of Labor Employee Bonelle 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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public

Penaion 8	tenetit Gueranty Corporation	▶ Complete all entries in ac	cordence with the instructions to the Form 550	0-SF.		
Part I	Annual Report	Identification Information				
For calend	sar plan year 2013 or f	lecel plan year beginning	01/01/2013 and ending	12/31/2013		
A This re	turn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer)	a one-participant plan		
B This re	turn/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year return/report (less than 12 m	onths)		
C Check	box if fiting under:	Form 5558	automatic extension	DFVC program		
	<del></del>	special extension (enter descr	ription)			
Part II	Basic Plan Info	ormation enter all requested in	formation			
1# Name				1b Three-digit		
J & R	LANDSCAPING,	INC. RETIREMENT PLAN		(PN) DOD		
				1¢ Effective date of plan		
				04/01/1989		
2a Plan s	sponsor's name and a	ddress; include room or suite numb	er (employer, if for a single-employer plan)	2b Employer Identification Number		
J&R	LANDSCAPING,	INC.		(EIN) 11-2958690		
				2¢ Sponsor's telephone number		
168 LO	NG LANE			516-324-9174		
E. HAM	I ውጥርነትን	NY 11937-201	4	2d Business code (see instructions) 812990		
			sor Name Same as Plan Sponsor Address	3b Administrator's EIN		
JAME PERMIT	gonilingvalor s namic a	III ada ess Madire as their chore	South Marie 83 1 fair Operison Address	TOTAL PROPERTY OF THE PROPERTY		
				3C Administrator's telephone number		
				i		
4 if the	name and/or EIN of th	na olan sponsor has changed since	the last return/report filed for this plan, enter the	4b EIN		
		imber from the last return/report.				
	sor's name			4c PN		
5a Total	number of participant	s at the beginning of the plan year		<b>5a</b> 16		
b Total	number of participent	s at the end of the plen year		<b>5b</b> 16		
			the plan year (defined benefit plans do not	-		
				<b>5c</b>		
			higible assets? (See instructions.) It of an independent qualified public accountant (IQ			
			it of an independent qualified public accountant (it.)			
			annot use Form 5500-SF and must instead use			
C If the	plan is a defined bene	ifit plan, is it covered under the PBG	GC insurance program (see ERISA section 4021)?	Yes No Not determined		
Coefficient	A receive for the late	ar incommission fillings of this return	armount will be appared under managed the	no le actablished		
			vireport will be assessed unless ressonable cau tions, I declare that I have examined this returnire;	William Control of the Control of th		
SB or Sch		and signed by an enrolled actuary, a	as well as the electronic version of this return/report			
	$TD_{\alpha}$	To the sould be	12/2/2			
SIGN	CANC	1010cm	6/16/14 John Kalbache	r		
HERE	Signature of plan	admipistrator /	Date / / Enter name of individ	ual aigning as plan administrator		
SIGN / KM Lalacker 6/6/4 John Kalbacher						
HERE	Significant of empire	oyer/plan sponsor	Date Enter name of Individ	ual signing as employer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address; in	clude room or suite number (optional)	Preparer's telephone number (optional)		
	/					
'				. A		

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Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	(a) Beginning of Year			(b) End of Year				
а	Total plan assets	. 7a		1077565			1348				377
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	10	7756	55				1:	348	377
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total			
	Contributions received or receivable from:			0000							
	(1) Employers	8a(1)	Τ.	0000	0						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)			-						
<u>b</u>	Other income (loss)	. 8b	1	7088	30						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								270	880
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f		6	8						
	Other expenses	. 8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h									68
	Net income (loss) (subtract line 8h from line 8c)	. 8i								270	812
	Transfers to (from) the plan (see instructions)	8j									
Par	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	des in	the instr	uction	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instru	ctions:			
Part	V Compliance Questions										
10	During the plan year:				Yes	No		Am	ount		
а	Was there a failure to transmit to the plan any participant contribu 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					
С	Was the plan covered by a fidelity bond?			10c	Х					70	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	of the ben	efits under the plan? (See			Х					
	instructions.)			10e							
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	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			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
11a	Enter the unpaid minimum required contribution for current year fr					11a		1 1		, 1	
12									No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day	ne date o	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day					
	Enter the minimum required contribution for this plan year	,			T	12b					
	1										

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 (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?		Y	es 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 und of the PBGC?						
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	plan(s) t	10				
1	3c(1) Name of plan(s):	1:	3 <b>c(2)</b> Ell	<b>13c(3)</b> PN(s)			
Part	VIII Trust Information (optional)				l		
	Name of trust		14b Trust's EIN				

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