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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 5500	-SF.			
Part I	Annual Report I	Identification Information						
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending 12	2/31/2013			
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan						icipant plan		
B This ret	turn/report is:	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)			
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program			
	T	special extension (enter descr	• •					
Part II		rmation—enter all requested inf	formation					
1a Name of plan FLORENCE NURSERY & FLORAL SHOP 401(K) PLAN					1b Three-digit plan number	004		
				-	(PN) • 1c Effective date	001		
						01/2007		
2a Plan sp	ponsor's name and add	dress; include room or suite number	er (employer, if for a single-	-employer plan)	2b Employer Idea (EIN) 26-0	ntification Number		
7501 US HW	MV 42			-	2c Sponsor's tel	ephone number		
	KY 41042-1907				2d Business code	e (see instructions)		
3a Plan a	dministrator's name an	d address XSame as Plan Spons	sor Name Same as Pla	n Sponsor Address	3b Administrator			
				-	3c Administrator	's telephone number		
4								
		plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN			
name,		plan sponsor has changed since nber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN 4c PN			
name, a Sponse	, EIN, and the plan num or's name		·	·		14		
name, a Sponso 5a Total r	, EIN, and the plan num or's name number of participants a	nber from the last return/report.			4c PN	14		
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Part III Financial Information Financial Informa	Par	t III Financial Information										
a Total plan assets				(a) De nicolo o a (Va		4) = 1,77						
To Total plan liabolities			(4) = 3			` '						
C Net plan assets (subtract line 75 from line 72)		·		40071	<u> </u>	+					0	
8 income, Expenses, and Transfers for this Plan Year 2 contributions recorded or receivable from: (1) Employers		·		<i>4</i> 3971	1	+					0	
a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollowers) (3) Others (including rollowers) (3) Others (including rollowers) (4) Do ther income (loss) (5) Other income (loss) (6) Other income (loss) (7) Do ther income (loss) (8) Do ther income (loss) (9) Do ther expenses (9) Do ther expenses (9) Do ther expenses (10) Do th			10								0	
(1) Employers 84(1) (2) Partitipants. 84(2) (3) Others (including rollovers). 84(3) (5) Others (including rollovers). 84(3) (6) Debri (income (loss)). 84(3) (7) Debri (income (loss)). 84(3) (8) Debri (income (loss)). 84(4) (8) Debri (income (loss)). 84(4) (8) Debri (income (loss)). 84(4) (8) Debri (income (loss)). 85(4) (8) Debri (income (loss)). 85(4) (8) Debri (income (loss)). 86(4) (9) Other expenses (loss) (income (loss)). 86(4) (9) Other expenses (loss) (loss). 86(4) (1) Debri (loss) (subtract lines 80, 86, 81, and 89). 86(4) (1) Net income (loss) (subtract lines 81, 80) (1) Transfers to (from) the pian (see instructions). 86(4) (1) Transfers to (from) the pian (see instructions). 86(4) (1) Transfers to (from) the pian (see instructions). 86(4) (1) Part V Pian Characteristics (1) If the pian provides weetfare benefits, enter the applicable weetfare feature codes from the List of Pian Characteristic Codes in the instructions: Part V Pian Characteristics Part V Pian Characteristics Part V Pian Characteristics Part V Pian Characteristics Part V Pian Characteristics (loss) If the pian provides weetfare benefits, enter the applicable weetfare feature codes from the List of Pian Characteristic Codes in the instructions: Part V Compliance Questions Part V Compliance Questions Part V Compliance Questions Part V Point (loss)								(b) I	otai			
Sa Chers (including rollovers) Sa Sa Sa Sa Sa Sa Sa S	а		8a(1)									
b Other income (loss)		(2) Participants	8a(2)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)										
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h f Notal expenses (add lines 8d, 8e, 8f, and 8g, 8e, 8f, and 8g, 9h f Notal expenses (add lines 8d, 8e, 8f, and 8g, 9h f Notal expenses (add lines 8d, 8e, 8f, and 8g, 9h f Notal expenses (add lines 8d, 8e, 8f, and 8g, 9h f Notal expenses (add lines 8d, 8e, 8f, and 8g, 9h f Notal expenses (add lines 8d, 8e, 8d, and 8g, 9h f Notal expenses (add lines 8d, 8e, 8d	b	Other income (loss)	8b	2275	7							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2275	7	
f Administrative service providers (salaries, fees, commissions)	d		8d	46086	0							
g Other expenses and lines 8d, 8e, 8f, and 8g). h Total expenses (add lines 8d, 8e, 8f, and 8g). sh Metinicome (loss) (subtract line 8h from line 8c). sh Metinicome (loss) (subtract line 8h from line 8h from line 8	е	Certain deemed and/or corrective distributions (see instructions)	8e									
Note Total expenses (add lines 8d, 8e, 8f, and 8g) Sh 462468 Net Income (loss) (subtract line 8h from line 8c) 8i -439711 Transfers to (from) the plan (see instructions) 8j -439711 Transfers to (from) the plan (see instructions) 8j -439711 Part IV Plan Characteristics Plan Characteristic	f	Administrative service providers (salaries, fees, commissions)	. 8f	160	8							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	. 8g									
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							46246	86	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 2a CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	i	Net income (loss) (subtract line 8h from line 8c)	. 8i							43971	11	
9a	j	Transfers to (from) the plan (see instructions)	8j									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions	Par	t IV Plan Characteristics										
Part V Compliance Questions 10 During the plan year: a Was three 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)	9a		feature co	des from the List of Plan Char	acteris	tic Co	des in	the instruc	tions	3:		
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 Fluciary Correction Program)	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:											
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 Fluciary Correction Program)	Part	Part V Compliance Questions										
a 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)	10					Yes	No		Am	ount		
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	a Was there a failure to transmit to the plan any participant contributions within the time period described in			10a		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			10b		X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Was the plan covered by a fidelity bond?			100		X					
e 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.)		d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud					X					
insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). Indeptity of the plan failed to provide any benefit when due under the plan?		•			100							
f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	·						Y					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.). h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.). l 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					10e							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	f Has the plan failed to provide any benefit when due under the plan?			10f		Х					
i 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	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		X					
Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h	· · · · · · · · · · · · · · · · · · ·			10h		X					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	· · · · · · · · · · · · · · · · · · ·			10i							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance					_					
11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a							-				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 granting the waiver								No				
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 granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		to the distinct desirable plant ending requirement of the content										
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	а	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						3				
b Enter the minimum required contribution for this plan year	If											
			•				12b					

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raye	J		

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).						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			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?	. X	Yes 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	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					
	13c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a	Name of trust	14b ⊺ı	rust's EIN				