## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I	Annual Repor	t Identification Information								
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/2	2014	and ending 12	/31/2014					
A This re	turn/report is for:	X a single-employer plan			er) (Filers checking this box must attach a listordance with the form instructions)					
		a one-participant plan	a foreign plan							
<b>B</b> This retu	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	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter desc								
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation							
1a Name TREASURE		N & LANDSCAPE, LLC 401K PLAI	N		<b>1b</b> Three-digit plan numb (PN) ▶					
			1c Effective d	ate of plan 01/01/2003						
<b>2a</b> Plan s	ponsor's name and a	ddress; include room or suite numb	per (employer, if for a single	-employer plan)		dentification Number 26-0493128				
					2c Sponsor's telephone number					
	IDGE ROAD ND, FL 33455				561-746-5186					
TIOBE GOOT	VD, 1 E 00400				<b>2d</b> Business code (see instructions) 541320					
3a Plan administrator's name and address Same as Plan Sponsor.				<b>3b</b> Administrator's EIN						
					30 Adamining	tor's telephone number				
		ne plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN					
	•	umber from the last return/report.			4c PN					
	or's name	s at the beginning of the plan year			+					
		0 0 1 7			<u> </u>	97				
		s at the end of the plan year			5b	97				
compl	ete this item)	a account balances as of the end of			5c	27				
. ,	·	articipants at the beginning of the p	•		5d(1)	90				
		articipants at the end of the plan ye			5d(2)	89				
		terminated employment during the			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable car	use is establishe	d.				
Under pen SB or Sche	alties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary,	ictions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule				
SIGN	Filed with authorized	d/valid electronic signature.								
HERE	Signature of plan	administrator	Date	eate Enter name of indivi		n administrator				
SIGN						_				
HERE						ployer or plan sponsor				
Preparer's	name (including firm	name, if applicable) and address (i	include room or suite number	er) (optional)	Preparer's telep	hone number (optional)				

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b	Were all of the plan's assets during the plan year invested in eligib.  Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a sec	an independ and condition	lent qualified public accounta	nt (IQ	PA)				X Ye		No
С	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)? .	[	Yes	No		lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) E	nd of	Year		
a	Total plan assets	7a	8222	296					88	7380	
<u>b</u>	Total plan liabilities	. 7b	0000							7000	
	Net plan assets (subtract line 7b from line 7a)	. 7с	8222	296					88	7380	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b	) Tot	al		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	354	73							
	(3) Others (including rollovers)	. 8a(3)									
b	Other income (loss)	8b	332	242							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							6	8715	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		2							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	36	29							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								3631	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							6	5084	
j	Transfers to (from) the plan (see instructions)	·· 8j									
b	ZA ZE ZF ZG ZJ ZT 3D 3H  If the plan provides welfare benefits, enter the applicable welfare f  V Compliance Questions	feature code	s from the List of Plan Charad	cterist	ic Cod	les in t	he instru	uction	s:		
10	During the plan year:				Yes	No		A	moun	t	
а	Was there a failure to transmit to the plan any participant contribu					.,					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide		<u> </u>	10a		X					
D	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ					10	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's	s fidelity bond	d, that was caused by fraud						-		
e	or dishonesty?	her persons I of the bene	by an insurance carrier, fits under the plan? (See	10d 10e	X	X					3959
f	Has the plan failed to provide any benefit when due under the pla			10f		X	<del>                                     </del>				
g	Did the plan have any participant loans? (If "Yes," enter amount a				X		-				3823
<u>9</u>	If this is an individual account plan, was there a blackout period?		,	10g	^						3023
	2520.101-3.)	•		10h		X					
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part								<del></del>			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				······				Ye	es X	No
	Enter the unpaid minimum required contribution for current year f				•	11a	<u></u>	<del></del>	<del></del>		7
12	Is this a defined contribution plan subject to the minimum funding			or se	ction :	302 of	ERISA?	<u> </u>	Ye	es X	No
	(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 bei		·	rtions	and a	anter +	he date	of the	lettor	rulina	
a	granting the waiver.	-			, and t	Day			ear	rumi	<u> </u>

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	( No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to	)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	<b>13c(3)</b> P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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

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OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection** 

rensi	on Benefit Guaranty Corporation	Complete all autrice in				Dublic Is Open to
Part		→ Complete all entries in a t Identification Information	accordance with the in	nstructions to the Forr	n 5500-SF.	Public Inspection
For cale	endar plan year 2014 or f	iscal plan year beginning 01/01/	/2014			
		a single-employer plan		and ending	12/31/2014	
A This	return/report is for:		of participating em	ployer information in ac	errdance with t	king this box must attach a lis
D		a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,	Jordanice Willi (i	ne form instructions)
B This	return/report is	the first return/report	the final return/repo	ort		
		an amended return/report		turn/report (less than 12	months)	
C Che	ck box if filing under:	Form 5558	automatic extension			_
		special extension (enter descrip		<b></b>	∐ DF	FVC program
Part I	Basic Plan Info	rmation—enter all requested info				
1a Nan	ie oi pian		rmation			
TREASU	RE COAST IRRIGATION	8 LANDSCAPE, LLC 401K PLAN			1b Three	⊱digit :
					(PN)	number 002
						tive date of plan
2a Plan	sponsor's name and add	dress; include room or suite number			01/01	/2003
TREASUR	RE COAST IRRIGATION	& LANDSCAPE, LLC	(employer, if for a sing	le-employer plan)	2b Emplo	yer Identification Number
					(EIN)	26-0493128
7900 SE E	RIDGE ROAD	*			2c Spons	sor's telephone number
					2d Busine	(561) 746-5186
	UND. FL 33455	1-11 [7]-			541320	ess code (see instructions)
04 1 1811	administrator's name an	d address Same as Plan Sponsor				istrator's EIN
						200 0 10
					3C Admini	istrator's telephone number
4 If the	name and/or FIN of the	nlan snonsor has observed : "				
		plan sponsor has changed since the ber from the last return/report.	last return/report filed	for this plan, enter the	4b EIN	
a Spon	sor's name				4c PN	
5a Total	number of participants a	t the beginning of the plan year				
D TOTAL	number of participants a	t the end of the plan year			5a	97
						97
					5c	27
	parti	orpants at the beginning of the plan	year		5d(1)	00
0 Number	al number of active parti	cipants at the end of the plan year		~*********	5d(2)	90
						89
Caution: A	nenalty for the late or	learner to gen			5e	0
Under pen	alties of perjury and othe	incomplete filing of this return/re r penalties set forth in the instruction signed by an enrolled actuary, as we	is I declare that I have	unless reasonable car	ise is establis	hed.
belief, it is	True, correct and comple	r penalties set forth in the instruction signed by an enrolled actuary, as wi	ell as the electronic ver	sion of this return/report	ort, including, and to the be-	if applicable, a Schedule
SIGN	Mhr 1	Talls	11.11		1	at of my knowledge and
HERE	9/11/		1/1/15	Thomas Balling		
CION	Signature of plan adn	imistrator	Date	Enter name of individu	Jal signing as r	lan administrator
SIGN HERE		/			3 3 1	sur duministrator
Prenarer's	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial cigning as o	ample and a second
. opaici S i	ame (including firm nam	ne, if applicable) and address (includ	e room or suite number	r) (optional)	Preparer's tel	employer or plan sponsor ephone number (optional)
				VK	And the second s	(upuonal)
				}		
or Paperwo	rk Reduction Act Nation of	d CUID to				

6	Were all of the plan's assets during the plan year invested in eligion  Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan care.	r an independ	ent qualified public accou	ntant	(IQPA)			X Yes	☐ No
	and on the object of the plan calliot use form 5500-SF and must instead use F-							X Yes	∐ No
	in the plan is a delined benefit plan, is it covered under the PBGC i	insurance pro	gram (see ERISA section	4021)	)?	Yes	No 🗆	Vot detern	nined
	art III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Y	ear	T	-	b) End of	Voor	
	Providence and the second seco	7a	822		$\dashv$		oj Lila di	887380	_
k	Pierri il dominio	. 7b			$\neg \uparrow$			007300	
	1 ceresic (education into 76 norm line 78)	. 7c	822	296	$\top$			887380	-
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota		
а	Contributions received or receivable from: (1) Employers	0.40					(5) 100		END SELECT
	(2) Participants								
	(3) Others (including rollovers)	8a(2)	354	173	_				
b	Other income (loss)	. 8a(3)							
C		I IAR	332	242					
d	Benefits paid (including direct rollovers and insurance premiums	8c						68715	
-	to provide benefits)	8d		2					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	8f	36	29					
<u>g</u>	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3631	
+	Net income (loss) (subtract line 8h from line 8c)	8i						65084	
- 1	Transfers to (from) the plan (see instructions)					00004			
Pa 9a	rt IV Plan Characteristics								
b	If the plan provides pension benefits, enter the applicable pension for 2A 2E 2F 2G 2J 2T 3D 3H  If the plan provides welfare benefits, enter the applicable welfare feative.  **Tompliance Questions**								
10	During the plan year:								
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Vivers there are transmit to the plan any participant contribution.)	ons within the	time period described in		Yes	No	Am	ount	
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	(Do not in al.	1	10a		X			
C	Was the plan covered by a fidelity bond?				V				
d	Did the plan have a loss, whether or not reimbursed by the plan's find the plan by the pla	idolity band 4		10c	Х	×		100	0000
е	instructions.)	r persons by a f the benefits	an insurance carrier, under the plan? (See	10d	Х	^		9	3959
f	Has the plan failed to provide any benefit when due under the plan?	?		10f	$\neg$	X			1333
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end )			<u> </u>				
h	If this is an individual account plan, was there a blackout period? (S. 2520.101-3.)	on implement	100.0==	10g	X	v		3	3823
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice		10h	$\dashv$	X			
Part	VI Pension Funding Compliance			10i		10,000			
11	Is this a defined benefit plan subject to minimum funding requiremen 5500) and line 11a below)	nts? (If "Yes,"	see instructions and comp	olete S	Schedu	ıle SB (Form	1 _	. П	
11a	Enter the unpaid minimum required contribution for current year from	n Schedule Ci	3 (Form 5500) !: 00		····	2000		Yes X	No
12	Is this a defined contribution plan subject to the minimum funding re	quirements of	section 443 - ##	•••••	1	1a			
а	(iii 103, complete lifle 12a of lines 12b, 12c, 12d, and 12e below as	annlicable )						Yes X	No
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	arriortized in t	nis pian year, see instruct	ions, a	and en	ter the date	of the lett	ter ruling	_

-	Form 5500-SF 2014 Page <b>3</b> - 1					
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to I	ine 13				
b	Enter the minimum required contribution for this plan year.		12b			
C						
	Enter the amount contributed by the employer to the plan for this plan year	**********************	12c			
u	negative amount)	the left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	7 N-	П
Part	VII Plan Terminations and Transfers of Assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		168	No	N/A
13a	Has a resolution to terminate the plan been adopted in any plan year?			, G.,		
	if res, enter the amount of any plan assets that reverted to the employer this year		42-	es X No	0	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broof the PBGC?					
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	entify the plan(s)			Yes	X No
1;	3c(1) Name of plan(s):					
		13	Bc(2) Ell	۷(s) ·	13c(3	) PN(s)
D1	1/211 W					
	VIII Trust Information (optional)				1	
14a N	Name of trust	Т.	lAb T			
			HU IN	st's EIN		