## 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 section 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	art I	Annual Report I	dentification Information	n							
For	calend	ar plan year 2009 or fisc	cal plan year beginning 01/0	1/2009		and ending	12/31/2	2009			
Α	This ret	turn/report is for:	x single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This ret	turn/report is for:	first return/report	X	final retur	n/report		_			
		·	an amended return/report	<u> </u>	short plan	year return/report (less than 12 m	onths)				
С	Check I	box if filing under:	X Form 5558	Π,	automatic	extension		DFVC program			
		3	special extension (enter des	 scription	n)						
Pá	art II	Basic Plan Infor	mation—enter all requested i	informa	tion						
	Name		The state of the s				1b	Three-digit			
LOC	KPORT	Γ'S FOUR SEASON LA\	WN SERVICE, INC. 401(K) PRO	OFIT SH	HARING I	PLAN AND TRUST		plan number			
							4.0	(PN)			
							10	Effective date of plan 09/01/1997			
2a	Plan s	ponsor's name and add	Iress (employer, if for single-emp	ployer p	olan)		2b	Employer Identification Number			
LOC	KPORT	TS FOUR SEASONS LA	AWN SERVICE, INC.				<u> </u>	(EIN) 16-1454070			
пО	DOV E	76					2c	Plan sponsor's telephone number 716-434-2344			
	.O. BOX 576 OCKPORT, NY 14095						2d	Business code (see instructions)			
								541320			
		idministrator's name and IS FOUR SEASONS LA	d address (if same as Plan spon	nsor, en		9")	3b	Administrator's EIN 16-1454070			
LUC	KFOKI	13 FOOK SEASONS EA			, NY 14095	;	3c	Administrator's telephone number			
								716-434-2344			
			lan sponsor has changed since per from the last return/report. S			port filed for this plan, enter the	4b	EIN			
	name, i	Eliv, and the plan humb	er from the last return/report. 5	ponsor	s name		4c	PN			
5a	a Total number of participants at the beginning of the plan year							2			
b	•						. 5b	0			
С	Totalı	number of participants v	with account balances as of the	end of	the plan y	ear (defined benefit plans do not					
		•					. 5c	0			
		•	• , ,	•		(See instructions.)		Yes No			
b						ndent qualified public accountant (ICons.)		X Yes No			
	If you	answered "No" to eit	her 6a or 6b, the plan cannot	-		SF and must instead use Form 5					
Pa	rt III	Financial Inform	nation								
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
a		•			7a	4224		0			
b	. 0	plan liabilities			7b		0	0			
<u>C</u>		,	7b from line 7a)		7c	4224	13	0			
8		ne, Expenses, and Trans				(a) Amount		(b) Total			
а		ibutions received or receimployers	eivable irom:		8a(1)		0				
	(2) P	articipants			8a(2)	374	12				
	<b>(3)</b> O	thers (including rollover	s)		8a(3)		0				
b	Other	income (loss)			8b	1250	)4				
С	Total i	income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)		8c			16246			
d			t rollovers and insurance premiu		0.4	584	20				
to provide benefits)  e Certain deemed and/or corrective distributions (see instructions)			F	8d 8e	3640	0					
e f			ers (salaries, fees, commissions	´ F	8f		0				
g			ers (salaries, lees, commissions		8g		0				
9 h		•	, 8e, 8f, and 8g)		<u>oy</u> 8h			58489			
i			ne 8h from line 8c)	Γ	8i			-42243			
-		` , `	,	F							
j	Trans	ters to (trom) the plan (s	see instructions)		8j		0				

Part IV	Plan	Charac	teristics

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	0	prantipromate nemare serione, error and approcasio menare realis			0101101					
art	٧	Compliance Questions								
0	Duri	ng the plan year:				Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Die 10a.)		·	10b		X			
С	Was	the plan covered by a fidelity bond?			10c		X			
d		he plan have a loss, whether or not reimbursed by the plan's fidel		10d		X				
е	insu	e any fees or commissions paid to any brokers, agents, or other p ance service or other organization that provides some or all of the actions.)	e plan? (See	10e		X				
f	Has	the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		Χ			_
h	If this	s is an individual account plan, was there a blackout period? (See	e instructions and 29	9 CFR	10h		X			
i		n was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3			10i					
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements							Yes No	<u> </u>
2	Is th	s a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Yes X No	о С
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а		raiver of the minimum funding standard for a prior year is being ar								
lf v		ing the waiverompleted lines 3, 9, and 10 of Schedule ME			ın		Day		Year	
		the minimum required contribution for this plan year				[	12b			_
		the amount contributed by the employer to the plan for this plan				1	12c			_
	Subt	act the amount in line 12c from the amount in line 12b. Enter the tive amount)	result (enter a minu	us sign to the left of	of a		12d			_
е	-	ne minimum funding amount reported on line 12d be met by the fo				-		Yes	No N/A	
art		Plan Terminations and Transfers of Assets								_
3a	Has	a resolution to terminate the plan been adopted during the plan ye	ear or anv prior vea	r?					X Yes No	 ა
		s," enter the amount of any plan assets that reverted to the emplo				Г	13a			0
b	Were	all the plan assets distributed to participants or beneficiaries, trai	nsferred to another				ntrol	1	X Yes No	_ ა
С	If du	ing this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)		plan(s), identify th	ne plai	n(s) to				
1		Name of plan(s):			13c(2) EIN			N(s)	<b>13c(3)</b> PN(s)	_
										_
`auti	on: /	penalty for the late or incomplete filing of this return/report	will be assessed i	ınlass raasanahl	0 0311	ısa is	ostabl	ishad		_
Jnde SB or	r pena Sche	alties of perjury and other penalties set forth in the instructions, I odule MB completed and signed by an enrolled actuary, as well as	declare that I have e	examined this retu	ırn/rep	ort, ir	cludin	g, if applica		_
ellef		rue, correct, and complete.								_
SIGN	Fil	ed with authorized/valid electronic signature.	09/08/2010	ALLISON SCHWE	EITZE	R				

SIGN	Filed with authorized/valid electronic signature.	09/08/2010	ALLISON SCHWEITZER
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Complete all entries in acc	ordance v	vith the instructions to the Form 55	00-SF	. Ins	spection
	Part   Annual Report Identification Information			-		
F	or calendar plan year 2009 or fiscal plan year beginning	01/01	/2009 and ending		12/31/200	) 9
A	This return/report is for: X single-employer plan	□ multiple	e-employer plan (not multiemployer)			
	This return/report is for: first return/report	$\overline{\Box}$	turn/report		one-participa	nt plan
	an amended return/report	=				
_			lan year return/report (less than 12 m	onths)		
C	Check box if filing under:		atic extension		DFVC progra	m
5007°	special extension (enter descrip					
_	Part II Basic Plan Information—enter all requested information	rmation				
18	Name of plan			1b	Three-digit	
	Lockport's Four Season Lawn Service, In	ic.			plan number	
	401(k) Profit Sharing Plan and Trust			_	(PN)	001
				1c	Effective date of 09/01/1997	plan
<b>2</b> a	Plan sponsor's name and address (employer, if for single-employer Lockports Four Seasons Lawn	er plan)		26		
	Service, Inc.	o. pianij		20	Employer Identifi (EIN) 16-1454	cation Number
				2c	Plan sponsor's te	lephone number
	P.O. Box 576				(716)434-2	344
	Lockport		NV 1400E	2d	Business code (s 541320	ee instructions)
3a	Plan administrator's name and address (if same as Plan sponsor,	enter "Sar	NY 14095	3h	Administrator's E	INI
	Same		,	35	Administrators	IN
				3c	Administrator's te	lephone number
1	If the name and/or EIN of the plan areas is a line of the plan areas in the line of the plan areas in the line of the plan areas is a line of the plan areas in the line of th					
7	If the name and/or EIN of the plan sponsor has changed since the lange in the plan number from the last return/report. Spons	ast return/r	eport filed for this plan, enter the	4b	EIN	
		or s name		4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		
b	Total number of participants at the end of the plan year					
C	Total number of participants with account balances as of the end of	of the plan	year (defined henefit plans do not	5b		(
	complete this item)			5c		(
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions)			X Yes No
b	Are you claiming a waiver of the annual examination and report of	f an indend	indent qualified public assessment (10	DAY		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			X Yes No
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500	SF and must instead use Form 550	00.		
7	Plan Assets and Liabilities					
а	Total plan assets	_	(a) Beginning of Year		(b) End of	Year
	Total plan liabilities	7a	42,24	3		0
				0		0
	Net plan assets (subtract line 7b from line 7a)	7c	42,24	3		0
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Tot	al
	(1) Employers	8a(1)				
	(2) Participants		2.74			
	(3) Others (including rollovers)	8a(2)	3,742	1		
	Other income (loss)	8a(3)	10.50	4		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	12,504	1		
	Benefits paid (including direct rollovers and insurance premiums	8c				16,246
	to provide benefits)	8d	58,489			
	Certain deemed and/or corrective distributions (see instructions)	8e	77,103	4		
	Administrative service providers (salaries, fees, commissions)	8f		1		
	Other expenses			ď		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h	Ü			
	Net income (loss) (subtract line 8h from line 8c)					58,489
	Fransfers to (from) the plan (see instructions)	8i	_			(42,243)
	( (	Qi	$\cap$			

Signature of employer/plan sponsor

Page	2-		
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Processor and											
	t IV	Plan Characteristics									
		plan provides pension benefits, enter the applicable pension 2E 2J 3D									
b	If the	plan provides welfare benefits, enter the applicable welfare f	eature codes from the	ne List of Plan Char	acteris	stic Co	des in	the instr	uctions:		
Part	٧	Compliance Questions									
10		ng the plan year:				Yes	No	T	Amo	unt	
	29 (	there a failure to transmit to the plan any participant contribut CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correction Pro	gram)	10a		Х				
b	Were on lin	there any nonexempt transactions with any party-in-interest	? (Do not include tra	nsactions reported	10b		Х				
С		the plan covered by a fidelity bond?			10c		X				
d	Did t	ne plan have a loss, whether or not reimbursed by the plan's f	fidelity bond, that wa	s caused by fraud	10d		Х				
	Were	any fees or commissions paid to any brokers, agents, or other ance service or other organization that provides some or all or ctions.)	er persons by an ins f the benefits under t	urance carrier,	10e		Х				
		he plan failed to provide any benefit when due under the plan			10f		X				
		e plan have any participant loans? (If "Yes," enter amount as			10g		X				-
h	If this	is an individual account plan, was there a blackout period? (\$101-3.)	See instructions and	29 CFR	10h		X				
i	If 10h	was answered "Yes," check the box if you either provided the tions to providing the notice applied under 29 CFR 2520.101-	e required notice or o	one of the	10ii		71				
		Pension Funding Compliance			101						
11	ls this	a defined benefit plan subject to minimum funding requireme	nts? (If "Yes," see in	structions and comp	plete S	Schedu	ıle SB	(Form	П	у Г	
12	Is this	a defined contribution plan subject to the minimum funding re	equirements of secti	on 412 of the Code						Yes Yes	N
If yo	ou coi	iver of the minimum funding standard for a prior year is being go the waiver.  Inpleted line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), ar	Monto od skip to line 13.	h		Day .	e date of	the lette Year	er rulin	j
		he minimum required contribution for this plan year					l2b				
d S	Subtra	he amount contributed by the employer to the plan for this pla of the amount in line 12c from the amount in line 12b. Enter the	ne result (enter a mir	ous sign to the left o	fa		12c		-		
e v	Mill the	e amount)	6 m din m de - 111 - 0					7			
art V	11	minimum funding amount reported on line 12d be met by the	runding deadline?					Yes	No		N/A
	2000000	esolution to terminate the plan been adopted during the plan	Vear or any prior yea						·	,	
		enter the amount of any plan assets that reverted to the em					3a		X	es	No
<b>b</b> V	Vere a	Il the plan assets distributed to participants or beneficiaries, to PBGC?	ransferred to anothe	r plan or brought up	nder th	ne conf				/aa [	NI-
C If	durin	g this plan year, any assets or liabilities were transferred from ssets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan(	s) to			X Y	es _	No
130	(1) N	ame of plan(s):				13c(2	2) EIN	l(s)	130	c(3) PI	l(s)
aution	: A p	enalty for the late or incomplete filing of this return/repor	t will be assessed u	unless reasonable	cause	e is es	tablis	hed.			
5 01 3	chedu	es of perjury and other penalties set forth in the instructions, I be MB completed and signed by an enrolled actuary, as well a se, correct, and complete.	declare that I have eas the electronic vers	examined this return sion of this return/re	n/repor port, a	rt, inclu and to t	uding, the be	if applica est of my	ble, a S knowled	chedu ge and	е
IGN	X	inbelly A. Relyn	X 9/2/10	Kimberly A.	Reh	m					
ERE	Sig	nature of plan administrator	Date	Enter name of indi	ividual	signin	g as p	olan admi	nistrato	r	
IGN	XX	m very A. Kehm	/ 1	Kimberly A.	Reh	m					
ERE	Sig	nature of employer/plan sponsor	Date	Enter name of in di	اعتيامتية	-1					

Date

Enter name of individual signing as employer or plan sponsor