Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DIXIE LANDSCAPE 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
DIXIE LANDSCAPE, INC.

12950 NW 113TH COURT
MIAMI, FL 33116-0328

2b Employer Identification Number (EIN)
59-2305363

2c Sponsor's telephone number
305-884-5700

2d Business code (see instructions)
811410

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/06/2011	JEFF REAMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/06/2011	JEFF REAMER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

DIXIE LANDSCAPE, INC.

12950 NW 113TH COURT
MIAMI, FL 33116-0328

3b Administrator's EIN: 59-2305363

3c Administrator's telephone number: 305-884-5700

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	217
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	130
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	133
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	133
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	38
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2J 2E 2K 2F 2G

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DIXIE LANDSCAPE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
DIXIE LANDSCAPE, INC.

D Employer Identification Number (EIN)
59-2305363

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	196-00239	38	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
5211	1303

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
UBS FINANCIAL SERVICES, INC.
1200 HARBOR BLVD-8TH FLOOR
WEEHAWKEN, NJ 07086

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5211	0	N/A	4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NATIONAL BENEFIT SERVICES, LLC
8523 SOUTH REDWOOD ROAD
SANDY, UT 84088

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1303	N/A	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1290740
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	B Three-digit plan number (PN) ▶	
DIXIE LANDSCAPE 401(K) RETIREMENT PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
DIXIE LANDSCAPE, INC.	59-2305363

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 64 15 67	PROVIDER	12119	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

PWJC SALES AGENCY INC

1200 HARBOR BLVD-8TH FLOOR
WEEHAWKEN, NJ 07086

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 64	ADVISOR	0	Yes [X] No [ ]	Yes [ ] No [X]	5211	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DIXIE LANDSCAPE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DIXIE LANDSCAPE, INC.

D Employer Identification Number (EIN)
59-2305363

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE LIFE INSURANCE COMPANY

b Name of sponsor of entity listed in (a): NATIONWIDE LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-000	P	1393608

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DIXIE LANDSCAPE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DIXIE LANDSCAPE, INC.

D Employer Identification Number (EIN)
59-2305363

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13229	
(2) Participant contributions	1b(2)	7378	
(3) Other	1b(3)	1150	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	48128	102869
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1097355	1290740
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1167240	1393609
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1167240	1393609

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	153223	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		153223
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		333888
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		487111
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	260742	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		260742
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		260742
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		226369
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BINSTOCK, RUBIN, ADLER, ALDECOA & E (2) EIN: 20-4183255

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		125000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
DIXIE LANDSCAPE 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DIXIE LANDSCAPE, INC.

D Employer Identification Number (EIN)
59-2305363

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-4156830

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Dixie Landscape
401(k) Retirement Plan
Financial Statements
Year Ended December 31, 2009 and 2008

Dixie Landscape
401(k) Retirement Plan

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R A
B
A E

Binstock, Rubin, Adler, Aldecoa & Ellzey, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

Leslie Adler, CPA
Jorge L. Aldecoa, CPA
Alex S. Binstock, CPA
Benjamin D. Bohlmann, CPA
Randall C. Ellzey, CPA
Wendy M. Garcia, CPA
Ronald S. Rubin, CPA
Lynn R. Shar, CPA

Audra L. Hill, CPA
Nancy L. Sinderbrand, CPA

Founding Members:
David M. Berman, CPA
Bernard Swichkow, CPA

INDEPENDENT AUDITORS' REPORT

Dixie Landscape
401(k) Retirement Plan
Miami, Florida

We were engaged to audit the accompanying statements of net assets available for benefits of Dixie Landscape 401(k) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and 2008 and the supplemental schedules of (1) Schedule H, Line 4i-Schedule of Assets Held (At End of Year) and (2) Schedule H, Line 4j – Schedule of Reportable Transactions. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by the 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3 which was certified by Nationwide Financial Services, Inc., the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information in the plan's 2009 and 2008 financial statement and supplemental schedules that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Binstock, Rubin, Adler,
Aldecoa & Ellzey, P.A.

Miami, Florida
January 17, 2011

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Dixie Landscape
401(k) Retirement Plan

Statements of Net Assets Available For Benefits

December 31,	2009	2008
Assets		
Investments - At Fair Value		
Mutual Funds (see Notes 4,5,6)	$ 1,290,740	$ 1,097,355
Participants' Loans	102,869	49,278
Total Investments - At Fair Value	1,393,609	1,146,633
Receivables		
Participants' Contribution	-	7,378
Employer's Contribution	-	13,229
Total Receivables	-	20,607
Total Assets	1,393,609	1,167,240
Liabilities		
Corrective Distributions Payable	76,483	-
Net Assets Reflecting Investments at Fair Value	1,317,126	1,167,240
Adjustment From Fair Value to Contract Value For Fully Benefit-Responsive Investment Contracts (Note 4)	-	-
Total Assets - Net Assets Available For Benefits	$ 1,317,126	$ 1,167,240

See Accompanying Notes to Financial Statements

Dixie Landscape
401(k) Retirement Plan

Statements of Changes in Net Assets Available For Benefits

Year ended December 31,	2009	2008
Additions To Net Assets Attributed To		
Investment Income:		
Net Appreciation (Depreciation) in Fair Market Value of Investments (Note 5)	$ 329,583	$ (613,990)
Interest and Dividends	4,305	2,654
Total Investment (Loss) Income	333,888	(611,336)
Contributions		
Employer	-	95,395
Participants	153,223	188,540
Other (including Rollovers)	-	-
Total Contributions	153,223	283,935
Total Additions	487,111	(327,401)
Deductions		
Benefits Paid to Participants	260,742	81,321
Corrective Distributions	76,483	-
Total Deductions	337,225	81,321
Net Increase (Decrease) In Net Assets	149,886	(408,722)
Net Assets Available For Benefits -		
Net Assets Available For Benefits - Beginning of Year	1,167,240	1,575,962
End of Year	$ 1,317,126	$ 1,167,240

See Accompanying Notes to Financial Statements

Dixie Landscape
401(k) Retirement Plan

Summary of Accounting Policies

December 31, 2009 and 2008

Description of Plan

The following description of Dixie Landscape ("Company") 401(k) Retirement ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all full-time employees of the Company who have three months of credited service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute pretax compensation up to the maximum allowed by the Internal Revenue Service ($16,500 for 2009). Participants who have attained age 50 before the end of the plan year are eligible to make catch up contributions ($5,500 for 2009). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

On December 2, 2008, the plan was amended to stop the Safe Harbor Matching contribution effective January 1, 2009. The Company may contribute a matching contribution, equal to 100% of the first 3% of compensation plus 50% of the next 2%. Combined Employer and employee elective deferrals per employee are limited to 100% of wages up to $49,000 ($54,500 for employees age 50 or older).

The Company decided not to make discretionary matching contributions in 2009.

Dixie Landscape
401(k) Retirement Plan

Summary of Accounting Policies

December 31, 2009 and 2008

Description of Plan,
Continued

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and the Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. A participant's benefit is the amount provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and rollovers plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of credited service. Benefits are vested at a rate of twenty (20) percent per year of credited service for years two through six. A participant is one-hundred (100) percent vested after six years of credited service or if while employed, attains age sixty-five (65) or higher, dies or becomes disabled.

Investments

Upon enrollment in the Plan, a participant may direct employee contributions to mutual funds managed by Nationwide Financial Services, Inc. Participants may change their investment alternatives as often as permitted. Participants have online access to their accounts.

Description of Plan,
Continued

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes fund. Loan terms generally range from 1 to 5 years or if permitted by the Plan Administrator for the purchase of primary residence.

The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan Administrator. Interest rates range between 1% - 6%. All loans must have a definite repayment period for the loan to be amortized on a level basis over a reasonable period of time. Principal and interest is paid ratably through weekly payroll deductions.

The Plan was amended effective December 8, 2009 to allow participants to have two outstanding loans at one time with the combined total less than or equal to the maximum.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments of at least $1,000. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Dixie Landscape
401(k) Retirement Plan

Summary of Accounting Policies

December 31, 2009 and 2008

Description of Plan, Continued

Forfeited Accounts

Forfeited balances of terminated participant's non-vested accounts may be used to pay the Plan's administrative expenses or reduce future company contributions. In 2009 and 2008 forfeitures totaled $0 and $0 respectively. Amounts allocated to withdrawing participants are recorded on Form 5500 for benefit claims that have been processed and approved for payment prior to December 31st but not yet paid as of that date.

Plan Termination

The Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Participants would become one-hundred (100) percent vested in their accounts, if the Plan was terminated. The Company has not expressed an intent to terminate the plan in the foreseeable future.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting. As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1, Reporting of Fully Benefit-Responsive Investment Contracts held by Certain Investment Companies Subject to the AICPA Defined-Contribution Health and Welfare and Pension Plans Guide (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value.

Dixie Landscape
401(k) Retirement Plan

Summary of Accounting Policies

December 31, 2009 and 2008

Basis of Accounting

However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan and Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value (see Note 6). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. (See Note 6). Mutual funds are valued at quoted market prices which represent the net value of shares held by the Plan at year-end.

Dixie Landscape
401(k) Retirement Plan

Summary of Accounting Policies

December 31, 2009 and 2008

Investment Valuation and Income Recognition, Continued

Participants loans are valued at cost which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

As stated in FASB ASC 820-10-35-5, "The Principle (or most advantageous) market (and thus, market participants) should be considered from the perspective of the reporting entity, thereby allowing for differences between and among entities with different activities". The Plan Sponsor has evaluated the appropriate classification for each type of investments securities based upon the Plan's portfolio and actual fair valuation techniques used.

Plan Expenses

Mutual fund transaction costs and certain other investment costs are charged to the Plan and allocated either proportionally based on the value of the account balance or an equal dollar amount based on the number of participants in the Plan and are presented as investment expenses in the accompanying financial statements.

Payment of Benefits

Benefits are recorded when paid.

Dixie Landscape
401(k) Retirement Plan

Notes to Financial Statements

December 31, 2009 and 2008

1. Delinquent Contributions

During 2008, plan sponsor did not timely remit contributions to the plan amounting to approximately $22,607 as per Department of Labor Rule 29 CFR 2510.3-102.

2. Tax Status

The Internal Revenue Service had determined, and informed the Company by a letter dated January 11, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan's Administrator believes that the Plan is currently designed and is being operated in compliance with applicable requirements of the Internal Revenue Code.

3. Information Certified By The Plan's Custodian

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Nationwide Financial Services, Inc., except for comparing, such information certified by the custodian to information in the Plan's financial statements and supplemental schedule of assets held for investment purposes at the end of the year.

3. Information Certified By The Plan's Custodian, Continued

Value of Nationwide Life Insurance Company Mutual Funds as of December 31,

	2009	2008
AmCent Inc Gr Adv	46,344	64,623
AmCent Infl Adj Bd A	1,999	-
AmCent Gr A	60,209	43,090
AmCent Intl Gr A	11,752	13,463
AmFds EuroPacfcGr R3	35,256	21,488
AmFds Gr Fd Am R3	23,056	15,784
Davis NY Vntr A	2,558	2,455
Drey App	42,232	40,075
Drey Bal Oppr Z	7,682	5,603
Drey Thrd Cent Z	-	156
DWS RREEF RealEst Sec A	496	1,161
Fed Intmd Corp BdInst Svc	10,113	7,434
FidAdv Eq Gr A	8,833	11,941
FidAdv Eq Inc A*	88,098	62,823
FnkIn SmMdCap Gr A	3,211	1,899
FnkInTmp Forgn A	24,326	16,412
GdmnScs MdCap ValA	6,130	5,453
GdmnScs SmCap ValA	531	485
Invsco Dynmc inv*	144,947	142,837
Invsco SmCap Gr A	1,460	2,081
Invsco SmCap Gr Inv	5,713	3,763
Invsco VK Comstk A	278	1,230
Janus Adv LgCapGr S	-	15,938
JN Fd S	26,786	-
JN Adv WWS	-	953
Jn WW S	640	-
Jns Frty S*	110,762	141,093

* The fair value of individual investments that represent 5% or more of the Plan's net assets.

3. Information Certified By The Plan's Custodian, Continued

	2009	2008
LeggM ClrBrdg Aggr Gr A	1,026	1,073
MFS Value Fd A	8,191	6,440
NW Bd Indx A	14,723	16,834
NW Govt Bd D	28,812	12,553
NW Inv Dest Aggr Svc	1,313	5,064
NW Inv Dest Mod Aggr Svc	13,576	9,436
NW INV Dest Mod Cnsrv Svc	1,783	1,849
NW Inv Dest Mod Svc	15,081	10,591
NW Mny Mkt Inst	2,911	5,102
NW SmCap Indx A	59,485	44,360
NW Shrt Dur Bd Svc	2,729	4,846
NW SP 500 Indx Svc	10,847	7,609
Opp Global Fnd Cls A*	104,968	84,979
Opp Glbl Strat Inc A*	73,881	53,014
Oppnhmr Global Oppor Fnd A	21,714	10,585
PIMCO Real Rtn A	2,653	-
PIMCO Ttl Rtn A*	80,734	74,468
Pioneer High Yield Fd A	37,204	18,833
Pioneer Strategic Income A	7,733	5,055
WFA Common Stock Fnd Cl A*	137,964	102,424
	$1,290,740	$1,097,355

* The fair value of individual investments that represent 5% or more of the Plan's net assets.

The custodian certified the contributions receivable of $0 and $20,607 for the years ended December 31, 2009 and 2008 respectively.

The custodian certified participant loans of $102,869 and $49,278 as of December 31, 2009 and 2008 respectively.

3. Information Certified By The Plan's Custodian, Continued

The custodian certified to the completeness and accuracy of $329,583 and ($613,990) of net appreciation (depreciation) in fair market value of investments for 2009 and 2008, respectively. The custodian certified $4,305 and $2,654 of interest income related to the aforementioned investments for the years 2009 and 2008, respectively.

4. Investment Contract With Insurance Company

The Plan has a fully benefit-responsive investment contract with Nationwide Insurance Company which is reported at fair market value. The Plan is one of several participating plans in a large pool of investments which is referred to as pooled separate accounts "PSA". The purpose of a separate account is to provide flexibility in the investment of the plan's funds. Each plan's share of a PSA is determined on a participation-unit basis. A plan's share would be the value of its units determined in accordance with applicable guidance for valuing investment contracts, and the funds held in the separate account should be viewed as an unallocated funding arrangement. The participation unit value is adjusted periodically, usually each business day, to reflect investment results under the separate account.

The contract with Nationwide is a variable annuity contract, i.e. the contract does not provide guaranteed returns. The participants direct their own investments (participant directed). When you direct investments, your accounts are segregated for purposes of determining the earnings or losses on these investments. Your benefits under the plan will depend in part upon your choice of investments. Gains as well as losses can occur. Your employer, the Administrator and the Trustee cannot guarantee the performance of any investment you choose.

4. Investment Contract With Insurance Company, continued

As described in the Summary of Accounting Policies Basis of Accounting, the relevant measure attribute for a fully benefit-responsive contract is contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The Plan's variable annuity contract consists of various participant directed mutual funds. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value for these investments is the same as the fair market value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2009 and 2008 was $1,290,740 and $1,097,355, respectively. The crediting interest rate is based on a formula agreed upon with the issuer.

Certain events related to the participant may limit the ability of the Plan to transact at Contract Value. Such events include but may not be limited to the following: (1) temporary absence; (2) change in position or other occurrence qualifying as a temporary break in service under the Plan; (3) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer; or (4) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Plan sponsor's business.

4. Investment Contract With Insurance Company, continued

Certain events related to the plan sponsor limit the ability of the plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan (2) changes to the plan's prohibition on competing investment options (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal incomes taxes or any required prohibited transaction exemption under ERISA.

The plan administrator does not believe that any events which would limit the plan's ability to transact at Contract Value with participants are probable of occurring.

5. Investments

During 2009, the plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $329,583 as follows:

Mutual Funds	$329,583
Common Stocks	-
Corporate Bonds	-
U.S. Government Securities	-
	$329,583

6. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2

Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

6. Fair Value Measurements, Continued

- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and December 31, 2008.

Mutual Funds
Valued at the net asset value (NAV) of shares held by the plan at year end.

Participant Loans
Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values.

6. Fair Value Measurements, Continued

Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and December 31, 2008 respectively.

Assets at Fair Value
As of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual Funds				
Balanced	$ 39,435	$ -	$ -	$ 39,435
Fixed Income	260,581	-	-	260,581
Growth	173,805	-	-	173,805
Specialty/Sector	151,648	-	-	151,648
Other	580,088	-	-	580,088
Value	14,851	-	-	14,851
Index	70,332	-		70,332
Total Mutual Funds	1,290,740	-	-	1,290,740
Common Stocks	-	-	-	-
Corporate Bonds	-	-	-	-
US Govt Securities	-	-	-	-
Contributions Receivable	-	-	-	-
Participant Loans	-	-	102,869	102,869
Total Assets at Fair Value	$ 1,290,740	$ -	$ 102,869	$ 1,393,609

6. Fair Value Measurements, Continued

Assets at Fair Value
As of December 31, 2008

	Level 1	Level 2	Level 3	Total
Mutual Funds				
Balanced	$ 32,543	$ -	$ -	$ 32,543
Fixed Income	193,037	-	-	193,037
Growth	180,468	-	-	180,468
Specialty/Sector	111,976	-	-	111,976
Other	514,984	-		514,984
Value	12,378	-	-	12,378
Index	51,969	-	-	51,969
Total Mutual Funds	1,097,355	-	-	1,097,355
Common Stocks	-	-	-	-
Corporate Bonds	-	-	-	-
US Govt Securities	-	-	-	-
Contributions Receivable	-	20,607	-	20,607
Participant Loans	-	-	49,278	49,278
Total Assets at Fair Value	$ 1,097,355	$ 20,607	$ 49,278	$ 1,167,240

6. Fair Value Measurements, Continued

Level 3

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2009 and December 31, 2008 respectively.

Level 3 Assets
Year Ended
December 31, 2009

	Participant Loans
Balance, beginning of year	$ 49,278
Purchases, sales, issuances, and settlements (net)	53,591
Balance, end of year	$ 102,869

Level 3 Assets
Year Ended
December 31, 2008

	Participant Loans
Balance, beginning of year	$ 13,240
Purchases, sales, issuances, and settlements (net)	36,038
Balance, end of year	$ 49,278

7. Reconciliation of Financial Statements To Schedule H Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to Schedule H of Form 5500:

	December 31, 2009	December 31, 2008
Net Assets Available For Plan Benefits Per the Financial Statements	$ 1,317,126	$ 1,167,240
Less: Employer's and Participants' Contributions Receivable at December 31,	-	-
Less: Delinquent Principal and Interest (DDL)	-	-
Plus: Corrective Distributions	76,483	-
Net Assets Available For Plan Benefits Per Schedule H of Form 5500	$ 1,393,609	$ 1,167,240

The Form 5500 includes Contributions Receivable at end of year and therefore no amount is reported in the reconciliation for this asset.

7. Reconciliation of Financial Statements To Schedule H Form 5500, Continued

Per IRS instructions, the Plan must continue to treat Deemed Distributed Loans (DDLs) as outstanding loans, while the Plan's 5500 Schedule H or I must exclude them from assets reported. A DDL occurs when a participant misses a loan payment (other than a leave of absence) and fails to make it up by a specified date, or the term for repaying the loan expires without full payment. The loans noted above are DDLs.

An offset loan (OFS) occurs when a participant has an outstanding loan, terminates employment, and is paid out from the plan. The loan is treated as part of the distribution.

A DDL for a participant who terminates employment and is paid out of the plan is treated as part of the distribution (DDL/OFS). Defaulted or Offset loans made under an individual account plan with investment experience segregated for each account and secured solely by a portion of the participant's vested account balance do not need to be reported on the 5500, thus these loans are not included in the reconciliation.

Corrective Distributions may be required in the event that employee contributions exceed contribution limitations of the plan. These amounts are recorded as a liability as of the plan's year end and are reflected on the statement of changes in net assets available for benefits as a deduction.

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Form 5500.

7. Reconciliation of Financial Statements To Schedule H Form 5500, Continued	Benefits paid to participants per Financial Statements	$ 337,225
	Add: Amounts allocated to withdrawing participants at December 31, 2009	-
	Less: Amounts allocated to withdrawing participants at December 31, 2008	-
	Less: Previous Deemed Distributed Loans (DDL) that are now offsets (including accrued interest)	-
	Less: Corrective Distributions	(76,483)
	Benefits Paid To Participants Per Form 5500	$ 260,742

7. Reconciliation of Financial Statements To Schedule H Form 5500, continued

The following is a reconciliation of benefits paid to participants for the year ended December 31, 2008 to Form 5500.

Benefits paid to participants per Financial Statements	$ 81,321
Add: Amounts allocated to withdrawing participants at December 31, 2008	-
Less: Amounts allocated to withdrawing participants at December 31, 2007	-
Less: Previous Deemed Distributed Loans (DDL) that are now offsets (including accrued interest)	-
Less: Corrective Distribution	-
Benefits Paid To Participants Per Form 5500	$ 81,321

8. Risks and Uncertainties

The Plan has investments in mutual funds that are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

The Plan, through its investment advisor, monitors the Plan's investments and the risks associated therewith on a regular basis, which the Plan believes minimizes these risks.

The Company operates in the South Florida landscaping market. There is no present intent to change the corporate structure at this time.

9. Reportable Transactions

Plans are required to report transactions that exceed 5% of the fair market value of plan assets at the beginning of the year. A participant terminated from the plan during 2009. His vested benefits withdrawn upon termination from the plan were $84,325. See Supplemental Schedule H Line 4j- Schedule of Reportable Transactions.

Corrective Distributions of $76,483 were accrued in these financials. See Supplemental Schedule H, Line 4j- Schedule of Reportable Transactions and Footnote number 7.

10. Trust to Trust Transfer

No trust transfers occurred during 2009 and 2008.

11. Related Party Transactions

Certain Plan investments are shares of various mutual funds managed by Nationwide Insurance Company "NationWide". Nationwide is the Custodian as defined by the plan, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the plan for the investment management services amounted to $12,119 for the year ended December 31, 2009.

12. Plan Expenses

Commissions paid by the plan to UBS Financial Services Inc. for the investment management services amounted to $5,211 and $7,883 for the year ended December 31, 2009 and December 31, 2008 respectively.

Fees paid by the Plan to National Benefit Services, LLC for bookkeeping services were $1,303 and $1,971 for 2009 and 2008 respectively.

13. Reclassification

Certain amounts in 2008 Financial Statements have been reclassified to conform to the 2009 presentation.

14. Subsequent Events

The Plan has evaluated and disclosed subsequent events through January 17, 2011, the date the Financial Statements were available to be issued.

Dixie Landscape 401(k) Retirement Plan

EIN:59-2305363

Plan 001

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
(Continued)

December 31, 2009 and 2008

[a]	[b] Identify of issuer	[c] Description of investment	[d] Cost	[e] Current Value 2009	[e] Current Value 2008
*	**	MFS Value Fd A	***	8,191	6,440
*	**	NW Bd Indx A	***	14,723	16,834
*	**	NW Govt Bd D	***	28,812	12,553
*	**	NW Inv Dest Aggr Svc	***	1,313	5,064
*	**	NW Inv Dest Mod Aggr Svc	***	13,576	9,436
*	**	NW INV Dest Mod Cnsrv Svc	***	1,783	1,849
*	**	NW Inv Dest Mod Svc	***	15,081	10,591
*	**	NW Mny Mkt Inst	***	2,911	5,102
*	**	NW SmCap Indx A	***	59,485	44,360
*	**	NW Shrt Dur Bd Svc	***	2,729	4,846
*	**	NW SP 500 Indx Svc	***	10,847	7,609
*	**	Opp Global FndCls A	***	104,968	84,979
*	**	Opp Glbl Strat Inc A	***	73,881	53,014
*	**	Oppnhmr GlobalOppor Fnd A	***	21,714	10,585
*	**	PIMCO Real Rtn A	***	2,653	0
*	**	PIMCO Ttl Rtn A	***	80,734	74,468
*	**	Pioneer HighYield Fd A	***	37,204	18,833
*	**	Pioneer StrategicIncome A	***	7,733	5,055
*	**	WFA Common StockFnd Cl A	***	137,964	102,424
		Participant Loans Interest ranging from 1% - 6%		102,869	49,278
		Total		$ 1,393,609	$ 1,146,633

* Party-in-interest

** Nationwide Life Insurance Company

*** Cost information not required as per special rule for certain participant-directed transactions.

Dixie Landscape
401(k) Retirement Plan

EIN:59-2305363

Plan 001

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2009 and 2008

Plans are required to report transactions that exceed 5 percent (%) of the fair market value of plan assets at the beginning of the year.

Net Assets Available for Benefits as of 1/1/09	$	1,167,240
5 percent threshold		5%
Reportable transaction threshold	$	58,362

Reportable Transactions:

(1) A participant terminated from the plan during 2009 with vested benefits upon termination from the plan:	$	84,325.06
(2) Corrective Distributions may be required in the event that employee contributions exceed contribution limitations of the plan, These amounts are recorded as a liability as of the plan's year end and are reflected on the statement of changes in net assets available for benefits as a deduction.		76,482.87
Total Reportable Transactions	$	160,807.93

Dixie Landscape 401(k) Retirement Plan

EIN:59-2305363

Plan 001

Schedule H, Line 4i - Schedule of Assets (Held At End of Year)

December 31, 2009 and 2008

[a]	[b] Identify of Issuer	[c] Description of Investment	[d] Cost	[e] Current Value 2009	[e] Current Value 2008
*	**	AmCent Inc Gr Adv	***	$ 46,344	$ 64,623
*	**	AmCent Infl Adj Bd A	***	1,999	0
*	**	AmCent Gr A	***	60,209	43,090
*	**	AmCent Intl Gr A	***	11,752	13,463
*	**	AmFds EuroPacfcGr R3	***	35,256	21,488
*	**	AmFds Gr Fd Am R3	***	23,056	15,784
*	**	Davis NY Vntr A	***	2,558	2,455
*	**	Drey App	***	42,232	40,075
*	**	Drey Bal Oppr Z	***	7,682	5,603
*	**	Drey Thrd Cent Z	***	0	156
*	**	DWS RREEF RealEstSec A	***	496	1,161
*	**	Fed Intmd Corp BdInst Svc	***	10,113	7,434
*	**	FidAdv Eq Gr A	***	8,833	11,941
*	**	FidAdv Eq Inc A	***	88,098	62,823
*	**	Fnkln SmMdCap Gr A	***	3,211	1,899
*	**	FnklnTmp Forgn A	***	24,326	16,412
*	**	GdmnScs MdCap ValA	***	6,130	5,453
*	**	GdmnScs SmCap ValA	***	531	485
*	**	Invsco Dynmc Inv	***	144,947	142,837
*	**	Invsco SmCap Gr A	***	1,460	2,081
*	**	Invsco SmCap Gr Inv	***	5,713	3,763
*	**	Invsco VK Comstk A	***	278	1,230
*	**	Janus Adv LgCapGr S	***	0	15,938
*	**	JN Fd S	***	26,786	0
*	**	Jn Adv WW S	***	0	953
*	**	Jn WW S	***	640	0
*	**	Jns Frly S	***	110,762	141,093
*	**	LeggM ClrBrdg Aggr Gr A	***	1,026	1,073

Dixie Landscape 401(k) Retirement Plan
Three-digit plan number (PN): **001**
Employer Identification Number: **59-2305363**

Schedule of Assets Held for Investment Purposes At End of Year 2009

[a]	[b] Identify of issue, borrower, lessor, or similar party	[c] Description of investment	[d] Cost	[e] Current Value
	Nationwide Life Insurance Company	PIMCO Ttl Rtn A	N/A	$80,733.98
	Nationwide Life Insurance Company	Jns WW S*	N/A	$640.39
	Nationwide Life Insurance Company	NW Govt Bd D	N/A	$28,811.95
	Nationwide Life Insurance Company	NW S P 500 Indx Svc	N/A	$10,847.19
	Nationwide Life Insurance Company	AmCent Intl Gr A	N/A	$11,752.00
	Nationwide Life Insurance Company	FnklnTmp Forgn A*	N/A	$24,325.99
	Nationwide Life Insurance Company	NW Inv Dest Mod Cnsrv Svc	N/A	$1,783.16
	Nationwide Life Insurance Company	NW Shrt Dur Bd Svc	N/A	$2,728.50
	Nationwide Life Insurance Company	Invsco VK Comstk A	N/A	$278.19
	Nationwide Life Insurance Company	Invsco SmCap Gr Inv*	N/A	$5,712.62
	Nationwide Life Insurance Company	PIMCO Real Rtn A	N/A	$2,653.11
	Nationwide Life Insurance Company	FidAdv Eq Gr A	N/A	$8,833.56
	Nationwide Life Insurance Company	NW Mny Mkt Inst	N/A	$2,910.94
	Nationwide Life Insurance Company	NW Inv Dest Mod Aggr Svc	N/A	$13,576.12
	Nationwide Life Insurance Company	Jns Frty S	N/A	$110,762.02
	Nationwide Life Insurance Company	Opp Glbl A	N/A	$104,967.70
	Nationwide Life Insurance Company	WFA Cmn Stk A*	N/A	$137,963.69
	Nationwide Life Insurance Company	Pionr Hi Yld A	N/A	$37,204.16
	Nationwide Life Insurance Company	NW Inv Dest Aggr Svc	N/A	$1,312.81
	Nationwide Life Insurance Company	GdmnScs SmCap Val A	N/A	$530.66
	Nationwide Life Insurance Company	Drey App	N/A	$42,231.75
	Nationwide Life Insurance Company	Drey Bal Oppr Z*	N/A	$7,681.68
	Nationwide Life Insurance Company	Invsco SmCap Gr A	N/A	$1,459.62
	Nationwide Life Insurance Company	Pionr Strat Inc A	N/A	$7,733.29
	Nationwide Life Insurance Company	AmCent Gr A	N/A	$60,208.99
	Nationwide Life Insurance Company	AmCent Inc Gr A	N/A	$46,344.34
	Nationwide Life Insurance Company	Opp Glbl Strat Inc A	N/A	$73,880.69
	Nationwide Life Insurance Company	AmFds Gr Fd Am R3	N/A	$23,056.28
	Nationwide Life Insurance Company	Davis NY Vntr A	N/A	$2,557.93
	Nationwide Life Insurance Company	Fnkln SmMdCap Gr A*	N/A	$3,211.41
	Nationwide Life Insurance Company	Jns Fd S*	N/A	$26,785.51
	Nationwide Life Insurance Company	Fed Intmd Corp Bd Inst Svc	N/A	$10,113.53
	Nationwide Life Insurance Company	FidAdv Eq Inc A	N/A	$88,097.62
	Nationwide Life Insurance Company	NW Bd Indx A	N/A	$14,723.08
	Nationwide Life Insurance Company	NW SmCap Indx A	N/A	$59,484.65
	Nationwide Life Insurance Company	Invsco Dynmc Inv*	N/A	$144,947.47
	Nationwide Life Insurance Company	AmFds EuroPacfc Gr R3	N/A	$35,256.44
	Nationwide Life Insurance Company	NW Inv Dest Mod Svc	N/A	$15,080.99
	Nationwide Life Insurance Company	GdmnScs MdCap Val A*	N/A	$6,130.06
	Nationwide Life Insurance Company	MFS Val A	N/A	$8,190.54
	Nationwide Life Insurance Company	Opp Glbl Oppr A	N/A	$21,714.14
	Nationwide Life Insurance Company	LeggM ClrBrdg Aggr Gr A	N/A	$1,025.91
	Nationwide Life Insurance Company	DWS RREEF RealEst Sec A	N/A	$496.40
	Nationwide Life Insurance Company	AmCent Infl Adj Bd A	N/A	$1,998.66