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 08/01/2009 and ending 07/31/2010

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;
- [ ] 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
OCONNELL LANDSCAPE MAINTENANCE, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

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

23091 ARROYO VISTA
RANCHO SANTA MARGARITA, CA 92688-2605

2b Employer Identification Number (EIN)
95-3141443

2c Sponsor's telephone number
949-589-2007

2d Business code (see instructions)
561730

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.	05/13/2011	DARREN PAYNE
	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
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")
OCONNELL LANDSCAPE MAINTENANCE,INC

23091 ARROYO VISTA
RANCHO SANTA MARGARITA, CA 92688-2605

3b Administrator's EIN
95-3141443

3c Administrator's telephone number
949-589-2007

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**	845
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**	794
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	159
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	953
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	953
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	410
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:
2E 2H 2J 2K 3D 3H

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)		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)		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)		0	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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 08/01/2009 and ending 07/31/2010

A Name of plan
OCONNELL LANDSCAPE MAINTENANCE, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3141443

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	8358	78480
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1700	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	124453	960251
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	92	72
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	31489	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1650207	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	116218	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	1932517	1038803
Liabilities			
g Benefit claims payable	1g	4151	12370
h Operating payables	1h	0	4531
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	4151	16901
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1928366	1021902

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)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4820	
(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)	168	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4988
(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)		
(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)		224814
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		229802
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1131735	
(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)		1131735
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)	4531	
(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)		4531
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1136266
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-906464
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: HMWC CPA'S & BUSINESS ADVISORS (2) EIN: 95-2790665

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		200000
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 ... [X] **Yes** [ ] **No** **Amount:** 0

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 08/01/2009 and ending 07/31/2010

A Name of plan
OCONNELL LANDSCAPE MAINTENANCE, INC. 401K PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
95-3141443

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** 0

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): 33-0539950

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):

CPAs & Business Advisors
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(714) 505-9000 • Fax (714) 505-9200 • www.hmwccpa.com • cpas@hmwccpa.com

Member:
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Global Representation:
INTEGRA INTERNATIONAL

INDEPENDENT AUDITOR'S REPORT

To the Trustee
O'Connell Landscape Maintenance, Inc.
401(k) Profit Sharing Plan
Rancho Santa Margarita, California

We have audited the accompanying statement of net assets in liquidation available for benefits of O'Connell Landscape Maintenance, Inc. 401(k) Profit Sharing Plan, as of July 31, 2010 and the related statement of changes in net assets in liquidation available for benefits and supplemental schedules for the year then ended. In addition, we have audited the statement of net assets available for benefits as of July 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note 1 to the financial statements, the Board of Directors of O'Connell Landscape Maintenance, Inc., the Plan's sponsor, elected to terminate the Plan effective August 1, 2009. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the fair value of investments to the liquidation basis.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets in liquidation of O'Connell Landscape Maintenance, Inc. 401(k) Profit Sharing Plan as of July 31, 2010 and the changes in its net assets in liquidation for the year then ended, and the financial status as of July 31, 2009, in conformity with accounting principles generally accepted in the United States of America applied on the bases described in the preceding paragraph.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules, Schedule H, line 4i - schedule of assets (held at end of year), schedule H, line 4j - schedule of reportable transactions, and schedule H, line 4i - schedule of assets (acquired and disposed of within year), are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

HMWC

HMWC CPAs & Business Advisors

May 9, 2011

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan

Statement of Net Assets in Liquidation Available For Benefits as of July 31, 2010, and Statement of Net Assets Available For Benefits as of July 31, 2009

ASSETS

	2010	2009
INVESTMENTS AT FAIR VALUE:		
Participant directed (401(k) plan)	$ -	$ 477,028
Non-participant directed (Profit sharing plan)	72	1,289,487
Participant loans receivable	-	31,489
TOTAL INVESTMENTS AT FAIR VALUE	72	1,798,004
CONTRIBUTIONS RECEIVABLE:		
401(k) employer matching contribution receivable	-	1,700
TOTAL CONTRIBUTIONS RECEIVABLE	-	1,700
CASH AND CASH EQUIVALENTS	1,026,361	128,283
TOTAL ASSETS	1,026,433	1,927,987

LIABILITY

LIABILITY:		
Other liability	4,531	-
TOTAL LIABILITY	4,531	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,021,902	$ 1,927,987

See accompanying notes and independent auditor's report.

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan

Statement of Changes in Net Assets in Liquidation Available For Benefits
For The Year Ended July 31, 2010

	Participant Directed	Non-Participant Directed	Total
ADDITIONS TO NET ASSETS ATTRIBUTED TO:			
Investment income:			
Interest and dividends	$ 8,542	$ 18,548	$ 27,090
Net appreciation in fair value of investments	57,096	145,616	202,712
TOTAL INVESTMENT INCOME	65,638	164,164	229,802
TOTAL ADDITIONS	65,638	164,164	229,802
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:			
Benefits paid to participants	26,377	1,104,979	1,131,356
Administrative expenses	-	4,531	4,531
TOTAL DEDUCTIONS	26,377	1,109,510	1,135,887
NET INCREASE (DECREASE)	39,261	(945,346)	(906,085)
NET ASSETS AVAILABLE FOR BENEFITS - Beginning of year	566,098	1,361,889	1,927,987
NET ASSETS AVAILABLE FOR BENEFITS - End of year	$ 605,359	$ 416,543	$ 1,021,902

See accompanying notes and independent auditor's report.

NOTE 1: DESCRIPTION OF PLAN

The following description of the O'Connell Landscape Maintenance, Inc. 401(k) Profit Sharing 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 O'Connell Landscape Maintenance Inc. (the Company) who have completed at least 1,000 hours of employment in a plan year or eligibility computation period and are age 18 or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was restated, effective August, 1997, as a combined 401(k) plan and profit sharing plan. Formerly, it was solely a profit sharing plan.

Effective August 2001, the Plan was amended to exclude highly compensated employees from participation in the Plan.

In 2009, the Plan was restated to comply with the applicable requirements of the Internal Revenue Code (IRC) and ERISA. In addition, the Plan name was changed to the "401(k) Profit Sharing Plan".

Effective August 2009, the Board of Directors of the Company elected to terminate the Plan. In March 2010, primarily all of the investments were sold and the proceeds were deposited into cash and cash equivalent accounts in order to distribute the assets to the Plan participants as soon as administratively feasible.

PLAN TERMINATION

Effective August 2009, the Board of Directors elected to terminate the Plan. The Plan was amended to cease all contributions to the Plan, participants became fully vested in all Plan balances, no new participants are permitted to enter the Plan and unallocated assets could be used to offset administrative expenses incurred by the Plan. The Company is in the process of locating all Plan participants and has begun making termination distributions to participants.

NOTE 1: DESCRIPTION OF PLAN, Continued

CONTRIBUTIONS

401(k) Contributions
Prior to the Plan termination, the participants could contribute up to 100% of their pretax annual compensation, as defined in the Plan up to limitations of the Internal Revenue Code (IRC). Participants could also contribute amounts representing distributions from other qualified defined benefit or contribution plans. In addition, the participants age 50 or older were able to make catch-up contributions up to an amount of as determined by the IRC. The Company matched 100% of the participants' contributions up to $100.

Profit-Sharing Contributions
Prior to the Plan termination, the Company could contribute to the Plan out of current or accumulated net profits, such amount was determined by resolution of the Board of Directors.

PARTICIPANT ACCOUNTS

Prior to the Plan termination, each participant's account was credited with the participant's contribution, the Company's 401(k) matching contribution, and the allocation of 1) the Company's profit sharing contribution, and 2) Plan earnings. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

FUNDING POLICY

Prior to the Plan termination, the Company funded the Plan with the employee deferrals after each payroll period. Profit sharing and employer match were made annually, subsequent to year end.

VESTING

Participants are immediately vested in their own contributions, as well as the Company's 401(k) matching contributions. Vesting in the Company's profit-sharing contribution portion of their accounts, plus actual earning thereon, is based on years of continuous service. A participant is 100% vested after six years of credited service, upon death or upon permanent and total disability. Pursuant to the Plan termination, participants became fully vested in all of the Plan account balances.

NOTE 1: DESCRIPTION OF PLAN, Continued

INVESTMENT OPTIONS

Prior to the liquidation of the investments, a participant could direct employee and employer matching contributions in any of eleven investment options:

- Franklin Mutual Shares Fund
- Franklin Flex Cap Growth Fund
- Franklin Small-Mid Cap Growth Fund
- Templeton Growth Fund
- Franklin U.S. Government Securities Fund
- Franklin Money Fund
- Franklin Limited Maturity U.S. Government Securities Fund
- Franklin High Income Fund
- Franklin Mutual Global Discovery Fund
- Franklin Small Cap Value Fund
- Franklin Growth Fund

Participants were able to change their investment options quarterly.

PARTICIPANT LOANS

Prior to the Plan termination, participants could borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. The loans were secured by the balance in the participant's account and incurred interest at rates ranging from 6.50% to 9.75%, which commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest were paid ratably through weekly payroll deductions. Participants loan balances were distributed during the year.

PAYMENT OF BENEFITS

Prior to the Plan termination, Plan benefits could be withdrawn only in the event of retirement, attainment of age 59-1/2, death, disability, termination of service, or financial hardship. The normal, or automatic, form of payment is generally a lump sum equal to the value of his vested account balance or equal installments payable over a period not to exceed the participants life expectancy unless requested otherwise. In conjunction with the Plan termination, the Company began distributing the participants' account balances.

NOTE 1: DESCRIPTION OF PLAN, Continued

FORFEITED ACCOUNTS

Forfeitures were used to offset employer contributions or to pay for the Plan's administrative expenses. At July 31, 2009 and 2009, the unallocated account totaled $6,811 and $9,916, respectively. These accounts will be used to offset administration costs.

ADMINISTRATIVE EXPENSES

Administrative expenses are paid for by the Plan or by the Company. Management has elected to have the Company pay for most of the administrative and auditing costs of the Plan. Such costs approximate $20,000 each year.

BASIS OF ACCOUNTING

For the year ended July 31, 2010, the financial statements of the Plan are prepared on the liquidation basis of accounting. The financial statements of the Plan as of July 31, 2009, are prepared on the accrual basis of accounting.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan 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

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transactions between market participants at the measurement date. See Note 6.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BENEFIT PAYMENTS

Benefits are recorded when paid.

NOTE 3: NET CHANGE IN FAIR VALUE OF INVESTMENTS

Realized gains on securities sold during the year ended July 31, 2010 consists of the following:

Aggregate proceeds	$ 3,856,706
Aggregate carrying amount	3,653,994
Net realized gain	$ 202,712

NOTE 4: INVESTMENTS REPRESENTING FIVE PERCENT OR MORE OF NET ASSETS AVAILABLE FOR BENEFITS

	July 31, 2010	%	July 31, 2009	%
Participant Directed Funds:				
Mutual funds:				
Franklin Mutual Shares Fund	$ -	- %	$ 105,992	5.2 %
Non-participant Directed Funds:				
Mutual funds:				
Franklin Mutual Discovery Fund	$ -	- %	$ 265,997	13.0 %
Templeton Growth Fund	-	-	214,482	10.5
Franklin Growth Fund	-	-	149,331	7.3
Franklin Limited Maturity U.S. Government Securities Fund	-	-	146,516	7.1
Franklin Flex Cap Growth Fund	-	-	105,473	5.1
Annuity:				
John Hancock Venture	-	-	116,218	5.7

NOTE 5: NON-PARTICIPANT DIRECTED INVESTMENT ACTIVITY BY TYPE OF INVESTMENTS

	Balance 2009	Realized Gain	Interest	Dividends	Transfers	Balance 2010
Mutual Funds	$ 1,173,177	$ 128,914	$ -	$ 13,728	$(1,315,819)	$ -
U.S. Government Securities	92	-	8	-	(28)	72
Annuities	116,218	16,703	-	-	(132,921)	-
Total	$ 1,289,487	$ 145,617	$ 8	$ 13,728	$(1,448,768)	$ 72

NOTE 6: FAIR VALUE MEASUREMENTS

U.S. generally accepted accounting principles establish 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 are described below:

- Level 1 - quoted prices in active markets for identical securities
- Level 2 - other significant observable inputs (including quoted prices for similar securities, interest rates, prepayment speed, credit risk, etc.)
- Level 3 - significant unobservable inputs, including the Company's own assumptions in determining the fair value of investments measurement.

The following table provides information by level for Plan assets that are measured at fair value, as of of July 31, 2010:

Description	July 31, 2010	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
U.S. Government Securities	$ 72	$ -	$ -	$ 72

NOTE 6: FAIR VALUE MEASUREMENTS, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2009:

Description	July 31, 2009	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Mutual funds	$ 1,650,205	$ 1,341,085	$ 298,917	$ 10,203
U.S. Government Securities	92	-	-	92
Annuity	116,218	58,161	47,378	10,679
Participant loans receivable	31,489	-	-	31,489
Total	$ 1,798,004	$ 1,399,246	$ 346,295	$ 52,463

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended July 31, 2010:

	Level 3 Assets Year Ended July 31, 2010			
	Mutual funds	U.S. Government Securities	Annuity	Participant loans receivable
Balance, beginning of year	$ 10,203	$ 92	$ 10,679	$ 31,489
Realized gains	1,342	8	1,535	168
Purchases, sales, issuances, and settlements (net)	(11,545)	(28)	(12,214)	(31,657)
Balance, end of year	$ -	$ 72	$ -	$ -

NOTE 6: FAIR VALUE MEASUREMENTS, Continued

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended July 31, 2009:

	Level 3 Assets Year Ended July 31, 2009			
	Mutual funds	U.S. Government Securities	Annuity	Participant loans receivable
Balance, beginning of year	$ 11,890	$ 107	$ 12,785	$ 46,058
Realized gains (losses)	51	(15)	-	3,328
Unrealized gains (losses) relating to instruments still held at the reporting date	(1,762)	-	(2,106)	-
Purchases, sales, issuances, and settlements (net)	24	-	-	(17,897)
Balance, end of year	$ 10,203	$ 92	$ 10,679	$ 31,489

NOTE 7: TAX EXEMPT STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated December 18, 1998, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC), and therefore, the income of the Plan is exempt from federal income taxes under Section 501(a) of the Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

NOTE 8: RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

	July 31, 2010	July 30, 2009
Net assets available for benefits per the financial statements	$ 1,021,902	$ 1,927,987
Amount of distributions allocated to participants	-	379
Net assets available for benefits per Schedule H on the Form 5500	$ 1,021,902	$ 1,928,366

The following is a reconciliation of benefits paid to participants per the financial statement for the year ended July 31, 2010, to Schedule H of Form 5500:

	July 31, 2010
Benefits paid to participants per the financial statements	$ 1,131,356
Add: Distributions allocated to participants at July 31, 2009	379
Benefits paid to participants per Schedule H of Form 5500	$ 1,131,735

NOTE 9: SUBSEQUENT EVENTS

The Company has evaluated subsequent events through May 9, 2011, the date that the financial statements were available to be issued. No events were noted that existed as of the balance sheet date or that arose subsequent to the balance sheet date.

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan
Plan Number 001
EIN 95-3141443

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
July 31, 2010

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
Profit Sharing Plan Assets (Non-Participant Directed):				
	California Republic Bank Checking Account #3101000141	Non-interest bearing	$ 66,110	$ 66,110
	California Republic Bank Money Market Account #3101000137	Variable interest rate	960,251	960,251
	GNMA Mortgage Certificate GNMA #1805257SF	Initial principal amount - $25,000 Interest rate - 12.00% Maturity date - September 15, 2013	107	72

See independent auditor's report.

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan
Plan Number 001
EIN 95-3141443

Schedule H, line 4j - Schedule of Reportable Transactions
For The Year Ended July 31, 2010

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANS-ACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANS-ACTION DATE	(i) NET GAIN OR (LOSS)
Franklin Templeton	Franklin Money Fund	$ 1,865,438	$ -	$ -	$ -	$ 1,865,438	$ 1,865,438	$ -
Franklin Templeton	Franklin Money Fund	$ -	$ 1,880,421	$ -	$ -	$ 1,880,421	$ 1,880,421	$ -
Franklin Templeton	Templeton Growth Fund	$ -	$ 328,588	$ -	$ -	$ 128,071	$ 328,588	$ 200,517
Franklin Templeton	Franklin Mutual Global Discovery Fund	$ -	$ 294,245	$ -	$ -	$ 98,817	$ 294,245	$ 195,428
Franklin Templeton	Franklin Flex Cap Growth Fund	$ -	$ 228,149	$ -	$ -	$ 99,027	$ 228,149	$ 129,122
Franklin Templeton	Franklin Growth Fund	$ -	$ 180,166	$ -	$ -	$ 142,222	$ 180,166	$ 37,944
Franklin Templeton	Franklin Mutual Shares Fund	$ -	$ 180,005	$ -	$ -	$ 97,872	$ 180,005	$ 82,133
Franklin Templeton	Franklin Limited Maturity U.S. Government	$ -	$ 160,712	$ -	$ -	$ 134,616	$ 160,712	$ 26,096
Franklin Templeton	Franklin Small-Mid Cap Growth Fund	$ -	$ 148,116	$ -	$ -	$ 124,038	$ 148,116	$ 24,078
John Hancock	John Hancock Venture Annuity	$ -	$ 132,921	$ -	$ -	$ 109,179	$ 132,921	$ 23,742
Franklin Templeton	Franklin Small Cap Value Fund	$ -	$ 112,699	$ -	$ -	$ 84,134	$ 112,699	$ 28,565
CA Republic Bank	Cash	$ 2,013,342	$ -	$ -	$ -	$ 2,013,342	$ 2,013,342	$ -

See independent auditor's report.

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan
Plan Number 001
EIN 95-3141443

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of within Year)
For The Year Ended July 31, 2010

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Franklin Templeton	Franklin Small Cap Value Fund - 6 Shares	$ 212	$ 223
Franklin Templeton	Franklin Mutual Shares Fund - 267 Shares	4,893	5,202
Franklin Templeton	Franklin Flex Cap Growth Fund - 115 Shares	4,381	4,765
Franklin Templeton	Franklin Growth Fund - 8 Shares	282	307
Franklin Templeton	Franklin Small-Mid Cap Growth Fund - 143 Shares	3,875	4,289
Franklin Templeton	Franklin Mutual Discovery Fund - 11 Shares	283	296
Franklin Templeton	Templeton Growth Fund - 221 Shares	3,598	3,614
Franklin Templeton	Franklin High Income Fund - 1,079 Shares	1,976	2,051
Franklin Templeton	Franklin Limited Maturity U.S. Government Securities - 69 Shares	726	729
Franklin Templeton	Franklin U.S. Government Securities Fund - 195 Shares	1,297	1,304
Franklin Templeton	Franklin Money Fund - 1,865,438 Shares	1,865,438	1,865,438
Total		$ 1,886,961	$ 1,888,218

See independent auditor's report.

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan
Plan Number 001
EIN 95-3141443

Schedule H, line 4j - Schedule of Reportable Transactions
For The Year Ended July 31, 2010

(a) (IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANS-ACTION	(g) COST OF ASSET	(h) CURRENT VALUE OF ASSET ON TRANS-ACTION DATE	(i) NET GAIN OR (LOSS)
Franklin Templeton	Franklin Money Fund	$ 1,865,438	$ -	$ -	$ -	$ 1,865,438	$ 1,865,438	$ -
Franklin Templeton	Franklin Money Fund	$ -	$ 1,880,421	$ -	$ -	$ 1,880,421	$ 1,880,421	$ -
Franklin Templeton	Templeton Growth Fund	$ -	$ 328,588	$ -	$ -	$ 128,071	$ 328,588	$ 200,517
Franklin Templeton	Franklin Mutual Global Discovery Fund	$ -	$ 294,245	$ -	$ -	$ 98,817	$ 294,245	$ 195,428
Franklin Templeton	Franklin Flex Cap Growth Fund	$ -	$ 228,149	$ -	$ -	$ 99,027	$ 228,149	$ 129,122
Franklin Templeton	Franklin Growth Fund	$ -	$ 180,166	$ -	$ -	$ 142,222	$ 180,166	$ 37,944
Franklin Templeton	Franklin Mutual Shares Fund	$ -	$ 180,005	$ -	$ -	$ 97,872	$ 180,005	$ 82,133
Franklin Templeton	Franklin Limited Maturity U.S. Government	$ -	$ 160,712	$ -	$ -	$ 134,616	$ 160,712	$ 26,096
Franklin Templeton	Franklin Small-Mid Cap Growth Fund	$ -	$ 148,116	$ -	$ -	$ 124,038	$ 148,116	$ 24,078
John Hancock	John Hancock Venture Annuity	$ -	$ 132,921	$ -	$ -	$ 109,179	$ 132,921	$ 23,742
Franklin Templeton	Franklin Small Cap Value Fund	$ -	$ 112,699	$ -	$ -	$ 84,134	$ 112,699	$ 28,565
CA Republic Bank	Cash	$ 2,013,342	$ -	$ -	$ -	$ 2,013,342	$ 2,013,342	$ -

See independent auditor's report.

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 08/01/2009 and ending 07/31/2010

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;
- [ ] 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
OCONNELL LANDSCAPE MAINTENANCE, INC. 401K PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

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

23091 ARROYO VISTA

RANCHO SANTA MARGARITA CA 92688-2605

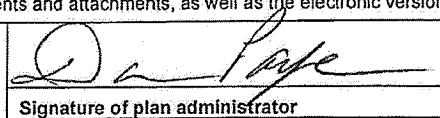
2b Employer Identification Number (EIN)
95-3141443

2c Sponsor's telephone number
949-589-2007

2d Business code (see instructions)
561730

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		5/10/11	DARREN PAYNE
	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
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")
OCONNELL LANDSCAPE MAINTENANCE, INC

23091 ARROYO VISTA

RANCHO SANTA MARGARITA CA 92688-2605

3b Administrator's EIN
95-3141443

3c Administrator's telephone number
949-589-2007

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**	845
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**	794
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	159
d Subtotal. Add lines **6a, 6b,** and **6c**	**6d**	953
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	953
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	410
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:
2E 2H 2J 2K 3D 3H

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)	[ ]	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)	[ ]	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)	[ ]	A (Insurance Information)
(4)	[ ]	C (Service Provider Information)
(5)	[ ]	D (DFE/Participating Plan Information)
(6)	[ ]	G (Financial Transaction Schedules)

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan
Plan Number 001
EIN 95-3141443

Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of within Year)
For The Year Ended July 31, 2010

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
Franklin Templeton	Franklin Small Cap Value Fund - 6 Shares	$ 212	$ 223
Franklin Templeton	Franklin Mutual Shares Fund - 267 Shares	4,893	5,202
Franklin Templeton	Franklin Flex Cap Growth Fund - 115 Shares	4,381	4,765
Franklin Templeton	Franklin Growth Fund - 8 Shares	282	307
Franklin Templeton	Franklin Small-Mid Cap Growth Fund - 143 Shares	3,875	4,289
Franklin Templeton	Franklin Mutual Discovery Fund - 11 Shares	283	296
Franklin Templeton	Templeton Growth Fund - 221 Shares	3,598	3,614
Franklin Templeton	Franklin High Income Fund - 1,079 Shares	1,976	2,051
Franklin Templeton	Franklin Limited Maturity U.S. Government Securities - 69 Shares	726	729
Franklin Templeton	Franklin U.S. Government Securities Fund - 195 Shares	1,297	1,304
Franklin Templeton	Franklin Money Fund - 1,865,438 Shares	1,865,438	1,865,438
Total		$ 1,886,961	$ 1,888,218

See independent auditor's report.

O'Connell Landscape Maintenance, Inc.

401(k) Profit Sharing Plan
Plan Number 001
EIN 95-3141443

Schedule H, line 4i - Schedule of Assets (Held at End of Year)
July 31, 2010

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT, INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
Profit Sharing Plan Assets (Non-Participant Directed):				
	California Republic Bank Checking Account #3101000141	Non-interest bearing	$ 66,110	$ 66,110
	California Republic Bank Money Market Account #3101000137	Variable interest rate	960,251	960,251
	GNMA Mortgage Certificate GNMA #1805257SF	Initial principal amount - $25,000 Interest rate - 12.00% Maturity date - September 15, 2013	107	72

See independent auditor's report.