	Form 5500-SF			Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089				
Department of tabor         This form is required to be filed           Department of Labor         Retirement Income Security Administration           Respine Respire Respire Respired to Corporation         Internal				Plan	-	2010				
Er		Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public				
Р	ension Benefit Guaranty Corporation			n the instructions to the Form 5500	)-SF.	Inspection				
		entification Information		-						
For	calendar plan year 2010 or fisca	7		g	6/15/2					
Α	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan				
B	This return/report is for:	first return/report	final retur	•						
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	_				
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program				
		special extension (enter descriptio	,							
-		nation—enter all requested information	ation		1h					
	Name of plan	INC			a	Three-digit plan number				
						(PN) ► 001				
					1c	Effective date of plan 01/01/2010				
	Plan sponsor's name and addre	ess (employer, if for single-employer INC.	plan)		2b	Employer Identification Number (EIN) 61-1278474				
	LEXINGTON ROAD				2c	Plan sponsor's telephone number 502-570-0910				
GEO	RGETOWN, KY 40324				2d	Business code (see instructions) 561730				
3a PRA	Plan administrator's name and ITS LAWN AND LANDSCAPE,	address (if same as Plan sponsor, er INC. 1839 LEXING	GTON ROA	AD	3b	Administrator's EIN 61-1278474				
		GEORGETO	VVIN, KY 40	J3Z4	3c	Administrator's telephone number 502-570-0910				
		in sponsor has changed since the las		port filed for this plan, enter the	4b EIN					
name, EIN, and the plan number from the last return/report. Sponsor					4c	<b>4c</b> PN				
5a	Total number of participants at	the beginning of the plan year			5a	10				
b	Total number of participants at	the end of the plan year			5b	0				
<ul> <li>b Total number of participants at the end of the plan year</li> <li>c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</li> </ul>				<b>5c</b> 0						
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						Yes No				
b		e annual examination and report of a				X Yes No				
	`	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,						
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
а	Total plan assets		7a	8357	·	0				
b	Total plan liabilities		7b							
C	Net plan assets (subtract line 7	'b from line 7a)	7c	8357	·	0				
8	Income, Expenses, and Transf			(a) Amount	_	(b) Total				
а	Contributions received or recei	vable from:	8a(1)							
			8a(2)	2748						
b	Other income (loss)		8b	-686						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			2062				
d		ollovers and insurance premiums	8d	10419						
е	Certain deemed and/or correct	ive distributions (see instructions)	8e							
f	Administrative service provider	s (salaries, fees, commissions)	8f							
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			10419				
i		8h from line 8c)				-8357				
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 3D 2F 2G 2J
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

10       During the plan year:       Yes       No       Amo         a       Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X	unt
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported       v	
C Was the plan covered by a fidelity bond? 10c ×	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
<ul> <li>Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)</li> </ul>	59
f Has the plan failed to provide any benefit when due under the plan? 10f	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	
Part VI Pension Funding Compliance	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))	Yes No
<ul> <li>12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the let granting the waiver</li></ul>	
b Enter the minimum required contribution for this plan year	
C Enter the amount contributed by the employer to the plan for this plan year	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	0
e Will the minimum funding amount reported on line 12d be met by the funding deadline?	o N/A
Part VII Plan Terminations and Transfers of Assets	
13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?	Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a	0
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	Yes 🗌 No
C 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.)	
13c(1) Name of plan(s):         13c(2) EIN(s)         1	<b>3c(3)</b> PN(s)
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	12/20/2011	PHILLIP PRATT
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

-									
			Return/Report of Small Emplo Benefit Plan			OMB Nos. 1210-0110 1210-0089			
Internet Revenue Sentes         This form is required to be filed           Department of Labor         Retirement Income Security Administration           Pension Seneiti Guaranty Corporation         Internat				ectiona 104 and 4065 of the Employe	2010				
				4 (ERISA), and section 6058(a) of the a Code (the Coda).	•	This Form is Open to Public Inspection			
> Complete all entries in accord				th the instructions to the Form 880	0-8F.				
E R	art1 Annual Report Id calendar plan year 2010 or flace	entification Information	01/01/			06/15/0011			
	5		,			06/15/2011			
	This return/report is for:	1 first return/report		employer plan (not multiemployer) m/report		one-participant plan			
		an amended retum/report	5	n year return/report (leas than 12 mor	(adic				
С	Check box if filing under:	Form 5558				DFVC program			
-		special extension (enter descript)	4						
Pi	art II Basic Plan Inform	nation-enter all requested inform	····· ··· ··· ··· ··· ··· ··· ··· ···	·					
	Name of plan		(4) ( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	· · · · · · · · · · · · · · · · · · ·	1b	Three-digit			
	Pratts Lawn and Lan	dscape, Inc.				plan number			
						(PN) > 001			
					10	Effective date of plan 01/01/2010			
2a	Plan sponsor's name and addre	sş (employer, if for single-employer	r olan)		2b	Employer Identification Number			
	Pratts Lawn and Lan	decapé, Inc.	· · · · · · · · · · · · · · · · · · ·	ļ		(EIN) 61-1278474			
	1839 Lexington road	L			2c	Pien eponsor's telephone number 502-570-0910			
2	Georgatown	KY 40324		ĺ	2d	Business code (see instructions) 561730			
3a	Plan administrator's name and a Pratts Lawn and Lan	ddrees (if same as Pian sponsor, e Idscape, Inc.	nter "Sam	e")	3b	Administrator's EIN			
	1839 Lexington road	L			30	61-1278474 Administrator's telephone number			
Georgetown KY 40324 4 If the name and/or EIN of the plan aponsor has changed since the last			ni natumbu	maut diast day this stars antaw that	502-570-0910 4b EIN				
	name, EIN, and the plan number	from the last return/report. Sponse	ora nama	Por may tor una plan, and una	40.				
					4c	PN			
	Total number of perticipants at the beginning of the plan year								
				1 1961 ht /1 46/4 ht 1 11   ht 154 ht 6 ht 6 i 1 / 8 / 4   54   6   54   1   1   1   1   1   1   1   1   1	5b	0.			
с 	Totel number of participants with complete this item)	h account balances as of the end o	f the plan y	year (defined banefit plans do not	5c	0			
6a	Ware all of the plan's assets du	iring the plan year invested in sligh	le assets?	(See Instructions.)	** ** * **				
Q	under 29 CFR 2520.104-467 (S	ee instructions on walver eligibility	and condit	ndent qualified public accountant (IOP ions.)	-				
<b>-</b> 94.2	If you answered "No" to eithe	r 6a or 6b, the plan cannot upe F	orm 5500-	SF and must instead use Form 550	Ö.				
	#UI Financial Informat		ŀ		r				
7	Plan Aspets and Liabilities			(a) Beginning of Year	<u>}</u>	(b) End of Year			
a b			78	8357	<u>'</u>				
_	•			8357	+				
8	income, Expenses, and Transfe	re for this Play Year	76		<u>'</u>	(h) To bal			
_	Contributions received or received	able from:		(a) Amount		(b) Total			
		* * * * * * * * * * * * * * * * * * * *	8a(1)		-				
	•• •	***************************************	8a(2) 8a(3)	2748	쒸.				
Ъ		6 1 4 1 6 4 4 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		- 686	-				
C	, ,	a(2), 6a(3), and 8b)	85	- 085					
•	Benefits paid (including direct ro		B¢		1	2052			
	to provide benefits)		8d	10419					
. 0		eee) eee) eee) endtudintale e	Be			· · · ·			
f		(aalaries, fees, commissions)	8 <del>1</del>						
9		77 7 781 84 1 837 87 1 7 91 841 74 11 7 11 80 843 64 841 1 1384 8 864 6 44 6 44 6	8g			•			
h	-	e, 8f, and 8g)	8h			10419			
!		Bh from line So)	<u></u> 91		ļ	- 8357			
		instructions)	B		<u>.</u>				
	sperwork Reduction Act Notice and O	MS Control Numbers, see the Instructio	ns for Farm	5600-SF.		Form 5500-5F (2016)			

I

v.092303.1

	Form 5500-SF 2010		Page <b>2-</b>						
Par	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 3D	eature codes from th	e List of Plan Char	acteri	stic Co	xdee in	the instruction	DB:	
Ъ	If the plan provides welfare benefits, enter the applicable welfare fo	ature codes from th	e List of Plan Chare	icteris	tic Co	des in	the Instruction	18:	
Part	V Compliance Questions	· · · · · · · · · · · · · · · · · · ·						<u></u>	
10	During the plan year:				Yes	No	A	nount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduo	lary Correction Pros	ræn)	10=		x			
D	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			100		X			
Ċ	Was the plan covered by a fidelity bond?	********	5781978250759+1791261944	105		х			
đ	Did the plan have a loss, whather or not reimburged by the plan's fit or dishonesty?			10d		x			
	Were any fees or commissions paid to any brokers, agents, or othe	r persons by an inst	irance carrier,				[.		
-	Insurance service or other organization that provides some or all of instructions.)		*********************	10•	x			- 1011	59
Ť	Has the plan failed to provide any benefit when due under the plan?	·····		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	• • •		10g	10	X			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	****		10h		. X			
	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			101			ante in a		· ` 
Part	Pension Funding Compliance							-	
11	a this a defined banafit plan subject to minimum funding requirement 5500)							Yes [	] No
12	Is this a defined contribution plan subject to the minimum funding re							X Yes	No
	(if "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applical							-	-
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortizad in this pl					e date of the		9
17	ou completed line 12s, complete lines 3, 9, and 10 of Schedule i	MB (Form 5500), w	id aldp to line 12.		-		t. j		•
b	Enter the minimum required contribution for this plan year				_	125	,		
	Enter the amount contributed by the employer to the plan for this pla				[	12e			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				Ľ	†2d			0
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yee	No	N/A
Part	VIC. Plan Terminations and Transfers of Assets		- · · -						
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior ye	ar?					X Yes [	No
	if "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a			0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(a), identify th	te plai	n(3) to		,		
13c(1) Name of plan(s):				<u> </u>	13	<b>;(2)</b> El	N(3)	13c(3) P	N(8)
Caut	on: A penalty for the late or incomplete filing of this refum/repo	rt will be assessed	unless reasonabl	le cau	se is	establ	lshed.		
SB of	penalties of perjury and other penalties set forth in the instructions, Schedule MS completed and signed by an enrolled actuary, as well it is true, coffect, and congrets.	I declare that I have as the electronic ve	examined this return rsion of this return/	im/rep report	ort, in , and f	cludin; to the t	g, if applicable sest of my kris	e, a Sched wiedge ar	ule 1d
sigi	1 dale -C	10-3-11	Phillip Pra	att					*****
HER		Date	Enter name of In	idividu	tel sku	ning as	; plan adminis	strator	

Ĩ