Foi	rm 5500-SF	Short Form Annual R	yee	OMB Nos. 1210- 1210-			
	rtment of the Treasury rnal Revenue Service	This form is required to be filed	e	2012			
Employee B	epartment of Labor Benefits Security Administration	Retirement Income Security Act of		ections 6057(b) and 6058			s Open to Public
	enefit Guaranty Corporation	Complete all entries in accord	dance with the instr	uctions to the Form 550	0-SF.		pection
For calend	Annual Report Id ar plan year 2012 or fisca	entification Information al plan year beginning 01/01/2012	2	and ending	2/31/20	)12	
	turn/report is for:	a single-employer plan		plan (not multiemployer)	12/01/20	a one-partici	ant plan
	turn/report is:	the first return/report	the final return/repoi		L	a one-partici	Jan plan
			•	ırn/report (less than 12 m	onths)		
C Check	box if filing under:	Form 5558	automatic extension		онано) Г	DFVC progra	ım
• Check		special extension (enter descriptio			L		
Part II	Basic Plan Inform	<b>nation</b> —enter all requested information	,				
1a Name					1b <sup>-</sup>	Three-digit	
ADVANCED	EXCAVATING & LANDS	SCAPING, INC. RETIREMENT SAVI	NGS PLAN			plan number	011
					-	(PN) ► Effective date o	-
						08/01	•
	ponsor's name and addre	ess; include room or suite number (e SCAPING, INC.	mployer, if for a singl	e-employer plan)			fication Number 62559
409 QUAKE	R STREET				2c 3	Sponsor's telep 845-56	
WALLKILL,	NY 12589				2d E	Business code ( 56173	see instructions)
3a Plan a	dministrator's name and	address Same as Plan Sponsor N	lame Same as Pl	an Sponsor Address	<b>3b</b> A	Administrator's	EIN 62559
<b>4</b> If the r	name and/or EIN of the p	lan sponsor has changed since the l	ast return/report filed	for this plan, enter the	4b	EIN	
	e, EIN, and the plan numb or's name	er from the last return/report.			4c	PN	
· · ·		the beginning of the plan year			5a		7
<b>b</b> Total	number of participants at	the end of the plan year			5b		7
		count balances as of the end of the p		•			
	· · · · · · · · · · · · · · · · · · ·				5c		Yes No
b Are yo under If you	ou claiming a waiver of th 29 CFR 2520.104-46? ( answered "No" to eith	uring the plan year invested in eligible annual examination and report of a See instructions on waiver eligibility a er line 6a or line 6b, the plan cann	an independent quali and conditions.) ot use Form 5500-S	ied public accountant (IQ F and must instead use	PA) Form 5	5500.	X Yes No
Under pen SB or Sche	alties of perjury and othe	incomplete filing of this return/rep r penalties set forth in the instructions signed by an enrolled actuary, as we te.	s, I declare that I hav	e examined this return/re	port, inc	luding, if applic	
SIGN	Filed with authorized/va	lid electronic signature.	07/24/2013	WILLIAM NOBLE			
HERE	Signature of plan adn	ninistrator	Date	Enter name of individ	ual sign	ing as plan adr	ninistrator
SIGN					Ŭ	· · ·	
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individ	ual sign	ing as emplove	r or plan sponsor
Preparer's	name (including firm nan	ne, if applicable) and address; includ	e room or suite numt	per (optional)	Prepa	rer's telephone	number (optional)
For Paperw	ork Reduction Act Notice a	and OMB Control Numbers, see the ins	tructions for Form 550	0-SF.			Form 5500-SF (2012)

Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) Eı	nd of Year
a Total plan assets	7a	1556	2			13235
<b>b</b> Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1556	2	132		13235
Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
a Contributions received or receivable from:	0-(4)		0			
(1) Employers	8a(1)		0 0			
<ul> <li>(2) Participants</li></ul>	8a(2) 8a(3)		0			
(3) Others (including rollovers) b Other income (loss)	8b	25				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	20	5			255
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	00					255
to provide benefits)	8d		0			
e Certain deemed and/or corrective distributions (see instructions)	8e	(	0			
Administrative service providers (salaries, fees, commissions)	8f	2582	2			
Other expenses	8g		0			
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2582
Net income (loss) (subtract line 8h from line 8c)	8i					-2327
Transfers to (from) the plan (see instructions)	8j					
				<u>,                                     </u>		
D During the plan year:	tiono within t	he time period described in		Yes N	0	Amount
			10a	Yes N	-	Amount
<ul><li>During the plan year:</li><li>a Was there a failure to transmit to the plan any participant contribut</li></ul>	iciary Correc ? (Do not inc	tion Program) clude transactions reported	10a 10b			Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest?</li> </ul>	iciary Correc ? (Do not inc	tion Program) clude transactions reported		X		Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.).</li> </ul>	iciary Correc ? (Do not inc fidelity bond	tion Program) clude transactions reported 	10b	×		Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See	10b 10c	×		Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e			Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> </ul>	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See	10b 10c 10d 10e 10f			Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)</li> </ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e			Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan have a plan count plan, was there a blackout period?)</li> </ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g			Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided the plan provide any benefit when the provided the provide the plan provide and the plan provide the plan provide the plan provide the plan bar and participant loans?</li> </ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h			Amount
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> </ul>	iciary Correct ? (Do not inc fidelity bond fidelity bond fidelity bond finer persons b of the benefit n? s of year end (See instruct fier required n 1-3	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	x x x x x x x x x x x x x x x x x x x	SB (Form	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li> <li>i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101</li> <li>Is this a defined benefit plan subject to minimum funding requirements</li> </ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	x x x x x x x x x x x x x x x x x x x	SB (Form	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li></ul>	iciary Correc ? (Do not inc fidelity bond fidelity bond her persons b of the benefit n? (See instruct (See instruct ne required n 1-3	tion Program) clude transactions reported , that was caused by fraud , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X X	SB (Form	Yes []
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li></ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud oy an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X X	SB (Form	Yes []
<ul> <li>During the plan year:</li> <li>a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu</li> <li>b Were there any nonexempt transactions with any party-in-interest' on line 10a.)</li> <li>c Was the plan covered by a fidelity bond?</li> <li>d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?</li> <li>e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)</li> <li>f Has the plan failed to provide any benefit when due under the plan</li> <li>g Did the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.)</li></ul>	iciary Correct ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) clude transactions reported , that was caused by fraud by an insurance carrier, s under the plan? (See 	10b 10c 10d 10e 10f 10g 10h 10h 10i	X X X X X X X X X X X X X X X X X X X	SB (Form of ERISA?	Yes

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A				
Part	art VII Plan Terminations and Transfers of Assets								
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No					
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a						
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No				
С	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.)								
1	3c(1)	Name of plan(s): 1	<b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)				
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

07/12/2013 07:05 8455640565 ADVANCED EXCAVATING

Form	n 5500-SF	Short Form Annual	Retu	rn/Rep	oort of	Small E	mploye	e	OMB Nos.	1210-0110 1210-0089
	ent of the Transury I Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employed							2012	<u> </u>
Dopr	Department of Labor Imployed Benefits Security Administration Department Security Administration Department Security Administration This form is required to be filed under Security For and 4005 of the Linping of the Security Administration This form is required to be filed under Security For and 4005 of the Linping of the Security Administration Department of Labor Imployed Benefits Security Administration							) of	This Form is Open to Inspection	o Public
	fit Guaranty Corporation	Complete all entries in according to the second					Form 5500-5	SF.	Inspection	
Part	Annual Report k	lentification Information								
For calendar	plan year 2012 or fisc	al plan year beginning	01/01	/2012		and enc	ling	1	2/31/2012	
A This retu	rn/report is for:	X a single-employer plan				n (not multie	mployer)		a one-participant plan	
B This retu	m/report ls:	the first return/report	÷	final retur				44		
		an amended return/report				report (less 1	han 12 mon	ពេទ) ୮		
C Check be	ox if filing under:	X Form 5558 automatic extension						L	DFVC program	
special extension (enter description)										
Part II	<b>Basic Plan Infon</b>	mation—enter all requested inf	formation				· · · · · · · · · · · · · · · · · · ·	<u>(h</u> -	Three-digit	
1a Name o ADVANCE	fplan D EXCAVATING	& LANDSCAPING, INC.	RETIR	EMENT	SAVIN	GS PLAN		1	plan number (PN) I 03.3.	
									Effective date of plan	
2a Plan sp ADVANCE	onsor's name and add	ress; include room or suite numbe $\&$ LANDSCAPING, INC.	er (emplo	yer, If for	a single-e	mployer plar	n) .		Employer Identification N (EIN) 14-1662559	lumber
	KER STREET								Sponsor's telephone nu 845-564-0549	mþer
		NY 12589							Business code (sec inst 561730	ructions)
WALLKII		d address Same as Plan Spon	sor Name	s Sam	e as Plan	Sponsor Add	dress	3b .	Administrator's EIN	
		& LANDSCAPING, INC.		- []		- #			14-1662559 Administrator's telephon	
WALLKII		እነሂ 12589 plan sponsor has changed since	the lost r		ort filed fo	this near o	nter the	4b	EIN	
4 If the n name, <b>a</b> Sponse	EIN, and the plan num	ber from the last return/report.	. ne 1991 i	eannep		uus paari, e		40 4c		
		at the beginning of the plan year.						5a		7
	F -	at the end of the plan year					- F	5b		7
C Numb	er of participants with a	account balances as of the end of	f the plan	year (defi	ned benet	fit plans do n	ot	5c		5
		during the plan year invested in a							X	
b Are yo under	ou claiming a walver of 29 CFR 2520.104-46?	the annual examination and report ? (See instructions on waiver eligit	ort of an ir bility and	ndepende condition:	nt qualifiœ s.)	d public acco	ountant (IQP	'A)	X V	res 🗌 No
		ther line 6a or line 6b, the plan								
Caution: A	penalty for the late of	or Incomplete filing of this returner penalties set forth in the instru-	rn/report	will be a	ssessed u	inless reaso	onable caus	se is ( art in	established. cluding, if applicable, a /	Schedulø
SB or Sche	alties of penjury and off edule MB completed an mue, correct, and comp	nd signed by an enrolled actuary.	as well as	s the elec	tronic vers	sion of this re	stum/report,	and t	o the best of my knowle	dge and
SIGN	$\mathcal{D}_{\mathcal{A}}$	1 1. 1/4/				WILLIAM				
HERE	Signature of plan	dministrator		Date 1	<u>11793</u>			al sig	ning as plan administrat	ог
SIGN	to the	1 h // //	-			WILLIAM		_1 .		
	Signature of emplo	yer/plan apphsor ///	indude et	Date 1			e of individu I		ning as employer or plat arer's telephone numbe	
Preparer s	name (including inth n	ane, il appresole) and address, i		<b>, , , , , , , , , , , , , , , , , , , </b>						
Eor Panerw	ork Reduction Act Notic	e and OMB Control Numbers, see t	the instruc	tions for F	orm 6600-	SF.	I,		Form 55	00-SF (2012)

Form 5500-SF (2012) v. 120126

Part IIIFinancial Inform7Plan Assets and Liabilities			(a) Beginning of Yea	r		(b) End o	f Year	
		7a		15562		(, 2.1.4 0		13235
· · · · · · · · · · · · · · · · · · ·	7b from line 7a)		-	15562				13235
8 Income, Expenses, and Trans	fers for this Plan Year		(a) Amount			(b) To	tal	
a Contributions received or received	0-(1)		0					
				0				
(2) Participants			0					
	5)			255				
	, 8a(2), 8a(3), and 8b)			200				25
	rollovers and insurance premiums	00						20
		8d		0				
e Certain deemed and/or correct	ctive distributions (see instructions).	8e		0				
f Administrative service provide	ers (salaries, fees, commissions)	8f		2582				
g Other expenses		8g		0				
h Total expenses (add lines 8d,	8e, 8f, and 8g)	8h						2582
	ne 8h from line 8c)	-						-232
	see instructions)	··· 8j						
Part IV Plan Characteri	stics							
Part V Compliance Ques	stions							
	tions			١	es No	A	Amount	
<ul><li>10 During the plan year:</li><li>a Was there a failure to transm</li></ul>	itions nit to the plan any participant contrib instructions and DOL's Voluntary Fig			۱ 10a	<b>Yes No</b>	A	Amount	
<ul> <li>During the plan year:</li> <li>Was there a failure to transm 29 CFR 2510.3-102? (See</li> <li>Were there any nonexempting</li> </ul>	nit to the plan any participant contrib	duciary Correctstary Correctstary Correctstary (Do not inc	ction Program) clude transactions reported				Amount	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transm 29 CFR 2510.3-102? (See</li> <li>b Were there any nonexemption line 10a.)</li> </ul>	nit to the plan any participant contrib instructions and DOL's Voluntary Fi transactions with any party-in-intere	duciary Correctstrates the statest duciary Correctstratest ducing the statest ducing the	ction Program) clude transactions reported	10a	X	A	Amount	
<ul> <li>During the plan year:</li> <li>Was there a failure to transm 29 CFR 2510.3-102? (See b)</li> <li>Were there any nonexemption line 10a.)</li> <li>Was the plan covered by a d)</li> <li>Did the plan have a loss, who have a loss with the plan have a loss with the plan</li></ul>	nit to the plan any participant contrib instructions and DOL's Voluntary Fi transactions with any party-in-intere	duciary Correct st? (Do not in s fidelity bonc	ction Program) clude transactions reported  d, that was caused by fraud	10a 10b	x		Amount	
<ul> <li>During the plan year:</li> <li>a Was there a failure to transm 29 CFR 2510.3-102? (See b Were there any nonexemption line 10a.)</li> <li>c Was the plan covered by a d Did the plan have a loss, whor dishonesty?</li> <li>e Were any fees or commission</li> </ul>	nit to the plan any participant contrib instructions and DOL's Voluntary Fi transactions with any party-in-intere fidelity bond? ether or not reimbursed by the plan	duciary Correct st? (Do not ind s fidelity bonc ther persons	ction Program) clude transactions reported  d, that was caused by fraud  by an insurance carrier,	10a 10b 10c	x x x		Amount	
<ul> <li>10 During the plan year:</li> <li>a Was there a failure to transm 29 CFR 2510.3-102? (See b) Were there any nonexempt on line 10a.)</li> <li>c Was the plan covered by a</li> <li>d Did the plan have a loss, wh or dishonesty?</li> <li>e Were any fees or commission insurance service or other other or other or</li></ul>	nit to the plan any participant contrib instructions and DOL's Voluntary Fi transactions with any party-in-intere fidelity bond? ether or not reimbursed by the plan ons paid to any brokers, agents, or or rganization that provides some or al	duciary Correct st? (Do not industry s fidelity bonc ther persons I of the benefi	ction Program) clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10a 10b 10c 10d	x x x		Amount	
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С	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	N	lo	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	13c(1) Name of plan(s):	3c(2) E	IN(s)	1	1 <b>3c(3)</b> F	PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	14b ⊺	rusťs El	N		



I have reviewed the information provided and authorize Beneco to electronically file Form 5500 on behalf of <u>Advanced Accounting</u> and Landscoping i he [Company Name]

You may add a new Authorized Signer for your Form 5500 by choosing the first option below:

As Employer and Plan Administrator, I have designated
 [Print

[Print Name]

as an Authorized Signer of our Form 5500.

🙀 🛛 I will not add a new Authorized Signer at this time.

[Plan Administrator Full Name] [Plan Administrator Signature] [Date]