Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Pension I	Benefit Guaranty Corporation	▶ Complete all entries in a	accordance with the ins	tructions to the Form 5	500-SF.		
Part I	Annual Repor	t Identification Information					
For calen	dar plan year 2014 or	fiscal plan year beginning 01/01/20)14	and ending 12	/31/2014		
A This re	eturn/report is for:	a single-employer plan a one-participant plan		plan (not multiemployer) oyer information in accor		this box must attach a list orm instructions)	
B This re	turn/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 m	onths)		
				,			
C Check	box if filing under:	X Form 5558☐ special extension (enter descr	automatic extension		☐ DFVC	program	
			· ,				
Part II		ormation—enter all requested inf	ormation		T 41	 	
1a Name ADVANCE		NDSCAPING, INC. RETIREMENT S	SAVINGS PLAN		1b Three-dig plan num (PN) ▶	ber 011	
					1c Effective	date of plan 08/01/2000	
	sponsor's name and a	address; include room or suite number NDSCAPING, INC.	er (employer, if for a single	e-employer plan)	2b Employer (EIN)	Identification Number 14-1662559	
409 QUAKE	ER STREET					s telephone number 345-564-0549	
WALLKILL,	NY 12589				2d Business	code (see instructions) 561730	
3a Plan	administrator's name	and address Same as Plan Spons	sor.		3b Administr	ator's EIN 14-1662559	
ADVANGEE	D EXCAVATING & LA		KER STREET L, NY 12589			ator's telephone number 845-564-0549	
nam		he plan sponsor has changed since tumber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN		
		s at the beginning of the plan year			+	7	
	•	s at the end of the plan year			5b		
		n account balances as of the end of				6	
comp	olete this item)	articipants at the beginning of the pla			5c 5d(1)	4	
	·	participants at the end of the plan year	,			4	
e Numb	per of participants that	terminated employment during the p	lan year with accrued be	nefits that were	5d(2) 5e		
Under per SB or Sch	nalties of perjury and o	e or incomplete filing of this return other penalties set forth in the instruc- and signed by an enrolled actuary, a nplete.	tions, I declare that I hav	e examined this return/re	port, including, if	applicable, a Schedule	
SIGN	Filed with authorized/valid electronic signature.		09/28/2015	WILLIAM NOBLE			
HERE	Signature of plan	administrator	Date	Enter name of individual signing as plan administrato			
SIGN HERE							
		loyer/plan sponsor name, if applicable) and address (in	Date			nployer or plan sponsor phone number (optional)	
riepaiel	s name (including IIIII	name, ii applicable) and address (in	GIGGE TOOM OF SUITE HUME	vei / (optional)	Treparer s tele	priorie number (optional)	

	Form 5500-SF 2014		Page 2						
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, in it covered under the PRCC in	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X	Yes Yes	No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	121) ? .		res	□ INO □ INOU	determine	ea
Par					1				
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End of Ye	ear 8542	
	Total plan assets	7a	TIC	713	-			0342	
	Fotal plan liabilities	7b	110)15				8542	
	Net plan assets (subtract line 7b from line 7a)	7c		710	-		(b) Tatal	0042	
	ncome, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total		
	1) Employers	8a(1)							
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
_ b	Other income (loss)	8b	2	283					
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						283	
	Benefits paid (including direct rollovers and insurance premiums	0.4							
	o provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d							
	Administrative service providers (salaries, fees, commissions)	8e 8f	27	' 56					
	Other expenses								
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h						2756	
	Net income (loss) (subtract line 8h from line 8c)	8i						-2473	
	Fransfers to (from) the plan (see instructions)								
Pari		8j							
	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions								
10	During the plan year:				Yes	No	Amo	ount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····	'	10b		Χ			
С	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Χ			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction (302 of	ERISA?	Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and e	enter th Day			

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		D	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Society Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

FORMORE	энген саагыну сограгалад	▶ Complete all entries in a	accordance with the instructions to the Form	5500-SF.	r done mapochon	
Part I		dentification Information				
For calend	lar plan year 2014 or fis		01/01/2014 and ending	12/	31/2014	
A This re	eturn/report is for:	a single-employer plan	a multiple-employer plan (not multiemploye of participating employer information in acc	r) (Filers check ordance with th	king this box must attach a list ne form instructions)	
		a one-participant plan	a foreign plan			
B This return/report is						
		an amended return/report	a short plan year return/report (less than 12	months)		
		<u> </u>				
C Check	box if filing under:	X Form 5558	automatic extension	∐ DF	VC program	
		special extension (enter descri	ption)			
Part II	Rapic Plan Info				- II - III - III	
		mation—enter all requested info	ormation	1.41		
1a Name		S I WATER OF STATE TAKE I		1b Three	I	
THE A STATE	ED EXCAVALING	& LANDSCAPING, INC.	RETIREMENT SAVINGS PLAN	(PN)	number 011	
				1	tive date of plan	
					01/2000	
2a Plans	ponsor's name and add	ress; include room or suite numbe	r (employer, if for a single-employer plan)		oyer Identification Number	
ADVANC	ED EXCAVATING	& LANDSCAPING, INC.	• • • • •		14-1662559	
			•		sor's telephone number	
409 QU	AKER STREET				-564-0549	
					ess code (see instructions)	
WALLKI		NY 12589		5617		
		d address Same as Plan Spons	ог.		nistrator's EIN	
ADVANC	ED EXCAVATING	& LANDSCAPING, INC.		_	1662559	
				3C Admir	nistrator's telephone number	
409 QU.	AKER STREET			845-	564-0549	
WALLKI	LL	NY 12589				
4 If the	name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed for this plan, enter the	4b EIN		
name	, EIN, and the plan num	ber from the last return/report.		710 LIN		
	or's name			4c PN		
5a Total	number of participants a	it the beginning of the plan year	***************************************	5a	7	
b Total	number of participants a	it the end of the plan year		5b	6	
C Numb	er of participants with a	count balances as of the end of th	ne plan year (defined benefit plans do not	En	T (M.)	
compl	ete this item)			5c	4	
d(1) Tot	al number of active parti	icipants at the beginning of the pla	n year	5d(1)	4	
d(2) Tot	al number of active part	icipants at the end of the plan year	· · · · · · · · · · · · · · · · · · ·	5d(2)	4	
			an year with accrued benefits that were			
				5e	0	
			report will be assessed unless reasonable ca	use is establ	ichari	
Under pen	alties of perjury and othe	er penalties set forth in the instruct	ions, I declare that I have examined this return/r	eport, including	g, if applicable, a Schedule	
SB or Sche	edule MB completed and true, correct, and comple	i signed by an enrolled actuary, as	well as the electronic version of this return/repo	ort, and to the b	est of my knowledge and	
	Inte, correct and comple		MILLIAM MODIA			
SIGN HERE		/ 3///	WILLIAM NOBL	<u>u</u>	THE PARTY OF THE P	
111111	Signature of plan add	ministrator	Date 4 スカカラ Enter name of indivi	idual signing a:	s plan administrator	
SIGN			WILLIAM NOBLE	₹.		
HERE	Signature of employe	er/plan sponsor	Date 9181入りら Enter name of indivi	dual signing as	s employer or plan sponsor	
Preparer's	name (including firm na	me, if applicable) and address (Inc	lude room or suite number) (optional)		elephone number (optional)	
 			instructions for Form 5500-SF.		Form 5500-SF (2014)	

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a						X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cannot							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)? .		Yes	No Not determ	nined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a		L101	5			8542
	Total plan liabilities	7b			_			0540
	Net plan assets (subtract line 7b from line 7a)	7c		L101	5			8542
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
u	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		28	3			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						283
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		275	6			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2756
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	oss) (subtract line 8h from line 8c)					-2473	
j	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension f $2E\ 2F\ 2G\ 2J\ 2K\ 2T\ 3D$	eature co	des from the List of Plan Chara	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	es from the List of Plan Charac	teristi	c Cod	es in tl	he instructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	ection Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c		X		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all oinstructions.)	of the ben	efits under the plan? (See	10e		Х		
f				10f		Х		
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		Х		
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							

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lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.	_		
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	`	12d		
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding	g deadline?		Yes	No 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?		e control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s) to		
	13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Truct Information (ontional)				
	VIII Trust Information (optional)		14h ±	rust's EIN	
144	Name of trust		140	IUSES EIN	