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).

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

2015

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		Report Identification Informatio	on						
For	calendar plan year 2	015 or fiscal plan year beginning 01/01	1/20 <u>15</u> and ending 12	2/31/2015					
Α-	This return/report is t	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in ac						
		a one-participant plan	a foreign plan						
Вт	his return/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return/report (less than 12 mg	onths)					
C	Check box if filing un	der: Form 5558	automatic extension	DFVC	orogram				
		special extension (enter des	· · ·						
		an Information—enter all requested	information						
1a	Name of plan			1b Three-digit					
ADV	ANCED EXCAVATIN	IG & LANDSCAPING, INC. RETIREMEN	IT SAVINGS PLAN	plan numbe					
				(PN) •	011				
				1c Effective da	te of plan 08/01/2000				
	Mailing address (inc	e (employer, if for a single-employer plan lude room, apt., suite no. and street, or P	.O. Box)	2b Employer Identification Number (EIN) 14-1662559					
ADVA	•	r province, country, and ZIP or foreign po G & LANDSCAPING, INC.	stal code (if foreign, see instructions)	2c Sponsor's telephone number 845-564-0549					
			2d Business code (see instructions)						
409 QUAKER STREET WALLKILL, NY 12599									
/VALL	MILL, NT 12599				561730				
3a	Plan administrator's	name and address XSame as Plan Spo	onsor.	3b Administrate	or's EIN				
				3c Administrate	3c Administrator's telephone number				
4		EIN of the plan sponsor has changed sinc plan number from the last return/report.	te the last return/report filed for this plan, enter the	4b EIN					
а	Sponsor's name			4c PN					
5a	Total number of pa	ticipants at the beginning of the plan year	r	5a	6				
b	Total number of pa	ticipants at the end of the plan year		5b	3				
С			of the plan year (defined benefit plans do not	5c	3				
d(1) Total number of	active participants at the beginning of the	plan year	5d(1)	4				
d(2) Total number of	active participants at the end of the plan y	/ear	5d(2)	1				
е	Number of particip than 100% vested	ants that terminated employment during t	he plan year with accrued benefits that were less	5e	0				
Cau			urn/report will be assessed unless reasonable cau	use is established	 I.				

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

	Filed with authorized/valid electronic signature.	03/21/2016	SHANE NOYCE				
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				

Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eliging Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can 	f an indepen and condition not use For	dent qualified public a ons.)rm 5500-SF and mus	ccount	ant (IQ Id use	PA) Form	5500.		<u> </u>	Yes Yes	No No
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not	detern	nined
Part III Financial Information	1									
7 Plan Assets and Liabilities		(a) Beginning					(b) En	d of Y		
a Total plan assets	7a		8	542					113	33
b Total plan liabilities				542					113	22
Net plan assets (subtract line 7b from line 7a) Income. Expenses, and Transfers for this Plan Year	., 7с	(-) A		542			4.1	T-4-1	116	33
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b			90						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								9	90
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4	721						
e Certain deemed and/or corrective distributions (see instructions)										
f Administrative service providers (salaries, fees, commissions)	8f		2	778						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								749	99
i Net income (loss) (subtract line 8h from line 8c)	8i								-740)9
j Transfers to (from) the plan (see instructions)	·· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	the instr	ructions	S:	
B If the plan provides welfare benefits, enter the applicable welfare	feature code	as from the List of Pla	n Char	octorist	ic Coc	les in th	a instru	ictions:		-
If the plan provides wellare beliefly, effect the applicable wellare	Totalure coul	cs from the List of Flat	ii Onaic	actorist	.10 000	103 111 111	ic instru	ictions.		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Am	ount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fi	duciary Correction	10a		X					
b Were there any nonexempt transactions with any party-in-interest					V					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		X					
d Did the plan have a loss, whether or not reimbursed by the plan' by fraud or dishonesty?			10d		X					
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of t	he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the pl			10f		Χ					
g Did the plan have any participant loans? (If "Yes," enter amount	as of year e	nd.)	10g		Χ					
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	? (See instru	ctions and 29 CFR	10g 10h	X						
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required	notice or one of the	10ii	X						
j Did the plan trust incur unrelated business taxable income?			10j			X				
Part VI Pension Funding Compliance			IUJ	<u> </u>	<u> </u>		<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)									Yes	No
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum fundin						302 of E	RISA?		Yes	X No

	F	orm 5500-SF 2015 Page 3 - 1						
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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 letter ruling granting the waiver							
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui		
b	Enter t	ne minimum required contribution for this plan year		12b				
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d				
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?		П	Yes	No 🗆	N/A	
Part		Plan Terminations and Transfers of Assets			100	110	1471	
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No		
		s," 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 brough	ght under the co	ontrol		Yes X	No	
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)						
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	: VIII	Trust Information						
14a	Name o	f trust		14b Trust's EIN				
14c	Name	of trustee or custodian		14d Trustee's or custodian's				
140 Name of trustee of custodian					telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Yes No				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):	I I Dercentade I I			rage efit test	
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No		
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b	17b Date the last plan amendment/restatement for the required tax law changes was adopted/ Enter the applicable code (See instructions for tax law changes and codes).							
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellower. I and the letter's serial references and the letter's serial references and the letter's serial references.		t to a fa	vorable II	RS opinion	or	
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fav	vorable		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19	19 Were in-service distributions made during the plan year?				s	No		
	If "Yes	" enter amount		19				
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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Pension Benefit Guaranty Corporation

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2015

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Panar	t Identification Information	ccordance with the ins	tructions to the Form	5500-SF				
DOMESTIC LOS PROPERTIDOS DE LA COMPANSION DEL COMPANSION DE LA COMPANSION		t Identification Information fiscal plan year beginning	01/01/2015	and anding		10/01/00			
1 or oaron	dar plan your 2010 or 1	a single-employer plan	01/01/2015	and ending	\ (F:1	12/31/201			
A This re	eturn/report is for:	a single-employer plan	plan a multiple-employer plan (not multiemployer) (Filers list of participating employer information in accordar				lers checking this box must attach a		
24 1111011	starrii roport lo lor.	a one-participant plan	a foreign plan	imployer information in a	accordan	ce with the for	in instructions)		
			☐ a reverger prairi						
B This re	turn/report is	the first return/report	the final return/report						
		an amended return/report	=	rn/report (less than 12 r	months)				
C Observation of the Control of the									
C Check	box if filling under.	Form 5558	automatic extension			DFVC prog	_j ram		
posterior		special extension (enter descri							
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name	a control for control				1b	Γhree-digit			
		& Landscaping, Inc.				olan number			
Retire	ment Savings E	?Lan				PN)	011		
						Effective date o			
2a Plan s	sponsor's name (emplo	oyer, if for a single-employer plan)				08/01/200			
Mailin	g address (include roo	m, apt., suite no. and street, or P.O.	Box)			Employer identi EIN) 14–16	fication Number		
		ce, country, and ZIP or foreign postal	I code (if foreign, see inst	tructions)		Sponsor's telep			
Advance Inc.	ed Excavating	& Landscaping,				(845) 564			
inc.					2d Business code (see instructions)				
409 Ous	aker Street					61730	(eee mon donono)		
Wallkil			NY	7 12599	ļ				
3a Plan a	3a Plan administrator's name and address \(\square\)Same as Plan Sponsor.				3b Administrator's EIN				
					3c. Administrator's talantana				
					30 /	3c Administrator's telephone number			
4 If the r	name and/or EIN of the	e plan sponsor has changed since th	ne last return/report filed f	or this plan, optor the	Ab r				
name	, EIN, and the plan nur	mber from the last return/report.	ie iast return/report illeu i	or this plan, enter the	4b E	IN			
a Spons	or's name	•			4c F	'N			
5a Total	number of participants	at the beginning of the plan year			5a		6		
		at the end of the plan year			5b		3		
c Number	er of participants with a	account balances as of the end of the	e plan year (defined bene	efit plans do not					
compl	ete this item)				5c		3		
d(1) Tota	al number of active par	rticipants at the beginning of the plan	ı year		5d(1)	4		
d(2) Tota	al number of active par	rticipants at the end of the plan year.			5d(2)	1		
e Numb	er of participants that	terminated employment during the p	lan year with accrued be	nefits that were less					
than 1	100% vested				5e		0		
Under pena	lities of periury and oth	or incomplete filing of this return/r ner penalties set forth in the instruction	ons I declare that I have	unless reasonable car	use is es	tablished.	-11 0-1- 1-1		
SB or Sche	dule MB completed an	id signed by an enrolled actuary, as	well as the electronic ver	sion of this return/repor	t, and to	the best of my	knowledge and		
belief, it is t	rue, correct, and comp	lete.			-				
SIGN	0.///		3/11/12/12	William Noble	2				
HERE	Signature of plan ac	ministrator	Dațe ,	Enter name of individ	ual signii	ng as plan adm	ninistrator		
SIGN			William Noble						
HERE	Signature of employ	ver/plap-sponsor	Date						
Preparer's r		ame, if applicable) and address (inclu		Enter name of individer)		ng as employer er's telephone r			
×				,	spare	. S tolophone i			

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.

Yes

No

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, and	-	date of		uling
	granting the waiver	13.	Day _		Year	
	Enter the minimum required contribution for this plan year		12b			
	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the					
	negative amount)		12d			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Par						
13	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s ⊠ 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 broughthe PBGC?				Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the plan(s) to				
-	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) I	PN(s)
Par	VIII Trust Information					
14a	Name of trust		14b T	rust's EIN	I	
140	Name of trustee or custodian		14d Trustee's or custodian's			
				elephone		ari o
Par	IX IRS Compliance Questions					5
15a	Is the plan a 401(k) plan?		Yes		No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe harbor method		e ADP/ACP test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.42(a)(2)(ii))?	01(m)-	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under secti		Ratio percentag test		ge Average benefit test	
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?	bining	Yes	à .	No	
	Has the plan been timely amended for all required tax law changes?		Yes		No	□ N/A
	Date the last plan amendment/restatement for the required tax law changes was adoptedfor tax law changes and codes).	Enter the app			_ (See insti	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial nu		to a fav	orable IR	S opinion o	or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	nter the date of t	he plan'	s last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No	1
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19			
20	Nere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of where tried), as required under section 401(a)(9)?	ether or not	Yes		No	N/A