Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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.

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information									
For calenda	ar plan year 2015 or fis	scal plan year beginning 01/01/2	2015	and ending 12/31/2	2015						
A This ret	urn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)								
a one-participant plan a foreign plan											
B This retu	ırn/report is										
an amended return/report a short plan year return/report (less than 12 months)											
C Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program								
Dort II	Basis Blan Info	<u> </u>	1 /								
Part II		ormation—enter all requested inf	formation	41.							
1a Name	•	EDVICES II C 404K DI AN		10	Three-digit plan number						
GREEN EAR	RITH LANDSCAPE SE	ERVICES, LLC 401K PLAN			(PN) ▶	001					
				1c	Effective date o	f plan 1/2014					
2a Plan er	noncor's name (emplo	yer, if for a single-employer plan)		26							
Mailing	address (include roor	m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post			2b Employer Identification Num (EIN) 26-0641651						
	TH LANDSCAPE SEF		ar code (ir foreign, see man	2c	2c Sponsor's telephone number 850-236-1959						
				2d	2d Business code (see instructions)						
520 MOYLA PANAMA CIT	N ROAD TY BEACH, FL 32407				561730						
	,				3311						
3a Plan ad	dministrator's name ar	nd address XSame as Plan Spons	sor.	3b	Administrator's	EIN					
				3c	Administrator's	telephone number					
4 If the n	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed fo	or this plan, enter the 4b	EIN						
name,	EIN, and the plan nur	mber from the last return/report.	•								
a Sponso					4c PN 28						
_	·	at the beginning of the plan year at the end of the plan year			ib	37					
		account balances as of the end of		fit plans do not	5c						
		rticipants at the beginning of the plants		-	5d(1) 5d(2)						
d(2) Total number of active participants at the end of the plan year e Number of participants that terminated employment during the plan year with accrued benefits that were less						32					
than '	100% vested		· · ·		5e	0					
		or incomplete filing of this return				abla a Cabadula					
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.	06/09/2016	JEREMY M. DURGAN							
HERE	Signature of plan a	dministrator	Date	Enter name of individual si	ame of individual signing as plan administrator						

Date

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

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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 Were all of the plan's assets during the plan year invested in eligib 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 cannot be a second or line 6b. 	an independent and condition to the condition of the cond	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA) Form	5500.		□ □ .	∕es ∏ No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information	1				-				
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	. 7a		67	533				10	00707
b Total plan liabilities	. 7b		07	7500				4.	00707
C Net plan assets (subtract line 7b from line 7a)	. 7с			533	-				00707
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	. 8a(1)		10	000					
(2) Participants	. 8a(2)		28	589					
(3) Others (including rollovers)	. 8a(3)			159					
b Other income (loss)	. 8b		-1	234					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							;	37514
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		4	340					
Certain deemed and/or corrective distributions (see instructions)	. 8e								
f Administrative service providers (salaries, fees, commissions)	. 8f			0					
g Other expenses	. 8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h								4340
i Net income (loss) (subtract line 8h from line 8c)	. 8i							;	33174
j Transfers to (from) the plan (see instructions)	. 8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare f	footure code	os from the List of Pla	n Char	octorict	ic Coc	loc in the	inetrue	tions:	
in the plan provides wellare benefits, effer the applicable wellare i	eature coue	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1116	HISHUC	110115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	nt
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest									
reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	X					10071
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some carrier.	her persons	by an insurance	100						
the plan? (See instructions.)			10e		X				
f Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i						
j Did the plan trust incur unrelated business taxable income?			10j		Χ		_		
Part VI Pension Funding Compliance				•	-				
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									res X No
11a Enter the unpaid minimum required contribution for all years from						11a			<u></u>
12 Is this a defined contribution plan subject to the minimum funding						302 of El	RISA?		res X No

	F	orm 5500-SF 2015 Page 3 - 1							
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	date of t	he letter rul Year	ing		
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?		Ye	S	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):		atio ercentage st		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		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
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	Were in	n-service distributions made during the plan year?		Ye	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		

5500 SF 26-0641651 001

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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 section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Seriefit Guaranty Corporation Complete all entries in accordance with the Instructions to the Form 5500-SF.								
Part I Annual Report Identification Inform								
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015								
A This return/report is for:								
C Check box if filling under: Form 5558 automatic extension DFVC program special extension (enter description)								
Part II Basic Plan Information enter all red	quested information							
1a Name of plan Green Earth Landscape Services, LLC	401K Plan	1c	Three-digit plan number PN) ► 001 Effective date of plan 01/01/2014					
2a Plan sponsor's name (employer, if for a single-employer Mailing Address (include room, apt., suite no. and stre City or town, state or province, country, and ZIP or fore Green Earth Landscape Services, LLC	et or P.O. Box)	ructions)	Employer Identification Number (EIN) 26-0641651					
1520 Moylan Road	2d	Sponsor's telephone number (850) 236-1959 Business code (see instructions) 561730						
3a Plan administrator's name and address X Same as	3b /	3b Administrator's EIN						
3c Administrator's telephone nu								
4 If the name and/or EIN of the plan sponsor has change name, EIN, and the plan number from the last return/re		or this plan, enter the 4b	4b EIN					
a Sponsor's name			4c PN					
5a Total number of participants at the beginning of the pla			28					
 Total number of participants at the end of the plan yea Number of participants with account balances as of the 		fit plans do not						
complete this item)			37					
d(1) Total number of active participants at the beginning	of the plan year	5d(ʻ	1) 27					
d(2) Total number of active participants at the end of the	plan year	5d(2	2) 32					
Number of participants that terminated employment du		efits that were						
Caution: A penalty for the late or incomplete filing of the	his return/report will be assessed	unless reasonable cause is	established.					
Under penalties of perjury and other penalties set forth in t SB or Schedule MB completed and signed by an enrolled belief, it is true correct, and complete.	the instructions, I declare that I have	examined this return/report, in	ocluding, if applicable, a Schedule					
SIGN J S		Jeremy M. Durgan						
HERE Signature of plan administrator	Date 19/10	Enter name of individual signif	ng as plan administrator					
SIGN		Jeremy M. Durgan						
HERE Signature of employer plan sponsor	Enter name of individual signing	ng as employer or plan sponsor						
Preparer's name (including firm name, it applicable) and address; include room or suite number Preparer's telephone number								

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)				•••••		XYes	No	
b	Are you claiming a waiver of the annual examination and report of a	n independ	ent qualified public acco	untan	t (IQF	PA)			-		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							•••••	XYes	□No	
	If you answered "No" to either line 6a or line 6b, the plan canno										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance pro	ogram (see ERISA section	on 402	21)?	••••••	Yes	∐ No	Not o	determined	
Pa	rt III Financial Information		(57.7774)						70.70.00		
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r .	-		(b) End	of Year		
<u>a</u>	Total plan assets	7a		57,5	33				100	,707	
	Total plan liabilities	7b				-					
	Net plan assets (subtract line 7b from line 7a)	7c		33	+		(L) T		,707		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:					I The second second			otal		
	(1) Employers	8a(1)	1	10,0	00						
	(2) Participants	8a(2)		28,5	89						
	(3) Others (including rollovers)	8a(3)		1.	59	56					
b	Other income (loss)	8b	(1	1,23	4)						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1	,		37	,514	
1000	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		4,3	40						
	Certain deemed and/or corrective distributions (see instructions)	8e		····		19.00					
	Administrative service providers (salaries, fees, commissions)	8f		50	0	12.5					
-	Other expenses	8g			0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						4	,340		
i	Net income (loss) (subtract line 8h from line 8c)	8i					33,174				
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	Sec. 100 (100 (100 (100 (100 (100 (100 (100				1600					
\perp	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes	TION THE LIST OF FRANCIS	iai acit		- Coue	S III UIE	- IIIS(I UC(II	JIIS.		
	rt V Compliance Questions				···	T.,	T	9000			
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribut	lione within	the time period		Yes	No	N/A		Amount		
а	described in 29 CFR 2510,3-102? (See instructions and DOL's Vo										
	Program)	8	5 0	10a		х					
b	Were there any nonexempt transactions with any party-in-interest	? (Do not in	clude transactions			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
	reported on line 10a.)			10b		Х					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X	<u> </u>				10,071	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of t	he benefits under	10e		x					
f				10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	10g		х					
h	If this is an individual account plan, was there a blackout period? ((See instruc	ctions and 29 CFR								
	2520.101-3.)			10h		Х					
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							
j	Did the plan trust incur unrelated business taxable income?			10j		x					
Pai	t VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	O#400007 (V900000) ★C00 XC	Company Company (Company Company Compa		•				☐ Ye	es X No	
118	Enter the unpaid minimum required contribution for current year for	om Schedu	ule SB (Form 5500) line 4	40			11a		•		
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the	Code	or se	ction :	302 of F	RISA?	ТПу	s X No	

	Form 5500-SF 2015	Page 3-					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	a. If a waiver of the minimum funding standard for a prior year is being amortized in t granting the waiver.			d enter t ay	he date of t Yea		ruling
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500			<u> </u>		-	
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 (enter negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadl	2 (3		[Yes _	No [□ N/A
Part	VII Plan Terminations and Transfers of Assets						
13a		***************************************		ΠΥ	es X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this yea			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to an of the PBGC?		15 (c) 20 (c) (c) (c) (c)			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to an which assets or liabilities were transferred. (See instructions.)						
	13c(1) Name of plan(s):		130	(2) EIN	(s)	13c(3)	PN(s)
						70.70	
Part	VIII Trust Information						
14a	Name of trust			14b Trust's EIN			
						100	
14c	Name of trustee or custodian				rustee or o phone num		's
Par	t IX IRS Compliance Questions				- K		
15a	Is the plan a 401(k) plan:			☐ Ye	s [☐ No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for en matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- based safe ADP/ACP harbor method test			'ACP
15c	If ADP/ACP test, did the 401(k) plan perform ADP/ACP testing for the plan year usin testing method" for nonhighly compensated employees (Treas. Reg. section 1.401(k 2(a)(2)(ii))?	c)-2(a)(2)(ii) and 1.4	101(m)-	☐ Ye	s [No	
	Check the box to indicate the method used by the plan to satisfy the coverage requi				tio rcentage [st	Avera	age fit Test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) a this plan with any other plans under the permissive aggregation rules?	nd 401(a)(4) by co		☐ Ye	s [No	
17a	Has the Plan been timely amended for all required law changes?			☐ Ye	s [No	☐ N/A
	Date of the last plan amendment/restatement for the required tax law changes was instructions for tax law changes and codes).				able code .	-	020
10110000	If the plan sponsor is an adopter of a pre-approved master, prototype (M&P), or volundous or letter, enter the date of that favorable letter / / . and the plan is an individually-designed plan and recieved a favorable determination letter / / .	<u>he letter's serial nu</u>	mber.		20000 (2000) (2000)		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERIS, made), American Samoa, Guam, the Commonwealth of the Northern Mariana Island			☐ Ye	s [No	
19	Were in-service distributions made during the plan year?		••••••	☐ Ye	s [No	37 73
	If Yes, enter amount			19			
20	Were minimum required distributions made to 5% owners who have attained age 70 not retired) as required under section 401(a)(9)?	1/2 (regardless of w	vhether or	☐ Ye	s [No	□ N/A