Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PACIFIC GREEN LANDSCAPE, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PACIFIC GREEN LANDSCAPE, INC.

8834 WINTER GARDENS BOULEVARD
LAKESIDE, CA 92040-5419

2b Employer Identification Number (EIN)
33-0054496

2c Plan Sponsor's telephone number
619-390-9962

2d Business code (see instructions)
541320

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/16/2017	MICHAEL REGAN
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	133
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	129
a(2) Total number of active participants at the end of the plan year	**6a(2)**	96
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	7
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	103
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	103
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	28
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) Insurance	[ ]	**(1)** Insurance	[ ]
(2) Code section 412(e)(3) insurance contracts	[ ]	**(2)** Code section 412(e)(3) insurance contracts	[ ]
(3) Trust	[X]	**(3)** Trust	[X]
(4) General assets of the sponsor	[ ]	**(4)** General assets of the sponsor	[ ]

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
PACIFIC GREEN LANDSCAPE, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC GREEN LANDSCAPE, INC.

D Employer Identification Number (EIN)
33-0054496

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	14177	14672
(2) Participant contributions	1b(2)	1911	3684
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12295	14113
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	1476	1202
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1204284	1435767
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1234143	1469438
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1234143	1469438

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	49200	
	(B) Participants	2a(1)(B)	106104	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		155304
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	70	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		89
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	44965	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		44965
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		50008
c Other income	2c		5
d Total income. Add all **income** amounts in column (b) and enter total	2d		250371
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	0	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	15076	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15076
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15076
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		235295
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PKF, LLP **(2)** EIN: 81-3391684

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		9748
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		150000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

PACIFIC GREEN LANDSCAPE, INC. 401(k) PLAN
FINANCIAL STATEMENTS
INDEPENDENT AUDITORS' REPORT
AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2016

PKF

PACIFIC GREEN LANDSCAPE INC. 401(k) PLAN

TABLE OF CONTENTS

INDEPENDENT AUDITORS' REPORT ..... 1 - 2

FINANCIAL STATEMENTS:

Statements of Net Assets Available for Benefits 3

Statement of Changes in Net Assets Available for Benefit 4

Notes to Financial Statements ..... 5 - 11

SUPPLEMENTAL SCHEDULES:

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) 12

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions 13

PKF

Accountants and
business advisers

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Pacific Green Landscape, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pacific Green Landscape, Inc. 401(k) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Plan Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Newport Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan Administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the custodian as of December 31, 2016, and for the year ended December 31, 2016, that the information provided to the Plan Administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these 2016 financial statements.

Other Matters

We have compiled the statement of net assets available for benefits as of December 31, 2015. We did not audit or review the statement and accordingly, do not express an opinion or provide any assurance about whether the statement is in accordance with auditing standards generally accepted in the United States of America.

The supplemental schedules of Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2016 and Schedule H, line 4(a) – Schedule of Delinquent Participant Contributions are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the 2016 financial statements and the supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PKF, LLP

PKF, LLP

San Diego, California
October 13, 2017

PACIFIC GREEN LANDSCAPE INC. 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2016 AND 2015

	2016	2015 (Unaudited)
Assets:		
Investments, at fair value:		
Mutual funds	$ 1,435,767	$ 1,204,284
Money market funds	14,113	12,295
Total investments	1,449,880	1,216,579
Receivables:		
Employee contributions	3,691	1,911
Employer contributions	22,337	14,429
Notes receivable from participants	1,202	1,476
Total receivables	27,230	17,816
Total assets	1,477,110	1,234,395
Liabilities:		
Excess contributions payable	-	252
Net assets available for benefits	$ 1,477,110	$ 1,234,143

The accompanying notes are an integral part of the financial statements.

PACIFIC GREEN LANDSCAPE INC. 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2016

Additions:		
Contributions:		
Participant	$	106,111
Employer		56,865
Total contributions		162,976
Investment income:		
Interest and dividend income		45,054
Net appreciation in fair value of investments		50,013
Total investment income		95,067
Total additions		258,043
Deductions:		
Administrative expenses		(15,076)
Total deductions		(15,076)
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS		242,967
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR		1,234,143
NET ASSETS AVAILABLE FOR BENEFITS END OF YEAR	$	1,477,110

The accompanying notes are an integral part of the financial statements.

PACIFIC GREEN LANDSCAPE INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2016 AND 2015

NOTE 1 - DESCRIPTION OF THE PLAN

Description of Plan

The following description of Pacific Green Landscape, Inc. 401(k) and Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution 401(k) retirement plan established as of February 1, 1996 and amended as of January 1, 2016. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (the "Code") and similar state tax laws.

Economic Group Pension Services, Inc. serves as the Plan's third-party administrator. Newport Trust Company serves as the Plan's Custodian ("Custodian").

Eligibility

The Plan covers all employees of Pacific Green Landscape, Inc. (the "Company" or "Employer") who have attained age twenty-one and those that are eligible for Company benefits after one year of service consisting of 1,000 hours service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participant Contributions

Each year, participants may contribute 1% to 100% of their compensation on a pretax basis, as defined in the Plan, up to $18,000 for the year ended December 31, 2016. Participants who have attained age 50 before the end of the Plan year are eligible to make additional catch-up contributions of $6,000. Total contributions that participants may contribute for 2016 are $24,000. For the year ended December 31, 2016, there were no contributions that exceeded the maximum allowable amounts as described in the Plan. Upon meeting the eligibility requirements, participants need to opt into the Plan.

Employer Contributions

The Plan elected to contribute safe harbor matching contributions ("QACA safe harbor") in which the Company will make matching contributions equal to 100% of the elective deferral that does not exceed 3% of compensation, plus 50% of the elective deferral that exceeds 3% of compensation does not exceed 5% of compensation. The Company may make discretionary contributions determined on a pro-rata basis of elective deferrals. The Company contributed $49,200 of QACA safe harbor matching contributions to the Plan for the year ended December 31, 2016. There were no Employer discretionary contributions during the year ended December 31, 2016.

Rollover Contributions

The Plan provides for rollover contributions, which represents contributions by participants from other tax-qualified retirement plans. The maximum amount of a participant's rollover contribution is not affected by the limits otherwise applicable to participant contributions.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Participant Accounts

Separate accounts are maintained for each participant. Each participant's account is credited with the participant's salary reduction, rollover contributions, the Employer's matching and discretionary contributions, the participant's share in the Plan's earnings and losses and charged with an allocation of administrative expenses which are allocated proportionately among all participants based on their investments in each fund. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account balance.

Distributions

Distributions are submitted to the Plan Administrator for review and approval. Upon approval, they are forwarded to the Custodian for processing. As of December 31, 2016 and 2015, there were no amounts payable to the Plan participants.

Vesting

Participants are 100% vested in their contributions to the Plan plus actual earnings thereon. Participants are fully vested in the QACA safe harbor matching contribution immediately. Participants become vested in the Company's discretionary contributions and earnings thereon at a rate of 20% vesting after 2 years of service, 40% vesting after 3 years of service, 60% vesting after 4 years of service, 80% vesting after 5 years of service, and 100% vesting after 6 years of service. A participant automatically becomes fully vested in the entire balance of his or her account upon death, disability or termination of the Plan.

Forfeited Accounts

Upon termination of employment, the unvested portion of a participant's Employer discretionary contribution account is forfeited. Amounts representing forfeitures of Employer discretionary contributions shall be used to pay administrative expenses and reduce Employer contributions to the Plan. At December 31, 2016 and 2015, the forfeited nonvested accounts had a zero balance. In 2016, approximately $2,000 of Employer discretionary contributions were used from forfeited nonvested accounts to offset Employer matching contributions.

Notes Receivable from Participants

Participants may request to borrow a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans have a term of up to 5 years for general loans and 30 years if the loan qualifies as a home loan. The loans are secured by the balance of the participant's account and bear interest at rates set forth by the Plan Administrator which approximate the prevailing market rates of interest. As of December 31, 2016 and 2015, the interest rate on the outstanding participant loan was 5.25%. Principal and interest is paid ratably through weekly payroll deductions. Notes receivable from participants are measured at their unpaid balance plus any accrued, but unpaid interest. Delinquent participant loans are reclassified as distributions based upon terms of the Plan document. No allowance for credit losses have been recorded as of December 31, 2016 and 2015.

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Payment of Benefits

Participants are entitled to a distribution from their accounts at retirement, termination, death, hardship or upon incurring permanent disability. Participants may elect to receive a distribution of their account in lump sum or installments, equal to the value of the participant's vested interest in his or her account. However, if such a participant's vested account balance is less than $1,000, the Plan Administrator may roll the balance into an individual retirement account or make a lump sum distribution. Participants may defer distribution if the vested account balance is greater than $1,000.

Hardship Withdrawals

Participants may withdraw their vested contributions in the event of hardship as defined in the Plan agreement. If a hardship withdrawal is made, all voluntary employee contributions to the Plan must be suspended for six months.

Administrative Expenses

The participants pay expenses incurred for the administration and operation of the Plan. Other administrative fees associated with distributions and loans are also paid for by the participant. For the year ended December 31, 2016, the third party administrative expense paid by participants were $15,076. No expenses were paid by the Company in 2016.

Plan Termination

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan and discontinue its contributions at any time, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their Employer contribution accounts. In the event of Plan termination, all amounts credited to accounts of participants shall be paid to each participant in accordance with the Plan agreement.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in accordance with Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosure*. FASB ASC 820 provides the framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access for assets.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in active markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement inputs, which contain assumptions by the party valuing those assets. For level 3 inputs, there is no market data or correlations with market assumptions.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds – These investments are stated at fair value based upon quoted net asset value of the shares as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds registered with the U.S. trade Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Money market funds – These investments are public investment vehicles using $1 for the net asset value based on investments held by the fund, and therefore, are excluded from the fair value hierarchy in accordance with Auditing Standards Update ("ASU") 2015-07.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition (continued)

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the valuation methodologies used at December 31, 2016 and 2015. Purchases and sales of securities are recorded on a trade-date basis.

The Plan presents in the Statement of Changes in Net Assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments bought and sold during the year. Interest income is recorded on the accrual basis. Dividends (if declared) are recorded on the ex-dividend date.

Benefits Due to Terminated Participants

Funds due to employees that have terminated employment, but have not yet been distributed are not presented as liabilities in the Statement of Net Assets Available for Benefits. They are reflected in the Statement of Changes in Net Assets Available for Benefits when paid.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amount allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan had excess contributions payable of $0 and $252 as of December 31, 2016 and 2015, respectively.

NOTE 3 - INFORMATION CERTIFIED BY CUSTODIAN

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA, certain information prepared and certified by a custodian need not be audited or reported on by an independent public accountant. Pursuant to that regulation, the Plan Administrator has instructed the independent auditors, PKF, LLP, not to perform any auditing procedures with respect to information certified by the Custodian, Newport Trust Company, as of December 31, 2016 and for the year then ended.

The Custodian has provided and certified all information in the financial statements and the supplemental schedule with regard to the investments and investment income of the Plan. This includes the cost and market values of the investments, the activity therein, the net appreciation or depreciation in fair value of investments, notes receivable from participants, and the information included on the supplemental schedule of assets (held at end of year). The Custodian has certified to the Plan Administrator that this information is accurate and complete.

NOTE 4 - FAIR VALUE MEASUREMENTS

The following summarizes the investments by classification and method of valuation, within the fair value hierarchy, in accordance with the requirements of FASB ASC 820 as described in Note 2 as of December 31, 2016 and 2015:

	December 31, 2016	Level 1	Level 2	Level 3
Mutual funds	$ 1,435,767	$ 1,435,767	$ -	$ -
Total investments at fair value	$ 1,435,767	$ 1,435,767	$ -	$ -

	December 31, 2015	Level 1	Level 2	Level 3
Mutual funds	$ 1,204,284	$ 1,204,284	$ -	$ -
Total investments at fair value	$ 1,204,284	$ 1,204,284	$ -	$ -

NOTE 5 - TAX STATUS

The Plan has received its determination letter from the Internal Revenue Service dated March 31, 2014 indicating that the Plan, as then designed, was in compliance with the applicable requirements of the Code. Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2016 and 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure within the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2013.

NOTE 6 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE 7 - PARTY-IN-INTEREST AND PROHIBITED TRANSACTIONS

Certain Plan assets are managed by the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2016:

Net assets available for benefits per the financial statements	$ 1,477,110
Difference in contributions receivable	(7,672)
Net assets available for benefits per the Form 5500	$ 1,469,438

The following is a reconciliation of the change in net assets available for benefits per the financial statement to the Form 5500 for the year ended December 31, 2016:

Change in net assets available for benefits per the financial statements	$ 242,967
Difference in contributions	(7,672)
Change in net assets available for benefits per the Form 5500	$ 235,295

NOTE 9 - SUBSEQUENT EVENTS

The Plan Administrator has evaluated subsequent events, as defined by FASB ASC 855, *Subsequent Events*, through the date that the financial statements were available to be issued on October 13, 2017.

SUPPLEMENTAL SCHEDULES

PACIFIC GREEN LANDSCAPE, INC. 401(k) PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2016

Plan Sponsor: Pacific Green Landscape, Inc.
EIN: 33-0054496
PLAN #: 001
FORM 5500 Schedule H Line 4(i)

(a)	(b) Identity of issue, borrower, lessor, or similary party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Templeton Global Bond R6 R6	Mutual Fund	**	$ 220,172
	Pimco Total Return Instl	Mutual Fund	**	109,797
	Dodge & Cox Income	Mutual Fund	**	109,283
	Dodge & Cox Stock	Mutual Fund	**	95,058
	American Funds American Mutual R6	Mutual Fund	**	90,582
	American Funds Growth Fund of Amer R6	Mutual Fund	**	88,773
	Third Avenue Real Estate Value Instl	Mutual Fund	**	87,965
	T. Rowe Price Blue Chip Growth	Mutual Fund	**	86,599
	MFS International Value R6	Mutual Fund	**	84,414
	American Funds Europacific GR R6	Mutual Fund	**	83,987
	American Funds Net World R6	Mutual Fund	**	83,258
	Vanguard G N M A ADM	Mutual Fund	**	55,606
	Metropolitan West Total Return Bond I	Mutual Fund	**	54,146
	Homestead Small Company Stock	Mutual Fund	**	50,186
	Artisan Mid Cap Value Investor	Mutual Fund	**	46,875
	Janus Triton Fund Class N	Mutual Fund	**	45,674
	Artisan Mid Cap	Mutual Fund	**	43,392
	TD Bank Institutional Money Market	Money Market Fund	**	14,113
*	Participant Loans	5.25%	-0-	1,202
				$ 1,451,082

* Party-in-Interest
** Investments are participant directed, thus cost information is not applicable

See independent auditors' report.

PACIFIC GREEN LANDSCAPE, INC. 401(k) PLAN
SCHEDULE H, LINE 4(a) – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
DECEMBER 31, 2016

Plan Sponsor: Pacific Green Landscape, Inc.
EIN: 33-0054496
PLAN #: 001
FORM 5500 Schedule H Line 4(a)

Participant Contributions Transferred Late to Plan	Total that constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program ("VFCP") and Prohibited Transaction Exemption 2002-51
Check Here if Late Participant Loan Repayments are Included: [X]	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 9,748	$ -	$ 9,748	$ -	$ -

See independent auditors' report.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans 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.

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan; ☐ a DFE (specify) ____

B This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here . . . . . ▶ ☐

D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Pacific Green Landscape, Inc. 401(k) Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1996

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

Pacific Green Landscape, Inc.

8834 Winter Gardens Boulevard

US Lakeside CA 92040-5419

2b Employer Identification Number (EIN)
33-0054496

2c Plan Sponsor's telephone number
(619) 390-9962

2d Business code (see instructions)
541320

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 accompanying schedules, statements and attachments, 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 HERE		10/16/17	Michael Regan
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/16/17	Michael Regan
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number
Skip this question

3a Plan administrator's name and address [x] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	133
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	129
a(2) Total number of active participants at the end of the plan year	**6a(2)**	96
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	7
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	103
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	103
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	28
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [x] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [ ] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [x] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) [ ] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) [x] **H** (Financial Information)
- (2) [ ] **I** (Financial Information - Small Plan)
- (3) [ ] ____ **A** (Insurance Information)
- (4) [ ] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

Part II Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) . . . . . ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **01/01/2016** and ending **12/31/2016**

Name of plan
Pacific Green Landscape, Inc. 401(k) Plan

Employer Identification Number
33-0054496

Three-digit plan number ► **001**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Newport Group	ARTMX Mutual Fund	0	43,392
	Newport Group	ARTQX Mutual Fund	0	46,875
	Newport Group	DOGX Mutual Fund	0	95,058
	Newport Group	DODIX Mutual Fund	0	109,283
	Newport Group	HSCSX Mutual Fund	0	50,186
	Newport Group	MWTIX Mutual Fund	0	54,146
	Newport Group	PTTRX Mutual Fund	0	109,797
	Newport Group	RERGX Mutual Fund	0	83,987
	Newport Group	RGAGX Mutual Fund	0	88,773
	Newport Group	RMFGX Mutual Fund	0	90,582
	Newport Group	RNWGX Mutual Fund	0	83,258
	Newport Group	TAREX Mutual Fund	0	87,965
	Newport Group	TRBCX Mutual Fund	0	86,599
	Newport Group	VFIJX Mutual Fund	0	55,606
	Newport Group	MINJX Mutual Fund	0	84,414
	Newport Group	JGMNX Mutual Fund	0	45,674
	Newport Group	FBNRX Mutual Fund	0	220,172
	Newport Group	FTCIMA Money Market	0	14,113
	Participant Loan	Part. Loan 5.25% Interest	0	1,202

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning **01/01/2016** and Ending **12/31/2016**
Name of Plan: **Pacific Green Landscape, Inc. 401(k) Plan**
Employer Identification Number: **33-0054496** Three-digit plan number: **001**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: **X**	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$9,748	**$0**	**$9,748**	**$0**	**$0**

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning **01/01/2016** and Ending **12/31/2016**
Name of Plan: **Pacific Green Landscape, Inc. 401(k) Plan**
Employer Identification Number: **33-0054496** Three-digit plan number: **001**

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: **X**	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$9,748	**$0**	**$9,748**	**$0**	**$0**