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.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I		: Identification Information								
For calend	lar plan year 2018 or f	iscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018					
A This re	A This return/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 ret	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC progr	:am				
		special extension (enter desc	• •							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name CONDE LAI	of plan NDSCAPING 401(K) F	RETIREMENT PLAN			1b Three-di plan num (PN) ▶	_				
					1c Effective	date of plan 01/01/2015				
		oyer, if for a single-employer plan)			2b Employe	r Identification Number				
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	59-1938653				
•	ENTERPRISES, INC.		ar 5545 (ii 15151911, 555 ii 16	sir deliene)	2c Sponsor's telephone number 305-223-0041					
					2d Business	s code (see instructions)				
2741 SW 84 MIAMI, FL 3						541320				
IVII/AIVII, I L 3	3133									
3a Plan a	administrator's name a	ınd address 🛛 Same as Plan Spo	nsor.		3b Administ	rator's EIN				
					3c Administ	rator's telephone number				
					3C Administ	rator's telephone number				
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN					
	sor's name	moor o name, Em, the plan name t	and the plan number from	the last retain, report.	4d PN					
C Plan N	Name									
5a Total	number of participants	a at the heginning of the plan year			5a					
		s at the beginning of the plan year.			5b	3 3				
		s at the end of the plan year								
comp	lete this item)				5c	3				
		articipants at the beginning of the pl	-		5d(1)					
` '	·	articipants at the end of the plan ye			5d(2)	2				
		o terminated employment during the			5e	1				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca						
SB or Scho		ther penalties set forth in the instruction and signed by an enrolled actuary, a solete								
SIGN		d/valid electronic signature.	09/30/2019	LUIS PEREZ						
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as p	olan administrator				
SIGN										
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	individual signing as employer or plan					

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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	an indepe	ndent qualified public a	account	ant (IC	PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	ot use Fo	orm 5500-SF and mus program (see ERISA se	t instea ection 4	ad use 021)?	Form	5500.] Yes ☐ No	
Pa	rt III Financial Information		T					
7	Plan Assets and Liabilities		(a) Beginning				(b) Er	d of Year
	Total plan assets	7a	1	15886				170649
	Total plan liabilities	7b		0	_			0
	Net plan assets (subtract line 7b from line 7a)	7c		15886				170649
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b	Total
а	Contributions received or receivable from: (1) Employers	8a(1)	;	33805				
	(2) Participants	8a(2)	2	25000				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		-3992				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						54813
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0				
e	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		50				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						50
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						54763
<u>j</u>	Transfers to (from) the plan (see instructions)	8j		0				
Pa	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2F 2G 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the ir	estructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c		Χ		
d				10d		X		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).			10e	X			50
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X		
h	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				

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Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В	Y	es No				
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette Year _	r ruling				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A				
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	× N	o				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

Revenue Code (the Code).

1210-0089

2018

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I Annual Rep	oort Identification Informatio	n							
For calendar plan year 2018	B or fiscal plan year beginning	01/01/2018	and ending	12/31/2	2018				
A This return/report is for:	X a single-employer plan	a multiple-employer p list of participating er	lan (not multiemployer) nployer information in a	-					
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	n/report (less than 12 m	nonths)					
C Check box if filing under	X Form 5558	automatic extension		DFVC progra	m				
	special extension (enter des	cription)							
Part II Basic Plan	Information—enter all requested	information							
1a Name of plan				1b Three-dig	t				
Conde Landscap	ing 401(k) Retirement	Plan		plan numb	001				
				(PN) •					
				1c Effective of 01/01/					
	mployer, if for a single-employer plan; e room, apt., suite no. and street, or P			1	Identification Number -1938653				
City or town, state or pr	ovince, country, and ZIP or foreign po		ructions)	<u> </u>	telephone number				
El Conde Enter					305-223-0041				
2741 SW 84th C	t			2d Business	code (see instructions)				
Miami	FL 331	155		541320					
3a Plan administrator's nar	a Plan administrator's name and address X Same as Plan Sponsor.			3b Administrator's EIN					
				3c Administra	ator's telephone number				
	of the plan sponsor or the plan name	•	•	4b EIN	***************************************				
this plan, enter the plan a Sponsor's name	n sponsor's name, EIN, the plan name	e and the plan number from t	ne last return/report.	4d PN					
C Plan Name				10 110					
5a Total number of particip	pants at the beginning of the plan year	r		. 5a	3				
, ,	pants at the end of the plan year			. 5b	3				
C Number of participants complete this item)	with account balances as of the end o	of the plan year (only defined	contribution plans	5c	3				
	ve participants at the beginning of the			5d(1)	3				
d(2) Total number of activ	ve participants at the end of the plan y	ear		5d(2)	2				
	who terminated employment during t			5e	1				
Caution: A penalty for the	late or incomplete filing of this retu	ırn/report will be assessed	uniess reasonable ca		ed.				
Under penalties of perjurya SB or Schedule MB complet belief, it is true, correct and	nd other/penalties set forth in the instr ted and signed by an enrolled actuary complete	ructions, I declare that I have , as well as the electronic ve	examined this return/re rsion of this return/report	eport, including, if rt, and to the best	applicable, a Schedule of my knowledge and				
SIGN SIGN	Lm/		Luis Perez						
HERE Signature of p	lan administrator	Date 930[9	Enter name of individ	dual signing as pla	an administrator				
SIGN	m		Luis Perez						
HERE Signature of a	mnlover/nlan enoneor	Date 9/20/19	Enter name of individ	tual aigning on an	anlover or plan anamas				

P	а	q	е	2

	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						X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann						
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	1021)?		Yes No Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	ır		. (See instructions.)
Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning	of Year	<u> </u>		(b) End of Year
a	Total plan assets	7a		115,	886		170,649
b	Total plan liabilities	7b			0		C
С	Net plan assets (subtract line 7b from line 7a)	7с		115,	886		170,649
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) Total
а	Contributions received or receivable from:			2.2	205	1	
	(1) Employers	8a(1)		33,			
	(2) Participants	8a(2)		25,	000		
	(3) Others (including rollovers)	8a(3)			0		
<u>b</u>	Other income (loss)	8b	·	-3,	992		
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					54,813
	Benefits paid (including direct rollovers and insurance premiums	ایما			٥		
	to provide benefits)	8d			0	1.4.4	
	Certain deemed and/or corrective distributions (see instructions)	8e			50	4:10	
	Administrative service providers (salaries, fees, commissions)	8f			0		
	Other expenses	8g			- 1		r.
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					50
	Net income (loss) (subtract line 8h from line 8c)	8i					54,763
	Transfers to (from) the plan (see instructions)	8j			0		
	t IV Plan Characteristics						M-M
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2F 2G 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Cod	les in the instructions:
	in the plan provides wertare benefits, offer the applicable wertare is	catale coa	co from the List of Fla	in Ondi	uotorio		nes in the management.
Part	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	, , ,						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		х	
b				100			
	reported on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c		Х	
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 some	ner person ne or all of	s by an insurance the benefits under	40-	х		50
f	the plan? (See instructions.)			10e		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a			10f		Х	
h		-		10g	<u> </u>		
	2520.101-3.)			10h		X	
	If 10h was answered "Yes," check the box if you either provided the			 	+		

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Part VI Pensio	on Funding Compliance									
	ed benefit plan subject to minimum fundi and line 11a below)								Yes [☐ No
11a Enter the unp	aid minimum required contributions for a	all years from Schedule SB (Fo	orm 5500) lin	e 40		. 11a				
ERISA?	ned contribution plan subject to the minin						of 		Yes [X No
	the minimum funding standard for a prior vaiver.					nd ente		of the let Year		ng
If you completed	d line 12a, complete lines 3, 9, and 10	of Schedule MB (Form 5500), and skip t	o line 1	3.					
b Enter the minin	num required contribution for this plan ye	ear				12b				
	unt contributed by the employer to the pl					12c				
	amount in line 12c from the amount in linunt)	•	•			12d				
e Will the minim	num funding amount reported on line 12d	d be met by the funding deadling	ne?			. [Yes	☐ No	Пи	I/A
Part VII Plan T	erminations and Transfers of	Assets								
13a Has a resolution	on to terminate the plan been adopted in an	y plan year?					Yes	X	No	
If "Yes," enter	the amount of any plan assets that reve	erted to the employer this year				13a				
	olan assets distributed to participants or l) 		Yes	X No	
. ,	plan year, any assets or liabilities were t or liabilities were transferred.	ransferred from this plan to an	other plan(s), identif 	y the plan(s	s) to				
13c(1) Name of	plan(s):				13c(2) EIN(s)	13c	(3) PN((s)
										_

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