Form 5500-SF Short Form Annual Return/Report of Small Employee OM Department of the Treasury Benefit Plan OM					OMB Nos. 1210-0110 1210-0089			
	rnal Revenue Service	This form is required to be filed	I under sections 104 and 4					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (Revenue Code (the Code		Internal	This Form is Open to Public Inspection		
Pension Be	00-SF.	Fublic inspection						
Part I		Identification Information						
For calend	ar plan year 2017 or fis	scal plan year beginning 01/01/20			2/31/2017			
A This ref	turn/report is for:	X a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)		
R This retu	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/report	(//				
		X an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check	box if filing under:	X Form 5558	automatic extension	[X DFVC p	rogram		
		special extension (enter descri	,					
Part II		rmation—enter all requested info	ormation	г		1		
1a Name	•				1b Thre	e-digit number		
ABC CLEAN	I UP SERVICES, INC.	401(K) PROFIT SHARING PLAN			(PN)			
					1c Effect	ctive date of plan		
2a Plan s	ponsor's name (emplo	yer, if for a single-employer plan)			2b Empl	01/01/2012 loyer Identification Number		
		n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		ructions)	(EIN)	20-8287265		
-	I UP SERVICES, INC.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	2c Spor	nsor's telephone number 206-909-8584		
				-	2d Busir	ness code (see instructions)		
1519 106TH BELLEVUE,						532310		
DELLE VOL,	WA 30004							
3a Plan a	dministrator's name ar	nd address 🗙 Same as Plan Spon	sor.		3b Admi	inistrator's EIN		
					3c Admi	3c Administrator's telephone number		
4 If the r	name and/or FIN of the	e plan sponsor or the plan name ha	s changed since the last r	eturn/report filed for	4b EIN			
this pl	lan, enter the plan spor	nsor's name, EIN, the plan name ar						
a Spons C Plan N	or's name				4d PN			
	Name							
5a Total	number of participants	at the beginning of the plan year			5a	15		
		at the end of the plan year			5b	15		
		account balances as of the end of the		•	5c	14		
•	,	rticipants at the beginning of the pla		F	5d(1)	14		
• •		rticipants at the end of the plan yea			5d(2)	14		
		terminated employment during the			5e	0		
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cau				
SB or Sche	edule MB completed ar	her penalties set forth in the instruct and signed by an enrolled actuary, as						
SIGN	true, correct, and comp Filed with authorized	olete. /valid electronic signature.	01/16/2019	MICHAEL RITTER				
HERE	Signature of plan a		Date	Enter name of individu	ial signing	as plan administrator		
SIGN			Dale		iai siyiiiiy	as plan aunimolialui		
SIGN HERE	Cignotium of any	vertelen onerer	Data	Entor name of the Parts				
	Signature of emplo	yer/pian sponsor	Date	Enter name of individu	ual signing	as employer or plan sponsor		

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

Form 5500-SF (2017) v.170203

 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) if you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 									
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)								
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Year (b) E	nd of Year						
a Total plan assets	7a	1323909	2124133						
b Total plan liabilities	7b	376	0						
C Net plan assets (subtract line 7b from line 7a)	7c	1323533	2124133						

С	Net plan assets (subtract line 7b from line 7a)	7c	1323533	2124133
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	42272	
	(2) Participants	8a(2)	127872	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	632776	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		802920
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	2320	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2320
i	Net income (loss) (subtract line 8h from line 8c)	8i		800600
j	Transfers to (from) the plan (see instructions)	8j	0	
_				

Part IV Plan Characteristics

9a	If the	plan j	provid	es pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:	
	2E	2F	2G	2J	

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

Part	V Compliance Questions			
10	During the plan year:	Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	1	x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	х	
С	Was the plan covered by a fidelity bond? 100	X		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1	х	
e	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.)	•	x	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 109	I	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB		Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e 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 left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
	lf "Yes	," enter the amount of any plan assets that reverted to the employer this year		13a				
b	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		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF							
F0fm 5500-5F	Short Form Annual R	eturn/Report (Benefit Plan	of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be filed unde	2017					
Department of Labor	Income Security Act of 1974 (ERIS)	A), and sections 6057	'(b) and 6058(a) of the	Internal	This Form is Open to		
Employee Benefits Security Administration	-	nue Code (the Code)			Public Inspection		
Pension Benefit Guaranty Corporation	Complete all entries in accord	lance with the instru	ctions to the Form 5	00-51.			
For calendar plan year 2017 or fis	Identification Information	01/2017	and ending	12/3	1/2017		
			the second se	Filers check	ing this box must attach a		
A This return/report is for:		st of participating emp foreign plan	ployer information in ac	cordance w	ith the form instructions.)		
	a one-participant plan a	loreign pian					
B This return/report is		e final return/report					
	an amended return/report	short plan year return	/report (less than 12 m	onths)			
C Check box if filing under:	X Form 5558	utomatic extension		DFVC p	rogram		
	special extension (enter description)						
Part II Basic Plan Info	rmation—enter all requested informati						
1a Name of plan				1b Thre	•		
-	s, Inc. 401(k) Profit Sha	aring Plan		, ·	number 001		
Whe crean of pervices	5, INC. 401(K) FIGILC SIM	11 1.1.9 1 1.0.1.		(PN)	tive date of plan		
					1/2012		
2a Plan sponsor's name (emplo	yer, if for a single-employer plan)			2b Emp	oyer Identification Number		
Mailing address (include roor	n, apt., suite no. and street, or P.O. Box)				20-8287265		
City or town, state or provinc ABC Clean Up Service	e, country, and ZIP or foreign postal code	e (ir toreign, see instri	Icuons)	•	nsor's telephone number 909–8584		
				2d Busi	ness code (see instructions)		
1519 106th Ave NE				5323	10		
Bellevue	WA 98004						
3a Plan administrator's name ar	nd address X Same as Plan Sponsor.			3b Adm	inistrator's EIN		
				20 Adm	inistrator's telephone number		
					illistrator s telephone number		
4 If the name and/or EIN of the	e plan sponsor or the plan name has cha	nged since the last re	tum/report filed for	4b EIN			
 4 If the name and/or EIN of the this plan, enter the plan spot a Sponsor's name 	e plan sponsor or the plan name has cha nsor's name, EIN, the plan name and the	nged since the last re plan number from th	tum/report filed for e last return/report.	4b EIN 4d PN			
this plan, enter the plan spo	e plan sponsor or the plan name has cha nsor's name, EIN, the plan name and the	nged since the last re plan number from th	tum/report filed for e last return/report.				
this plan, enter the plan spo a Sponsor's name c Plan Name	nsor's name, EIN, the plan name and the	e plan number from th	e last return/report.		15		
this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants	nsor's name, EIN, the plan name and the	e plan number from th	e last return/report.	4d PN			
this plan, enter the plan spo a Sponsor's name c Plan Name 5a Total number of participants b Total number of participants c Number of participants with	nsor's name, EIN, the plan name and the at the beginning of the plan year at the end of the plan year	e plan number from th	e last return/report.	4d PN 5a	15		
this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants C Number of participants with complete this item)	nsor's name, EIN, the plan name and the at the beginning of the plan year at the end of the plan year account balances as of the end of the pla	e plan number from th	e last return/report.	4d PN 5a 5b 5c	1:		
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this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item)	nsor's name, EIN, the plan name and the at the beginning of the plan year at the end of the plan year account balances as of the end of the plan rticipants at the beginning of the plan year rticipants at the end of the plan year	e plan number from th an year (only defined ar year with accrued be	e last return/report. contribution plans nefits that were less	4d PN 5a 5b 5c 5d(1) 5d(2) 5e			
this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants who than 100% vested Caution: A penalty for the late	nsor's name, EIN, the plan name and the at the beginning of the plan year at the end of the plan year account balances as of the end of the plan rticipants at the beginning of the plan year rticipants at the end of the plan year terminated employment during the plan or incomplete filling of this return/repo	a plan number from th an year (only defined ar year with accrued be rt will be assessed	e last return/report. contribution plans nefits that were less unless reasonable ca	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta	15 14 14 14 15 15 15 16 16 16 16 16 16 17 17 17 17 17 17 17 17 17 17 17 17 17		
this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa c Number of participants who than 100% vested Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed a	nsor's name, EIN, the plan name and the at the beginning of the plan year at the end of the plan year account balances as of the end of the plan rticipants at the beginning of the plan year rticipants at the end of the plan year terminated employment during the plan or incomplete filling of this return/repo her penalties set forth in the instructions, nd signed by an enrolled actuary, as well	a plan number from th an year (only defined ar year with accrued be rt will be assessed I declare that I have	e last return/report. contribution plans nefits that were less <u>unless reasonable ca</u> examined this return/re	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta	1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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this plan, enter the plan spo a Sponsor's name C Plan Name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa d(2) Total number of active pa e Number of participants who than 100% vested Caution: A penalty for the late Under penalties of perjury and ot SB or Schedule MB completed an bellef, it is true, correct, and com SIGN	nsor's name, EIN, the plan name and the at the beginning of the plan year at the end of the plan year account balances as of the end of the plan account balances as of the end of the plan year rticipants at the beginning of the plan year rticipants at the end of the plan year terminated employment during the plan or incomplete filling of this return/repo her penalties set forth in the instructions, nd signed by an enrolled actuary, as well plete.	an year (only defined an year (only defined ar	e last return/report. contribution plans mefits that were less unless reasonable ca examined this return/re sion of this return/report Michael Ritte: Enter name of individ Michael Ritte:	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is esta port, includ rt, and to the r lual signing r	15 14 14 14 14 14 14 14 14 14 14 14 14 14		

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Page	2
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 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 										
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance program (see ERISA section 4021)?	*S 🗌 No 📋	Not determined						
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)									
Pa	Part III Financial Information									
7	7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year									

		(a) Begir	ning of Yea	r		(b) End of Year
a Total plan assets		3	1,323,	909		2,124,133
b Total plan liabilities		b		376		0
C Net plan assets (subtract line 7b from	n line 7a)	C	1,323,	533		2,124,133
8 Income, Expenses, and Transfers for	this Plan Year	(a) A	mount			(b) Total
Contributions received or receivable (1) Employers		1)	42,	272		
(2) Participants		(2)	127,	872		
(3) Others (including rollovers)		3)		0		
b Other income (loss)		b	632,	776		
C Total income (add lines 8a(1), 8a(2),	8a(3), and 8b)	b				802,920
d Benefits paid (including direct rollove to provide benefits)	rs and insurance premiums	1		0		
e Certain deemed and/or corrective dis	tributions (see instructions)			0		
f Administrative service providers (sala	ries, fees, commissions) 8	f	2,	320	· .	
g Other expenses		9		0		
h Total expenses (add lines 8d, 8e, 8f,	and 8g) 8ł	1				2,320
I Net income (loss) (subtract line 8h fro	om line 8c) 8i					800,600
j Transfers to (from) the plan (see instr	uctions)			0		
Part IV Plan Characteristics						
9a If the plan provides pension benefits, 2E 2F 2G 2J	enter the applicable pension featur	re codes from the Lis	t of Plan Cha	racter	stic Co	des in the instructions:
b If the plan provides welfare benefits,		codes from the List	of Plan Char	acteris	tic Code	es in the instructions:
Part V Compliance Question:	3					
10 During the plan year:				Yes	No	Amount
 Was there a failure to transmit to the described in 29 CFR 2510.3-102? Program) 	plan any participant contributions See instructions and DOL's Volunta	ary Fiduciary Correction	on		x	
b Were there any nonexempt transact reported on line 10a.)	ions with any party-in-interest? (Do	not include transacti	ons		х	
C Was the plan covered by a fidelity t				X		150,000
d Did the plan have a loss, whether or	not reimbursed by the plan's fidelity	v bond, that was cau	sed		x	
 Were any fees or commissions paid carrier, insurance service, or other or 	 by fraud or dishonesty? 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.). 				x	
f Has the plan failed to provide any be	enefit when due under the plan?		10f		x	
g Did the plan have any participant loa					x	
h If this is an individual account plan, v 2520.101-3.)	vas there a blackout period? (See ir	nstructions and 29 Cl	R 10h		x	
i If 10h was answered "Yes," check the exceptions to providing the notice approximation of the notice approxima	e box if you either provided the real	Jired notice or one of	the			

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Page **3**-

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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 comple (Form 5500) and line 11a below)					Yes [No	
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40							
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or ERISA?		on 302 o	f 		Yes	K No	
<u></u>	(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 this plan year, see Instructions, and enter the date of the letter ruling granting the waiver							
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					
C	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					
<u> </u>	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	X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	••••••	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought unc control of the PBGC?	er the	r the			Yes X No		
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	plan(s) to					
1	3c(1) Name of plan(s):	13c(2) EIN(s)		130	(3) PN(s)	

Form 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	This form is required to be file			2017		
Department of Labor Employee Benefits Security Administration		57(b) and 6058(a) of the Inten e).	of the Internal This Form is			
Pension Benefit Guaranty Corporation	—	ructions to the Form 5500-S	SF. Pu	blic Inspection		
Part Annual Repo	rt Identification Information					
For calendar plan year 2017 or		01/01/2017	and ending	12/31/201	7	
A This return/report is for.	X a single-employer plan		lan (not multiemployer) (Filers mployer information in accorda			
B This return/report is	a one-participant plan	a foreign plan				
D This return report is	the first return/report	the final return/report				
	X an amended return/report	a short plan year retu	m/report (less than 12 months	5)		
C Check box if filing under:	X Form 5558	automatic extension	ХD	FVC program		
	special extension (enter desci		·······			
	formation-enter all requested in	formation	46	T here a sht s th		
1a Name of plan				Three-digit plan number	001	
ABC Clean Up Servic	es, Inc. 401(k) Profit	: Sharing Plan		(PN)		
				Effective date 01/01/201	•	
	ployer, if for a single-employer plan)		2b		ntification Number	
Mailing address (include ro City or town, state or provi	oom, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post). Box) al code (if foreign, see ins	tructions)	(EIN) 20-82		
ABC Clean Up Servi			20	206-909-8		
1519 106th Ave NE				Business code 532310	e (see instructions)	
Bellevue	WA 98004					
3a Plan administrator's name	and address X Same as Plan Spo	nsor.	3b	Administrator	s EIN	
			3c	Administrator'	s telephone number	
4 If the name and/or EIN of	the plan sponsor or the plan name h	as changed since the last	retum/report filed for 4b	EIN		
this plan, enter the plan s	ponsor's name, EIN, the plan name a	and the plan number from	the last return/report.			
a Sponsor's namec Plan Name			40	PN		
5a Total number of participar	nts at the beginning of the plan year .			5a	15	
b Total number of participar	nts at the end of the plan year			5b	15	
	th account balances as of the end of			5 c	14	
d(1) Total number of active	participants at the beginning of the p	lan year		1(1)	14	
d(2) Total number of active	participants at the end of the plan ye	ar		d(2)	14	
e Number of participants w	ho terminated employment during the	e plan year with accrued t	penefits that were less	5e	c	
Caution: A penalty for the la	te or incomplete filing of this retur	n/report will be assessed	d unless reasonable cause i	s established.		
Under penalties of perjury and	other penalties set forth in the instru I and signed by an enrolled actuary,	ctions, I declare that I hav	e examined this return/report,	including, if app	blicable, a Schedule my knowledge and	
SIGN Mark		1/16/19	Michael Ritter			
	n administrator				dministrator	
Signature of plan		Date	Enter name of individual s Michael Ritter	igning as plan a		
SIGN HERE	Keeph -					
Signature of em	ployer/plan sponsor otice, see the instructions for Form 550	Date	Enter name of individual s	igning as emplo	oyer or plan sponsor Form 5500-SF (2017)	

Pape t Notice, s

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	🗶 Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
C	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.)
Do	till Einspeiel Information	

7	Plan Assets and Liabilities	S	(a) Beginning of Year	(b) End of Year			
а	Total plan assets	7 a	1,323,909	2,124,133			
b		7b	376	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	1,323,533	2,124,133			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	42,272				
	(2) Participants	8a(2)	127,872				
	(3) Others (including rollovers)	8a(3)	0				
b		8b	632,776				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		802,920			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0				
f	Administrative service providers (salaries, fees, commissions)	8f	2,320				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2,320			
i	Net income (loss) (subtract line 8h from line 8c)	8i		800,600			
j	Transfers to (from) the plan (see instructions)	- 8j	0				
Pa	IT-IV Plan Characteristics						
9a							
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:						
Da	rt V Compliance Questions						

10	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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	X		150,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Form 5500-SF 2017

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Part	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co (Form 5500) and line 11a below)					Yes [] No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co ERISA?	de or section	a 302 of	•••••		Yes 2		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	onth	enter t Day	he date	of the lef	ter rulin	g	
If 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 le negative amount)		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No No	<u> </u>	'A	
Part	VIII Plan Terminations and Transfers of Assets							
13a	a Has a resolution to terminate the plan been adopted in any plan year?				X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				Yes	X No		
С	C 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.)							
1	13c(1) Name of plan(s): 13c(2		2) EIN(s)		130	(3) PN(s)		