	rm 5500-SF	Short Form Annu	yee										
Inter	rnal Revenue Service	Interaction           Benefit Pian           This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ENISA), and section 500 (SR) and 6005(R) of the Internal Revenue Code (the Code).         Complete all entries in a cordcance with the instructions to the Form 5500-SF.           This form is required to be filed under sections 104 and 4055 of the Employee Retirement Income Security Act of 1974 (ENISA), and section 500 (SR)         Complete all entries in a cordcance with the instructions to the Form 5500-SF.           Numual Report Identification Information in year 2018 of metioning on 101/2018         and ending 12/201/2018           and ending employer plan is of participaning employer information in accordance with the form instructions.)           a one-participant plan         Device the form instructions.)           a one-participant plan         Device the form instructions.)           a number (PN) > Device page and a another extension         DFVC program           Second active the form 5558         Device Instructions.)           Inter return/report         Inter form a single-employer plan (inter decipitor)           Second Second Second Return (PN)           Device Instructions.)           Device Instructions.) <th colspa<="" td=""></th>											
Employee B	epartment of Labor Benefits Security Administration	- Income Security Act of 1974			This Form is Oper								
For calend			018	and ending 12/3	31/2018								
			a multiple-employer	plan (not multiemployer) (Fi	lers check	-							
		a one-participant plan											
<b>B</b> This ret													
			a short plan year retu	urn/report (less than 12 mor									
C Check	box if filing under:				DFVC p	rogram							
Part II		mation—enter all requested inf	ormation	1.	4								
1a Name		TY SERVICES INC 401(K) PLA	N										
DEIWERO													
					1c Effec	•							
Mailin	g address (include room	n, apt., suite no. and street, or P.C				-							
			al code (if foreign, see ins	structions)	2c Spon								
				:	2d Busin	ess code (see instructions)							
550 W 62ND DENVER, C						531390							
<b>3a</b> Plan a	administrator's name and	d address 🛛 Same as Plan Spor	nsor.	:	<b>3b</b> Admi	nistrator's EIN							
				;	3c Admi	nistrator's telephone number							
				return/report filed for	4b EIN								
•	lan, enter the plan spon sor's name	sor's name, EIN, the plan name a	nd the plan number from		<b>4d</b> PN								
C Plan N	Name												
5a Total	number of participants a	at the beginning of the plan year				0							
					5b	81							
				······		42							
<b>d(1)</b> Tot	al number of active part	ticipants at the beginning of the pl	an year		5d(1)	0							
• •					5d(2)	80							
than	100% vested												
SB or Sche		d signed by an enrolled actuary, a											
SIGN HERE	Filed with authorized/v	valid electronic signature.	07/03/2019	LISA CRADY									
HERE	Signature of plan ac	Iministrator	Date	Enter name of individua	al signing a	as plan administrator							
SIGN	L												
HERE	Signature of employ		Date	Enter name of individua	al signing a	as employer or plan sponsor							
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	I-SF.			Form 5500-SF (2018) v.171027							

			0						
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					. 🗙 Yes	No
b	Are you claiming a waiver of the annual examination and report of a							Vor	ΠNο
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
C	If the plan is a defined benefit plan, is it covered under the PBGC in							Not dete	ermined
Ŭ	If "Yes" is checked, enter the My PAA confirmation number from th								
		0. 200 p						(000	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
a	Total plan assets	7a		0				72903	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		0				72903	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		18141	_				
	(2) Participants	8a(2)		55846	_				
	(3) Others (including rollovers)	8a(3)							
b		8b		-1084					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						72903	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
q	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0	
	Net income (loss) (subtract line 8h from line 8c)	8i						72903	
i	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics	oj							
9a		feature co	des from the List of Pl	an Cha	racteri	stic Co	des in the in	structions.	
Ju	2E 2F 2G 2J 2K 2S 2T 3D 3H				laoton	5110 00		50 000010.	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	tic Cod	es in the ins	tructions:	
Pa	rt 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)	-	-	10a		x			
k	<ul> <li>Were there any nonexempt transactions with any party-in-interest</li> </ul>								
	reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c	Х			50	000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to any brokers, agents, or oth								
	carrier, insurance service, or other organization that provides som								

the plan? (See instructions.).....

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

i

2520.101-3.) ..... 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 .....

Х

Х

Х

Х

10e

10f

10g

10h

10i

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	X No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		13	c(3) PN	۱(s)

Form 5	5500-SF	Short Form Annu		t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
	of the Treasury venue Service	This form is required to be file				2018
Employee Benefits S	int of Labor Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		e Internal	This Form is Open to Public inspection
Pension Benefit G	uaranty Corporation	Complete all entries in	accordance with the inst	ructions to the Form 5	500-SF.	
Part I An	nual Report l	dentification Information				
For calendar pla	n year 2018 or fisc	al plan year beginning	01/01/2018	and ending	12/	31/2018
A This return/re	eport is for:	X a single-employer plan			•	ing this box must attach a th the form instructions.)
<b>B</b> This return/rep	nortis	a one-participant plan	a foreign plan			
	portia	X the first return/report	the final return/report			
		an amended return/report	a short plan year retu	m/report (less than 12 m	ionths)	
C Check box if	filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter desc	ription)			
Part II Ba	sic Plan Infor	mation—enter all requested in	formation			
1a Name of pla		••••••			1b Three	-digit
-		operty Services, Ind	c. 401(k)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	number
Plan		-1 2			(PN)	
						ive date of plan 01/2018
		er, if for a single-employer plan) , apt., suite no. and street, or P.C	), Box)			over Identification Number
City or town,	, state or province	, country, and ZIP or foreign post		ructions)	<u>⊢ ` '</u>	sor's telephone number
Services,	nmercial Pr Inc.	operty				0) 732-1726
·					2d Busin	ess code (see instructions)
550 W 62nc	d Ave					
Denver			CC	80216	531	390
3a Plan adminis	strator's name and	l address 🛛 Same as Plan Spol	nsor.		3b Admir	histrator's EIN
					3c Admir	istrator's telephone number
		plan sponsor or the plan name h			4b EIN	
this plan, er a Sponsor's n c Plan Name		sor's name, EIN, the plan name a	and the plan number from I	he last return/report.	4d PN	·······
5a Total numb	er of participants a	t the beginning of the plan year			5a	0
<b>b</b> Total numbe	er of participants a	t the end of the plan year			5b	81
c Number of p	participants with a	ccount balances as of the end of	the plan year (only defined	l contribution plans	5c	42
•	•	cipants at the beginning of the pl			5d(1)	0
					}	
		icinants at the and of the plan vo	ar		5d(2)	80
• •	nber of active part	icipants at the end of the plan yes			5d(2)	80
e Number of than 100%	nber of active part participants who to vested	erminated employment during the	e plan year with accrued b	enefits that were less	5e	11
e Number of than 100% Caution: A pena Under penalties SB or Schedule	nber of active part participants who to vested alty for the late of of perjury and othe MB completed and	erminated employment during the r incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary, a	e plan year with accrued b n/report will be assessed ctions, I declare that I have	enefits that were less unless reasonable ca examined this return/re	5e use is estab	1 lished. g, if applicable, a Schedule
e Number of than 100% Caution: A pena Under penalties SB or Schedule belief, it is true, c	nber of active part participants who to vested alty for the late or of perjury and other MB completed and correct, and completed	erminated employment during the r incomplete filing of this return er penalties set forth in the instruc- t signed by an enrolled actuary, a etc.	e plan year with accrued bunner with accrued bunner will be assessed ctions, I declare that I have as well as the electronic ve	enefits that were less unless reasonable ca examined this return/re rsion of this return/repor	5e use is estab	1 lished. g, if applicable, a Schedule
E Number of than 100% Caution: A pena Under penalties SB or Schedule belief, It is true, c SIGN HERE	nber of active part participants who to vested	erminated employment during the r incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary, a ete.	e plan year with accrued by n/report will be assessed ctions, I declare that I have as well as the electronic ve 7 /3 /19	enefits that were less unless reasonable can examined this return/re rsion of this return/repor Lisa Crady	5e use is estab port, includin t, and to the	<u>l</u> lished. g, if applicable, a Schedule best of my knowledge and
e Number of than 100% Caution: A pena Under penalties SB or Schedule belief, It is true, c SIGN HERE Sig	nber of active part participants who to vested alty for the late or of perjury and other MB completed and correct, and completed	erminated employment during the r incomplete filing of this return er penalties set forth in the instruct signed by an enrolled actuary, a ete.	e plan year with accrued bunner with accrued bunner will be assessed ctions, I declare that I have as well as the electronic ve	enefits that were less unless reasonable ca examined this return/re rsion of this return/repor	5e use is estab port, includin t, and to the	<u>l</u> lished. g, if applicable, a Schedule best of my knowledge and
Number of than 100%     Caution: A pena Under penalties SB or Schedule belief, It is true, c SIGN HERE     Sign SIGN	nber of active part participants who to vested	erminated employment during the r incomplete filing of this return er penalties set forth in the instrue d signed by an enrolled actuary, a ete. Munistrator	e plan year with accrued by n/report will be assessed ctions, I declare that I have as well as the electronic ve 7 /3 /19	enefits that were less unless reasonable can examined this return/re rsion of this return/repor Lisa Crady Enter name of individ	5e use is estab port, includin t, and to the ual signing a	<u>l</u> lished. g, if applicable, a Schedule best of my knowledge and

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Pa	In the source of the method of the second seco	
G	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)
_	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
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
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes 🗌 No

		r	<b>T</b>		- 1		
	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End of Year
a	Total plan assets	7a			0		72,903
b	Total plan llabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c			0		72,903
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt			(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)		18,			
	(2) Participants	8a(2)		55,	846		
	(3) Others (including rollovers)	8a(3)					e de dering merkel des sous servic
b	Other income (loss)	8b		-1,	084		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					72,903
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
е	Certain deemed and/or corrective distributions (see instructions)	8e					aga na terte e televisión a constante de la Config
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					· · · · · · · · · · · · · · · · · · ·
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					72,903
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D 3H If the plan provides welfare benefits, enter the applicable welfare for						
Par							1
10	During the plan year:				Yes	No	Amount
a	<ul> <li>Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)</li> </ul>	oluntary I	Fiduciary Correction	10a		x	
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		x	
C	Was the plan covered by a fidelity bond?			10c	x		5,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x	
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10e		x	
f	Has the plan falled to provide any benefit when due under the plan	n?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)					х	
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.107			10i			

Form 5500-SF (2018)

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D	VI Dension Europian Compliance				
Part					
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)				Yes X
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 Code or section ERISA?	302 of	F		Yes X
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	enter t Day		f the let Year	er ruling
lf	ou 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			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part	/II 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 under the control of the PBGC?			Yes	X No
C	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.)				
,	3c(1) Name of plan(s): 13c(2) E	EIN(s)		13c	3) PN(s)