## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## 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		t 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	turn/report is for:	X 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>D</b> This ret	urn/report is	the first return/report	the final return/report									
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	months)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC program							
		special extension (enter desc	' '									
Part II	Basic Plan Info	ormation—enter all requested in	formation		•							
1a Name ABC CLEAN	of plan N UP SERVICES, INC		1b Three-diging plan numb (PN) ▶									
					1c Effective of	date of plan 01/01/2012						
		oyer, if for a single-employer plan)			<b>2b</b> Employer	Identification Number						
	`	om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post	,	structions)	(EIN)	20-8287265						
•	UP SERVICES, INC		(g.,	,	<b>2c</b> Sponsor's telephone number 206-909-8584							
					2d Business code (see instructions)							
1519 106TH BELLEVUE,						532310						
- ,												
3a Plan administrator's name and address 🛛 Same as Plan Sponsor.						<b>3b</b> Administrator's EIN						
						3c Administrator's telephone number						
						·						
4 If the	name and/or FIN of th	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	<b>4b</b> EIN							
this p	lan, enter the plan spo	onsor's name, EIN, the plan name a										
	sor's name			4d PN								
C Plan N	vame											
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			<b>5a</b> 16							
<b>b</b> Total	number of participants	s at the end of the plan year			. 5b	19						
		account balances as of the end of		•	. 5c	14						
d(1) Total number of active participants at the beginning of the plan year						15						
d(2) Total number of active participants at the end of the plan year						18						
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						<b>5e</b> 0						
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 instru and signed by an enrolled actuary, a nolete.										
SIGN		d/valid electronic signature.	07/10/2019	MICHAEL RITTER								
HERE	Signature of plan	administrator	Date	Enter name of individ	ividual signing as plan administrator							
SIGN												
HERE	Signature of empl	Enter name of individ	Enter name of individual signing as employer or plan sponsor									

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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)							U Vas □ Na	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann	. X Yes No							
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_		Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th					_		(See instructions.)	
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) Fn	d of Year	
a	Total plan assets	7a	, , , , , , , , , , , , , , , , , , , ,	24133			(2) =	2435269	
	Total plan liabilities	7b		0			0		
С	Net plan assets (subtract line 7b from line 7a)	7c	212	24133				2435269	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		30564					
	(2) Participants	8a(2)		32462					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	15	56439					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				319465			
d	Benefits paid (including direct rollovers and insurance premiums	8d		2404					
_	to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	8e		3104					
f	Administrative service providers (salaries, fees, commissions)	8f	5225						
	Other expenses	8g		0					
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						8329	
	Net income (loss) (subtract line 8h from line 8c)	8i						311136	
j	Transfers to (from) the plan (see instructions)	8i	0						
Pai	rt IV Plan Characteristics	-,							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan	n Chara	cteris	tic Coc	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X			
		reported on line 10a.)						250000	
d						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.)					X			
f	Has the plan failed to provide any benefit when due under the pla	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 a	s of year-	end.)	10f 10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i					

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1 3.111 3333 3.1 (23.13)	i ago 🗸 📑

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	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?		:	Y	es X No			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
<b>a</b> 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 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						
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 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	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	<b>3c(1)</b> Name of plan(s): 13c(2)	2) EIN(s) 13c(		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

## 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	1						
For calend		iscal plan year beginning	01/01/2018	and ending	12/31/2				
A This re	turn/report is for:	X a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.						
		a one-participant plan	a foreign plan						
<b>B</b> This ret	um/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 Charle	have if filling and an								
C Check	box if filing under:	☐ Form 5558	automatic extension	U	DFVC program	n			
		special extension (enter desc				· · <del>- · · · · · · · · · · · · · · · · ·</del>			
Part II		ormation—enter all requested in	nformation	14	h Throo digit				
1a Name		vices, Inc. 401(k) Pr	rofit Sharing Plan		b Three-digit plan numb				
	orean op ber	v2005/ 11101 401(11/ 11			(PN)	001			
				1	1c Effective date of plan 01/01/2012				
		oyer, if for a single-employer plan)		2		dentification Number			
		om, apt., suite no. and street, or P. ce, country, and ZIP or foreign pos		uctions)		8287265 telephone number			
ABC	Clean Up Ser	vices, Inc.		1	206-90	•			
1519	9 106th Ave N	E		[2	2d Business code (see instructions)				
Bel:	levue	WA 980	004		532310				
3a Plan a	administrator's name a	and address X Same as Plan Spo	onsor.	3	3b Administrator's EIN				
					3c Administrator's telephone number				
		ne plan sponsor or the plan name i onsor's name, EIN, the plan name			4b EIN				
	sor's name	onoor o namer and the plan name	Cita are brain named trem at		4d PN				
C Plan I	Name								
					<b>5</b> 0	16			
		s at the beginning of the plan year			5a 5b	19			
		s at the end of the plan year a account balances as of the end o							
	plete this item)	. account paratices as or mic cird o	tite plair year (only defined	Containation plans	5c	14			
<b>d(1)</b> To	tal number of active p	articipants at the beginning of the	plan year		5d(1)	15			
		articipants at the end of the plan y			5d(2)	18			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0				
Under per	nalties of perjury and o	other penalties set forth in the instr	uctions, I declare that I have	examined this return/repo	rt, including, if	applicable, a Schedule			
SB or Sch _belief. it is	edule MB completed a true, correct, and con	and signed by an enrolled actuary,	, as well as the electronic ven	sion of this return/report, a	and to the best	of my knowledge and			
SIGN	Throntole	Rtte	7-10-19	Michael Ritter					
HERE	Signature of plan		Date	Enter name of individua	i signing as pla	in edministrator			
SIGN	hull	Dotte	7-10-19	Michael Ritter					
HERE	·	oyer/plan sponsor	Date	Enter name of Individua	l signing as em	plover or plan sponsor			
For Papery		ce, see the instructions for Form 55				Form 5500-SF (2018)			

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan's assets a second to the plan's assets a second to the plan year invested in eligible and the plan's assets a second to the plan year invested in the plan year invested in the plan year.	an indeper and condit ot use Fo	ndent qualified public actions.) ions.)rm 5500-SF and must	ccounta  Instea	nt (IQI d use	PA) Form (	 5500.	<b>X</b> Y	res No	
C	C If the plan is a defined benefit than, is it covered under the PBGC insulance program (cos artists received than the PBGC insulance program (cos artists received the PBGC insulance program (cos a								etermined structions.)	
		e PBGC p	remum unig for this pa	an year				(000		
Pa	rt III Financial Information						4.5	1 - T Y		
7	Plan Assets and Liabilities	ļ	(a) Beginning o	f Year 124,1	22		(D) En	of Year	435,269	
	Total plan assets	7a	2,	124,1	0				0	
b	Total plan liabilities	7b		124,	23			2	,435,269	
C	Net plan assets (subtract line 7b from line 7a)	7c	<del></del>		133				1400/200	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	<u> </u>			(D)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		30,5		•				
	(2) Participants	8a(2)		132,4	162					
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b		156,439					•	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					<u> </u>		319,465	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3,104		:				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			•			
f	Administrative service providers (salaries, fees, commissions)	8f_	5,225			•				
g	Other expenses	. 8g		0				•		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					8,3			
ī	Net Income (loss) (subtract line 8h from line 8c)	. 8i				311,13				
ī	Transfers to (from) the plan (see instructions)	- 8i		0						
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J	feature c	odes from the List of Pl	an Chai	racteris	stic Co	des in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare t	feature co	des from the List of Pla	n Chara	cterist	ic Cod	es in the Ins	tructions:	<u>-</u> .	
Pa	rt V   Compliance Questions									
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contributions described in 29 CFR 2510.3-1027 (See instructions and DOL's Program)	Voluntary I	Fiduciary Correction	10a		x				
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10b		x				
$\overline{}$	Was the plan covered by a fidelity bond?			10c	Х				250,000	
-	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity be	ond, that was caused	10d		x				
(	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor	her perso	ns by an insurance	100		х				

X

X

X

10f

10g

10h

Has the plan falled 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

Form 5500-SF (2018)		Page 3-				•		
Part VI Pension Funding Compli	ance							_
11 Is this a defined benefit plan subject to	minimum funding requirements? (If "Yes,"					_ Y	es N	0
11a Enter the unpaid minimum required co	ontributions for all years from Schedule SB (	Form 5500) line 40	***********	11a				
12 Is this a defined contribution plan sub ERISA?	ect to the minimum funding requirements on the contract of the	section 412 of the (	Code or section	n 302 of		_ Y	es 🗓 N	0
a If a waiver of the minimum funding sta	ndard for a prior year is being amortized in	his plan year, see in	structions, and Month	l enter ( Day	ihe date o	f the letter Year	ruling	
If you completed line 12a, complete line	es 3, 9, and 10 of Schedule MB (Form 55	00), and skip to line	13.					_
b Enter the minimum required contribution	n for this plan year		***************************************	12b				
	ployer to the plan for this plan year			12c				
	ne amount in line 12b. Enter the result (ente			12d	<u> </u>			
Will the minimum funding amount report	orted on line 12d be met by the funding dear	dline?	***************************************		Yes	No	N/A	
Part VII Plan Terminations and T	ransfers of Assets							
13a Has a resolution to terminate the plan be	en adopted in any plan year?				Yes	X N	0	
If "Yes," enter the amount of any plan	assets that reverted to the employer this ye	ar		13a				
b Were all the plan assets distributed to control of the PBGC?	participants or beneficiaries, transferred to	another plan, or brot	ight under the			] Yes 🛭	No	_
	liabilities were transferred from this plan to					=		
13c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3	) PN(s)	
		·········						