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	Annual Repor	t identification information						
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 1	2/31/2018			
A This ret	urn/report is for:	a single-employer plan		plan (not multiemployer) (employer information in ac	-			
D		a one-participant plan	a foreign plan					
B This retu	urn/report is	x the first return/report	the final return/report					
		an amended return/report	a short plan year ref	turn/report (less than 12 m	ionths)			
C Check I	box if filing under:	Form 5558	automatic extension	n	DFVC progra	am		
Dawt II	Dania Dian Inf	special extension (enter desc	' '					
Part II		ormation—enter all requested in	iformation		41			
1a Name PRO-STAFF	of plan TERMITE & PEST (CONTROL, LLC			1b Three-dig plan num (PN) ▶	•		
					1c Effective	date of plan 01/01/2018		
		loyer, if for a single-employer plan)			2b Employer	Identification Number		
		om, apt., suite no. and street, or P.Conce, country, and ZIP or foreign posi-		estructions)	(EIN)	59-3267009		
•	TERMITE & PEST (,	2c Sponsor's	s telephone number		
					2d Business	code (see instructions)		
6211 EDGEV ORLANDO, I	WATER DRIVE					561710		
ORLANDO, I	2 32010							
3a Plan a	dministrator's name a	and address X Same as Plan Spo	nsor.		3b Administra	ator's EIN		
					3c Administra	ator's telephone number		
					, tarrimout	ator o toropriorio riambor		
4 If the r	name and/or FIN of th	he plan sponsor or the plan name h	as changed since the las	t return/report filed for	4b EIN			
		onsor's name, EIN, the plan name a						
•	or's name				4d PN			
C Plan N	iame							
5a Total r	number of participant	ts at the beginning of the plan year.			5a	24		
		ts at the end of the plan year			. 5b	21		
		n account balances as of the end of			5c	14		
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	24		
d(2) Tota	al number of active p	participants at the end of the plan ye	ar		5d(2)	20		
		o terminated employment during the			5e	0		
Caution: A	penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca				
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, a molete.						
SIGN		d/valid electronic signature.	10/09/2019	BOB WELCH				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pl	an administrator		
SIGN	Filed with authorize	d/valid electronic signature.	10/09/2019	BOB WELCH				
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	lual signing as er	mnlover or nlan snonsor		

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X Yes	No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	tions.)					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		= :				L-1	☐ Not dete	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this pl	lan yea	r			(See instru	ctions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	l of Year	
а	Total plan assets	7a		0				88242	
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7с		0				88242	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		21787					
	(2) Participants	8a(2)	7	72591					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		-6136					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						88242	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
е	Certain deemed and/or corrective distributions (see instructions)	8e							
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						88242	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2J $$ 2K $$ 2T $$ 3D $$ 2E	feature co	odes from the List of Pla	an Cha	racteri	stic Cod	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	n Chara	acterist	tic Code	es in the insti	ructions:	
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 contribution	tions withi	n the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	,	,	100		X			
b	Program) Were there any nonexempt transactions with any party-in-interest			10a					
	reported on line 10a.)			10b		X			
				10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
е	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.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as			10f		X			
h			•	10g					
i	2520.101-3.)			10h		X			
	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 (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 Code or se ERISA?		of	Yes X No
	(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, granting the waiver	and enter Da		e of the letter ruling Year
lf y	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		
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?		Ye	s 🔀 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 control of the PBGC?	the		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 which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treesury internal Revenue Service

Deberativers of Labor Engages Benefits Security Administratives

Porceson Benefit Generally 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

	rt Identification Information						
For calendar plan year 2018 or	r fiscal plan year beginning	01/01/2018	and ending	12/31/	2018		
A This return/report is for	a single-employer plan		ian (not multiemployer) riployer information in a				
	à one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report		n/report (less than 12 r	escentile of			
	() (with a line in the control of	a short pair year retur	michait lices tien (2)	11011013)			
C Check bax if filing under	Form 5558	automatic extension		DFVC program	n.		
	special extension (enter des	cription)					
Part II Basic Plan In	formation—enter all requested :	nformation					
1a Name of plan				1b Three-digit			
PRO-STAFF TERMITE	& PEST CONTROL, LLC			pian numb	001		
				1c Effective d			
				01/01/			
2a Plan sponsor's name (emp	ployer, if for a single-employer plan)			+	dentification Number		
	oorn, apt., suite no. and street, or P.		5000400000	(EIN)5.9-			
PRO STAFF TERMITE	ince, country, and ZIP or foreign por & PEST	stal code (it toreign, see inst	ructions)	2c Sponsor's	telephone number		
CONTROL, LLC							
William W. T. C. Taraba and Character and Control of the Control o				2d Business o	ode (see instructions)		
6211 EDGEWATER DRI	. 1						
ORLANDO		FL	32810	561710			
3a Plan administrator's name	and address Same as Plan Spi	onsor.		3b Administrat	or's EIN		
				3C Administrat	or's telephone number		
A			. 0. 5 2000	Page Centre			
	the plan sponsor or the plan name I ponsor's name, EIN, the plan name			4b EIN			
a Sponsor's name	process of the same and a same process to every tree	Will was to be a second to the	THE WEST CONTINUE TO POST OF	4d PN			
C Plan Name							
5a Total number of participar	nts at the beginning of the plan year			5a	24		
b Total number of participar	nts at the end of the plan year			5b	21		
	th account balances as of the end o			5c	14		
A V W AND I WALL TO SEE THE CONTRACT OF THE CO	0(40413)0154440130000000000000000000000000000000			E-MA)			
	participants at the beginning of the				24		
	participants at the end of the plan y			5d(2)	20		
 Number of participants w than 100% vested 	no terminated employment during b	ne plan year with accrued be	enefits that were less	5e	0		
Caution: A penalty for the lat	te or incomplete filing of this retu						
Under penalties of perjury and	other penalties set forth in the instr	uctions, I declare that I have	examined this return/r	eport, including, if	applicable, a Schedule		
SB or Schedule MH completed belief, it is true coppect, and co	and signed by an enrolled actuary,	WE WELL 92 THE BIDCHOUSE AG	raion or uses returnvispe	AL, MIND TO THE DEST	or my milowedge and		
SIGN MILES	VIJOIN JUVAK		ELIZABETH	WELCH			
HERE Signature of plan	a administrator /	Date 10/4/19	Enter name of indivi		n ariministrator		
12911211	OLANOVIAL	17.71	ELIZABETH	CARLO CARLO CARLO STATE AND ASSOCIATION OF THE PERSON NAMED IN COLUMN TO PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON	I SOUTH THE STATE OF THE STATE		
SIGN HERE	en mor our)	n. while					
Signature of emp	ployer/plan sponsor stice, see the instructions for Form 55	00-SF. Date 10/9/19	I enter name of indivi	iqual signing as em	Pioyer or plan sponsor Form 5500-SF (2018)		

P	aq	е	2
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b	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 of the you answered "No" to either line 6a or line 6b, the plan cann of the plan is a defined benefit plan, is it covered under the PBGC in	an indepei and condit i ot use Fo	ndent qualified public a tions.)	t instea	ant (IC	QPA) e Form	5500.	\ \ \ \ \ \ \ \ \	es No
·	If "Yes" is checked, enter the My PAA confirmation number from th							_	structions.)
Pa	rt III Financial Information	,							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a			0				88,242
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c			0				88,242
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
a 	Contributions received or receivable from: (1) Employers	8a(1)		21,	\rightarrow				
	(2) Participants	8a(2)		72,	591				
	(3) Others (including rollovers)	8a(3)							
b_	Other income (loss)	8b		-6,	136				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-				88,242
	to provide benefits)	8d			_				
e	Certain deemed and/or corrective distributions (see instructions)	8e			_				
f	Administrative service providers (salaries, fees, commissions)	8f			_				
g	Other expenses	8g			_				
<u>h</u> _	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							00 040
<u>. i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							88,242
<u> </u>	Transfers to (from) the plan (see instructions)	8j							
	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2J 2K 2T 3D 2E If the plan provides welfare benefits, enter the applicable welfare for								
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	Fiduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
c	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 som the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х			
9				10g		Х			
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	•		10i					

	Form 5500-SF (2018)		Page 3-					
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum ful (Form 5500) and line 11a below)	• • • • • • • • • • • • • • • • • • • •		•				Yes ☒ No
11a	Enter the unpaid minimum required contributions for	or all years from Schedule SB	(Form 5500) line 40.		11a			
12	Is this a defined contribution plan subject to the min	• .						res 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d,	and 12e below, as applicable	.)			C HORNWOOLS		
а	If a waiver of the minimum funding standard for a p granting the waiver.				enter t Day		f the lette Year	er ruling
lf_)	you completed line 12a, complete lines 3, 9, and	10 of Schedule MB (Form 55	500), and skip to line	e 13.				
b	Enter the minimum required contribution for this plan	1 year	***************************************		12b			
	Enter the amount contributed by the employer to the	## Contract ## Description D			12c			
d	Subtract the amount in line 12c from the amount in negative amount)	,	•		12d			
е	Will the minimum funding amount reported on line 1	12d be met by the funding dea	adline?			Yes	No	N/A
art '	VII Plan Terminations and Transfers o	of Assets						
13a	Has a resolution to terminate the plan been adopted in					Yes	X N	lo
	If "Yes," enter the amount of any plan assets that re	everted to the employer this yo	ear		13a			
b	Were all the plan assets distributed to participants control of the PBGC?						Yes 🛚	No
С	If, during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See ins	re transferred from this plan to						
1	3c(1) Name of plan(s):			13c(2)	EIN(s)		13c(3) PN(s)