Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor 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	Annual Report	Identification Information	1									
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/2	2018		and ending 12	2/31/2018						
A This re	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 p			,						
B This ret	urn/report is	the first return/report	the final ret	urn/report								
		an amended return/report	a short plar	n year return	urn/report (less than 12 months)							
C Check	box if filing under:	X Form 5558	automatic	extension	DFVC program							
		special extension (enter desc	1 /									
Part II	Basic Plan Info	ormation—enter all requested in	nformation									
1a Name SUPERIOR	of plan	. 401(K) PROFIT SHARING PLAN				1b Three-plan nu (PN)	umber	001				
						1c Effective		plan /2009				
		oyer, if for a single-employer plan)	O. Davi)					ication Number				
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		n, see instru	uctions)	(EIN)		545565				
SUPERIOR	TREE SERVICE, INC					2C Spons	or's teleph 509-545	none number -6947				
						2d Busine	ss code (s	see instructions)				
PO BOX 233 PASCO, WA							5617	30				
, , , , , , , , , , , , , , , , , , , ,												
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor.			3b Administrator's EIN						
						3c Administrator's telephone number						
						JC Admini	Strator S t	elepriorie flumber				
		e plan sponsor or the plan name he onsor's name, EIN, the plan name a				4b EIN						
	or's name					4d PN						
C Plan N	lame											
5a Total	number of participants	s at the beginning of the plan year.				5a		13				
b Total	number of participants	s at the end of the plan year				5b		14				
		account balances as of the end of		•	•	5c		2				
d(1) Tot	al number of active pa	articipants at the beginning of the pl	lan year			5d(1)		13				
` '	·	articipants at the end of the plan ye				5d(2)		14				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						5e		0				
Caution: A	A penalty for the late	or incomplete filing of this return	n/report will be	assessed (unless reasonable car	use is establi	ished.	<u> </u>				
SB or Sche		ther penalties set forth in the instru- and signed by an enrolled actuary, a aplete.										
SIGN	Filed with authorized	d/valid electronic signature.	09/12/2	019	STEVEN J. SCHWAR	TZ, SR.						
HERE	Signature of plan a	administrator	Date		Enter name of individ	ual signing as	plan adm	ninistrator				
SIGN												
HERE	Signature of emplo	oyer/plan sponsor	Date		Enter name of individ	nter name of individual signing as employer or plan						

Form 5500-SF (2018) Page **2**

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						. X Ye	s 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 Ye	s Π 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.								
С	c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								termined
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instr	ructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year	
а	Total plan assets	7a	` '	49760			` ,	125610	ı
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	34	49760				125610	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:			10107					
	(1) Employers	8a(1)	1	10137					
	(2) Participants	8a(2)	2	27561					
	(3) Others (including rollovers)	8a(3)		0					
	Other income (loss)	8b	-	10846				00050	
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26852	
	to provide benefits)	8d	25	50000					
е	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)								
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						251002	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-224150	
j	ransfers to (from) the plan (see instructions)								
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the inst	tructions:	
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	oluntary F	iduciary Correction	40-		X			
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		^			
	reported on line 10a.)	•		10b		X			
				10c	X			35	0000
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	-		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 pla	n?		10f		X			
			•	10g		X			
h	If this is an individual account plan, was there a blackout period? 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					

Form 5500-SF (2018)	Page 3 - 1
1 3111 3333 31 (2313)	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	:	Y	es X No						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	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							
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	0				
	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

Part I

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 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. **Annual Report Identification Information**

OMB-Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

_		scal plan year beginning 01/01/20	018	and ending 12/3	21/2019					
A This re		X a single-employer plan	a multiple-employer pla			ala have avent attack				
	eturn/report is for:		list of participating em	ployer information in ac	ccordance with the	ils box must attach a				
R This mi	tum/report is	a one-participant plan	a foreign plan							
O mis re	turrivreport is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	etum/report (less than 12 months)						
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	n				
		special extension (enter desc	cription)	l		•				
Part II Basic Plan Information—enter all requested information										
1a Name	•				1b Three-digit					
Superior Tree Service, Inc. 401(k) Profit Sharing Plan						er 001				
						1c Effective date of plan 01/01/2009				
Mailin	g address (include roon	yer, if for a single-employer plan) n, apt., suite no. and street, or P.C				dentification Number				
-	r town, state or province se Service, Inc.	e, country, and ZIP or foreign post	tal code (if foreign, see instru	ictions)		telephone number				
очроно по	, o o o i i i o o o o o o o o o o o o o					509) 545-6947 ode (see instructions)				
PO Box 233	2				561730	oue (see instructions)				
Pasco, WA 99301 3a Plan administrator's name and address X Same as Plan Sponsor.						3b Administrator's EIN				
		L		-	20 Administrator de Asianhana mumban					
					3c Administrator's telephone number					
4 If the	name and/or EIN of the		as changed since the last re		Ale mai					
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.					4b EIN					
-		e plan sponsor or the plan name name in risor's name, EIN, the plan name a	and the plan number from th	e last return/report.		· · · · · · · · · · · · · · · · · · ·				
a Spons	sor's name	e plan sponsor or the plan name name in sor's name, EIN, the plan name i	and the plan number from th	tum/report tiled for e last return/report.	4d PN					
-	sor's name	e plan sponsor or the plan name nasor's name, EIN, the plan name	and the plan number from th	tum/report filed for e last return/report.						
a Spons C Plan I	sor's name Name	nsor's name, EIN, the plan name	and the plan number from th	e last return/report.		13				
a Spons C Plan I	sor's name Name number of participants	nsor's name, EIN, the plan name a	and the plan number from th	e last return/report.	4d PN	13 14				
a Spons c Pian I 5a Total b Total c Numl	sor's name Name number of participants number of participants per of participants with a	at the beginning of the plan year	and the plan number from th	e last return/report.	4d PN					
a Spons c Plan I 5a Total b Total c Numl comp	number of participants number of participants per of participants with a	at the beginning of the plan year at the end of the plan year	and the plan number from th	e last return/report.	4d PN 5a 5b	14				
a Spons c Plan I 5a Total b Total c Numl comp d(1) To	number of participants number of participants number of participants per of participants with a plete this item)	at the beginning of the plan year. at the end of the plan year. account balances as of the end of	and the plan number from th	e last return/report.	4d PN 5a 5b 5c	14				
a Spons c Pian I 5a Total b Total c Numl comp d(1) To d(2) To e Num	number of participants number of participants per of participants with a plete this item) tal number of active participants aunumber of active participants who	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year accounts at the beginning of the pricipants at the end of the plan year terminated employment during the	ithe plan year (only defined	e last return/report. contribution plans nefits that were less	4d PN 5a 5b 5c 5d(1)	14 2 13				
a Spons c Pian i 5a Total b Total c Numl comp d(1) To d(2) To e Num than	number of participants number of participants per of participants with a polete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plans at the beginning of the pricipants at the end of the plan year terminated employment during the plans at least process of this returns.	i the plan year (only defined	contribution plans	5a 5b 5c 5d(1) 5d(2) 5e	14 2 13 14 0				
5a Total b Total c Numl comp d(1) To d(2) To e Num than Caution:	number of participants number of participants per of participants with a polete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plans at the beginning of the pricipants at the end of the plan year terminated employment during the plans are line or incomplete filling of this return because it is the instruction.	i the plan year (only defined plan year	contribution plans nefits that were less unless reasonable car exemined this return/re	4d PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if	14 2 13 14 0 od. applicable, a Schedule				
5a Total b Total c Numl comp d(1) To d(2) To e Num than Caution: Under per SB or Sch	number of participants number of participants per of participants with a polete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the pricipants at the end of the plan year terminated employment during the pricipants at the end of the plan year.	i the plan year (only defined plan year	contribution plans mefits that were less unless reasonable car examined this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if at, and to the best	14 2 13 14 0 od. applicable, a Schedule				
5a Total b Total c Numl comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is	number of participants number of participants number of participants per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of ticipants at the beginning of the pricipants at the end of the plan year terminated employment during the pricipants at the end of the plan year.	ithe plan year (only defined plan year	contribution plans mefits that were less unless reasonable car examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if it, and to the best if.	14 2 13 14 0 od. applicable, a Schedule of my knowledge and				
5a Total b Total c Numl comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is	number of participants number of participants number of participants per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plans at the beginning of the pricipants at the end of the plan ye terminated employment during the penalties set forth in the instruction of the plans at the signed by an enrolled actuary, plete.	i the plan year (only defined plan year	contribution plans mefits that were less unless reasonable car examined this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if it, and to the best if.	14 2 13 14 0 od. applicable, a Schedule of my knowledge and				
a Spons c Pian I 5a Total b Total c Numl comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is SIGN HERE	number of participants number of participants number of participants per of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plans at the beginning of the pricipants at the end of the plan ye terminated employment during the penalties set forth in the instruction of the plans at the signed by an enrolled actuary, plete.	ithe plan year (only defined plan year	contribution plans mefits that were less merits that were less examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if it, and to the best ir.	14 2 13 14 0 od. applicable, a Schedule of my knowledge and				
a Spons c Pian I 5a Total b Total c Numl comp d(1) To d(2) To e Num than Caution: Under per SB or Sch belief, it is SIGN HERE SIGN HERE	number of participants number of participants number of participants per of participants with solete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plans at the end of the plan year.	ithe plan year (only defined plan year	contribution plans mefits that were less merits that were less examined this return/re sion of this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if it, and to the best ir.	14 2 13 14 0 od. applicable, a Schedule of my knowledge and				

Form 5500-SF (2018) Page **2**

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)					X 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 cann		•					
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ie PBGC p	remium filing for this p	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	l of Year
а	Total plan assets	7a		34976	60			125610
<u>b</u>	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		34976	60			125610
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		1013	37			
	(2) Participants	8a(2)		2756	61			
	(3) Others (including rollovers)	8a(3)			0			
	Other income (loss)	8b		-1084	16			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						26852
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		25000	00			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f		100)2			
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						251002
i_	Net income (loss) (subtract line 8h from line 8c)	8i						-224150
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in the instr	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 contribu							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	-		10a		Х		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		Х		
				10c	Х			35000
d				10C	^			
	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					Х		
	the plan? (See instructions.)			10e				
f	Has the plan failed to provide any benefit when due under the pla	ın?		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.)			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 require	d notice or one of the	10i				
	• • • • • • • • • • • • • • • • • • • •							

Form 5500-SF (2018)	Page 3 -	1
---------------------	-----------------	---

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	<u> </u>	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 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	er 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	: X N	lo		
	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 >	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	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3	B) PN(s)		