

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans 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.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/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	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>FIRSTSERVICE RESIDENTIAL MINNESOTA 401(K) PLAN</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>10/01/1994</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FIRSTSERVICE RESIDENTIAL MINNESOTA, INC.</u> <u>1801 E 79TH ST, SUITE 21</u> <u>BLOOMINGTON, MN 55424</u>	2b	Employer Identification Number (EIN) <u>41-1451847</u>
		2c	Plan Sponsor's telephone number <u>952-277-2711</u>
		2d	Business code (see instructions) <u>531310</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/16/2017</u>	<u>TAMARA JOHNSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 574
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 555
a(2) Total number of active participants at the end of the plan year	6a(2) 563
b Retired or separated participants receiving benefits.....	6b 5
c Other retired or separated participants entitled to future benefits	6c 15
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 583
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 583
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 161
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan FIRSTSERVICE RESIDENTIAL MINNESOTA 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FIRSTSERVICE RESIDENTIAL MINNESOTA, INC.	D Employer Identification Number (EIN) 41-1451847

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation ASSOCIATED TRUST COMPANY, N.A.
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30-0219031

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ASSOCIATED TRUST COMPANY, N.A.

30-0219031

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 24 28 37 38 50 51 64 70	NONE	47926	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>FIRSTSERVICE RESIDENTIAL MINNESOTA 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIRSTSERVICE RESIDENTIAL MINNESOTA, INC.</u>	D Employer Identification Number (EIN) <u>41-1451847</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED BALANCED LIFESTAGE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY NA</u>		
c EIN-PN <u>39-6771933-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>411593</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED GROWTH BALANCED LS FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY NA</u>		
c EIN-PN <u>39-6771934-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>578567</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED CONSERVATIVE GROWTH LS</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY NA</u>		
c EIN-PN <u>39-6771935-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>300738</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED GROWTH LIFESTAGE FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY NA</u>		
c EIN-PN <u>39-6771936-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>112617</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MONEY MARKET COMMON TRUST FUND</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY NA</u>		
c EIN-PN <u>52-7241044-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>445864</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED CONSERVATIVE BALANCED LS</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY NA</u>		
c EIN-PN <u>39-6771932-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>113846</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASSOCIATED CORE BOND FD</u>		
b Name of sponsor of entity listed in (a): <u>ASSOCIATED TRUST COMPANY NA</u>		
c EIN-PN <u>90-0186734-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>395335</u>

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>		
A Name of plan <u>FIRSTSERVICE RESIDENTIAL MINNESOTA 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRSTSERVICE RESIDENTIAL MINNESOTA, INC.</u>	D Employer Identification Number (EIN) <u>41-1451847</u>	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	29121	32803
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	1049	266
(2) Participant contributions	1b(2)	63	
(3) Other.....	1b(3)	92	127
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	105052	69232
(9) Value of interest in common/collective trusts	1c(9)	2685883	2358560
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	3870659	4573909
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6691919	7034897

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6691919	7034897
---	-----------	---------	---------

Part II Income and Expense Statement

- 2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	119864	
(B) Participants	2a(1)(B)	628515	
(C) Others (including rollovers)	2a(1)(C)	222975	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		971354
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	4563	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4563
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	67511	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		67511
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		103821
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		355177
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1502426

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1104871	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1104871
f Corrective distributions (see instructions)	2f		6651
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	46104	
(4) Other	2i(4)	1822	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47926
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1159448

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		342978
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BOULAY PLLP

(2) EIN: 41-0887288

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c 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.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>FIRSTSERVICE RESIDENTIAL MINNESOTA 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FIRSTSERVICE RESIDENTIAL MINNESOTA, INC.</u>	D Employer Identification Number (EIN) <u>41-1451847</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>30-0219031</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**FirstService Residential Minnesota 401(k)
Profit Sharing Plan and Trust**

Bloomington, Minnesota

Financial Statements

December 31, 2016 and 2015

and for the year ended December 31, 2016



FirstService Residential Minnesota 401(k) Profit Sharing Plan and Trust
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Independent Auditor's Report

To the Plan Sponsor and Participants
FirstService Residential Minnesota 401(k) Profit Sharing Plan and Trust
Bloomington, Minnesota

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of FirstService Residential Minnesota 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Associated Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule on page 10 as of December 31, 2016, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

Independent Auditor's Report

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Boulay PLLP

Certified Public Accountants

Minneapolis, Minnesota
October 13, 2017

FirstService Residential 401(k) Profit Sharing Plan and Trust
Statements of Net Assets Available for Benefits

December 31,	2016	2015
Assets		
Cash	\$ 32,803	\$ 29,121
Investments, at fair value		
Registered investment companies - mutual funds	4,573,909	3,870,659
Common collective trusts	2,358,560	2,685,883
Total investments	6,932,469	6,556,542
Receivables		
Notes receivable from participants	69,232	105,052
Contributions receivable	393	1,204
Total receivables	69,625	106,256
Total assets	7,034,897	6,691,919
Net Assets Available for Benefits	\$ 7,034,897	\$ 6,691,919

The accompanying notes are an integral part of these financial statements.

FirstService Residential 401(k) Profit Sharing Plan and Trust
Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31,	2016
Additions to Net Assets	
Investment income	
Interest and dividend income	\$ 67,511
Net appreciation in fair value of investments	458,998
Net investment income	526,509
Interest income on notes receivable from participants	4,563
Contributions	
Participant	628,515
Employer	119,864
Rollover	222,975
Total additions	1,502,426
Deductions from Net Assets	
Benefits paid to participants	1,111,522
Administrative expense and trustee fees	47,926
Total deductions	1,159,448
Net Increase in Net Assets Available for Benefits	342,978
Net Assets Available for Benefits - Beginning of Year	6,691,919
Net Assets Available for Benefits - End of Year	\$ 7,034,897

The accompanying notes are an integral part of these financial statements.

FirstService Residential 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

December 31, 2016 and 2015

1. Description of Plan

The following brief description of the FirstService Residential Minnesota 401(k) Profit Sharing Plan and Trust (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information regarding the Plan's definitions, benefits, and eligibility requirements and other matters.

General

The Plan is a defined contribution plan sponsored by FirstService Residential Minnesota, Inc. (the Company or Plan Administrator). The Company has appointed Associated Bank N.A. (the Trustee) to be the Trustee of the Plan. The Trustee is responsible for making investment decisions and making distributions according to the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA") and the Internal Revenue Code ("IRC"). The Plan also covers Gittleman Construction and Maintenance Corporation employees, a related employer.

Eligibility

Non-union employees over the age of 21 are eligible to participate in the Plan immediately upon employment, which is the effective date. A participant must complete and sign an application form authorizing contributions to the Plan from the participant's pay.

Contributions

Participating employees may contribute a percentage of their pretax annual compensation as defined in the Plan. Participants are also allowed to make Roth 401(k) deferrals. Participants may contribute up to 100% of annual compensation.

Participants may also contribute amounts representing distributions from other qualified plans (rollover contributions). The Plan also allows catch-up contributions.

Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make discretionary matching contributions. During 2016, the Company made discretionary matching contributions for eligible participants of 25% of employee contributions up to 12% of an employee's annual contribution once an employee has reached the age of 21 and completed one year of service.

All contributions are subject to certain limitations under the IRC.

Participant Accounts

Each participant's account is credited with the participant's contribution, rollover contributions, the Company's matching contributions, and an allocation of the Company's discretionary profit sharing contribution, and Plan earnings (losses). Allocation of profit sharing contributions is based on compensation. Earnings (losses) are allocated based on participants' account balances, as set forth in the Plan. Participants are also charged with an allocation of administrative expenses either proportionately based on the value of the account or as an equal amount based on number of participants in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Allocation

Assets of the Plan are held in various funds as determined by the Plan. All accounts are participant directed. Participants may change their investment allocation daily.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are also 100% vested immediately in employer matching and discretionary contributions.

FirstService Residential 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

December 31, 2016 and 2015

1. Description of Plan (Continued)

Payment of Benefits

Distributions to terminated, disabled or retired participants are made in the form of a single lump sum or installment payment to the participant (or in the case of death, to the participant's beneficiary) equal to the value of the participant's vested account. Distributions may also be made in the form of hardship withdrawals that may be subject to early withdrawal penalties. In-service distributions are allowed under the Plan upon attainment of age 59½. Certain mandatory distribution provisions may apply for smaller account balances of terminated employees.

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms are generally for up to five years unless the loan is for the purchase of a primary residence, in which case the term can be up to fifteen years. The loans are secured by the balance in the participant's account and bear interest at a rate of 2% above prime rate as determined by the Plan Administrator. The rate used for loans originated during both 2016 and 2015 was 5.25%. The loans have maturity dates through June 2025. Principal and interest are paid ratably through payroll deductions.

2. Summary of Significant Accounting Policies

Accounting Estimates

Management uses estimates and assumptions in preparing these financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, and the changes therein, and the disclosure of contingent assets and liabilities. The most significant estimate relates to the valuation of investments. Actual results could differ from those estimates.

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants (that is, not a forced liquidation or distressed sales) at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Realized gains and losses on investments bought and sold during the year, as well as unrealized gains and losses on investments held during the year are presented in the net appreciation in fair value of investments.

Payment of Benefits

Benefit payments are recorded when paid.

Contributions

Employee contributions are recorded by the Plan in the period the employer makes the payroll deductions. Employer match contributions are recorded in the same period as the participant contributions. Discretionary employer contributions are recorded in the period the Company authorizes the profit sharing contribution.

Administrative Expenses

The Plan is responsible for paying administrative expenses.

FirstService Residential 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

December 31, 2016 and 2015

2. Summary of Significant Accounting Policies (Continued)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Fair Value of Financial Instruments

The Plan's accounting for fair value measurements of assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring or nonrecurring basis adheres to the Financial Accounting Standards Board (FASB) fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 Inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.
- Level 2 Inputs are inputs other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 Inputs are unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The Plan uses valuation techniques in a consistent manner from year to year.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2016 and 2015.

- Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end using quoted market prices.
- The investments in common collective trust funds are stated at fair value based on the fair market value of the underlying investments. The underlying investments are primarily domestic and international stocks, U.S. Treasuries, and bonds. Net asset value (NAV) is determined each business day. Participant redemptions can be transacted daily with a one day redemption notice period. There are no unfunded commitments.

Subsequent Events

The Plan has evaluated subsequent events for recording or disclosure in the financial statements through October 13, 2017, the date which the financial statements were available to be issued.

FirstService Residential 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

December 31, 2016 and 2015

3. Fair Value Measurements

The following tables provide information on those assets that are measured at fair value on a recurring basis:

December 31, 2016	Fair Value Measurement Using				
	Fair Value Carrying Amount in the Statement of Net Assets Available for Benefits	Level 1	Level 2	Level 3	
Registered investment companies - mutual funds	\$ 4,573,909	\$ 4,573,909	\$ -	\$ -	
Total investments in fair value hierarchy	4,573,909	4,573,909	-	-	
Common collective trusts - measured at NAV	2,358,560	-	-	-	
Totals	\$ 6,932,469	\$ 4,573,909	\$ -	\$ -	

December 31, 2015	Fair Value Measurement Using				
	Fair Value Carrying Amount in the Statement of Net Assets Available for Benefits	Level 1	Level 2	Level 3	
Registered investment companies - mutual funds	\$ 3,870,659	\$ 3,870,659	\$ -	\$ -	
Total investments in fair value hierarchy	3,870,659	3,870,659	-	-	
Common collective trusts - measured at NAV	2,685,883	-	-	-	
Totals	\$ 6,556,542	\$ 3,870,659	\$ -	\$ -	

4. Limitation on Scope of Examination

The Plan Administrator has elected the method of compliance permitted by 29 CFR Section 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed its independent auditors not to perform, and they did not perform any auditing procedures with respect to registered investment companies - mutual funds, common collective trusts, notes receivable from participants, interest and dividend income, net depreciation in fair value of investments and the information included in the supplemental schedule, except for comparing the information with the related information included in the financial statements and supplemental schedule.

FirstService Residential 401(k) Profit Sharing Plan and Trust

Notes to the Financial Statements

December 31, 2016 and 2015

5. Party-In-Interest Transactions

Certain Plan investments (primarily the common collective trust funds) are managed by Associated Bank N.A. Associated Bank N.A. is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid to the trustee by the Plan for investment management services amounted to approximately \$48,000 for the year ended December 31, 2016. Notes receivable from participants also qualify as party-in-interest transactions. The ERISA of 1974 provides an exemption for such transactions.

6. Tax Status

The Plan adopted a volume submitter plan of the Trustee which obtained an opinion letter on May 8, 2015, in which the Internal Revenue Service stated that the volume submitter plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the volume submitter plan received the opinion letter. However, the Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Due to the tax exempt status of the Plan, the Plan does not have any significant tax uncertainties that would require recognition or disclosure. None of the Plan's previously filed tax returns are currently being examined. The Plan Administrator believes it is no longer subject to income tax examinations for the years before 2013.

7. Risks and Uncertainties

The Plan invests in various investment securities. The Plan's investments are exposed to various risk factors, such as interest rates, market conditions, and credit risk. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investment securities, it is possible that changes in risk factors in the near term could materially affect the amounts reported in the financial statements.

8. Plan Termination

Although the plan has not expressed any intent to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become fully vested in their Employer contributions, and the Plan assets will be distributed according to the provisions of the Plan documents.

FirstService Residential 401(k) Profit Sharing Plan and Trust

Schedule H, Part IV - Line 4i - Schedule of Assets (Held at End of Year)

EIN: 41-1451847, Plan Number: 001

December 31, 2016

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment Including Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	T. Rowe Price	Mutual Fund - Equity Income Fund	**	\$ 926,751
	Wasatch	Mutual Fund - Small Capital Growth Fund	**	703,348
*	Associated Bank	Common Collective Trust - Growth Balanced Lifestage Fund	**	578,567
*	Associated Bank	Common Collective Trust - Money Market Fund	**	445,864
	Dodge & Cox	Mutual Fund - Fund International Stock Fund	**	441,697
*	Associated Bank	Common Collective Trust - Balanced Lifestage Fund	**	411,593
*	Associated Bank	Common Collective Trust - Intermediate Term Bond Trust	**	395,335
	Vanguard	Target Retirement 2030 Fund	**	392,656
	Vanguard	Mutual Fund - 500 Index Admiral Fund	**	385,174
	American Funds	Mutual Fund - Growth Fund of America Fund	**	346,409
*	Associated Bank	Common Collective Trust - Conservative Growth Lifestage Fund	**	300,738
	Vanguard	Mutual Fund - Mid Cap Index Admiral Fund	**	282,271
	Goldman Sachs	Mutual Fund - Mid Cap Index Admiral Fund	**	266,660
	American Funds	Mutual Fund - Euro Pacific Growth Fund	**	161,206
	Vanguard	Mutual Fund - New World Growth Fund	**	153,714
	Vanguard	Target Retirement 2020 Fund	**	151,285
	Vanguard	Mutual Fund - Small Capital Growth Index Admiral Fund	**	143,426
*	Associated Bank	Common Collective Trust - Conservative Balanced Lifestage Fund	**	113,846
*	Associated Bank	Common Collective Trust - Growth Lifestage Fund	**	112,617
	Vanguard	Mutual Fund - Short Investment Grade Admiral Fund	**	78,316
	Goldman Sachs	Mutual Fund - Mid Cap Value Fund	**	68,066
	Royce Pennsylvania	Mutual Fund - Pennsylvania Mutual Fund	**	31,324
	Vanguard	Target Retirement 2040 Fund	**	22,084
	Vanguard	Target Retirement 2050 Fund	**	14,093
	Vanguard	Mutual Fund - Total Bond Market Index Admiral Fund	**	3,485
	Vanguard	Total Intl Stock Index Admiral Fund	**	1,820
	Vanguard	Target Retirement 2060 Fund	**	124
	Participant Loans (Notes			
*	Receivable from Participants)	Interest at 5.25% maturities through June 2025	\$0	69,232
Total investments				\$ 7,001,701

* Indicates a party-in-interest.

** Indicates historical cost information is not required for participant-directed investments.

See independent auditor's report.

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/16

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FIRSTSERVICE RESIDENTIAL
MINNESOTA INC 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
CASH AND EQUIVALENTS							
	0	CASH	32,802.93 .000	32,802.93 .000	.47	0	0.00
TOTAL CASH AND EQUIVALENTS			----- 32,802.93	----- 32,802.93	----- .47	----- 0	----- 0.00
EQUITIES							
EQUITY COMMON TRUST FUNDS							
999999-34-5	16,273.135	BALANCED LIFESTAGE FUND	316,555.13 19.453	411,593.23 25.292	5.85	8,007	1.95
999999-35-2	21,091.546	GROWTH BALANCED LIFESTAGE FUND	448,450.67 21.262	578,566.67 27.431	8.22	10,297	1.78
999999-37-8	10,143.973	CONSERVATIVE GROWTH LIFESTAGE FUND	221,069.59 21.793	300,738.09 29.646	4.28	5,230	1.74
999999-38-6	3,644.222	GROWTH LIFESTAGE FUND	99,776.77 27.379	112,617.32 30.902	1.60	1,649	1.46
TOTAL EQUITY COMMON TRUST FUNDS			----- 1,085,852.16	----- 1,403,515.31	----- 19.95	----- 25,183	----- 1.79
EQUITY MUTUAL FUNDS							
256206-10-3	11,593.105	DODGE AND COX FDS INTL STOCK FD	449,878.41 38.806	441,697.30 38.100	6.28	9,865	2.23
298706-82-1	3,579.164	AM FDS EUROPACIFIC GROWTH FD CL R6	167,332.91 46.752	161,205.55 45.040	2.29	2,637	1.64
38141W-39-8	7,191.481	GOLDMAN SACHS MID CAP VAL INSTL	277,043.69 38.524	266,660.12 37.080	3.79	3,962	1.49

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/16

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FIRSTSERVICE RESIDENTIAL
MINNESOTA INC 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
38142Y-40-1	2,921.307	GOLDMAN SACHS GROWTH OPPORT INSTL	75,277.80 25.769	68,066.45 23.300	.97	0	0.00
399874-81-7	8,238.023	AM FDS GROWTH FD OF AMERICA CL R6	334,626.24 40.620	346,408.87 42.050	4.92	3,229	0.93
649280-81-5	2,989.965	AM FDS NEW WORLD FUND R6	167,130.58 55.897	153,714.10 51.410	2.19	2,110	1.37
779547-40-5	29,439.367	T ROWE PRICE EQUITY INC FUND - I	924,365.26 31.399	926,751.27 31.480	13.17	18,841	2.03
78081A-30-3	2,837.335	ROYCE PENNSYLVANIA MUT FD-IS	31,738.65 11.186	31,324.18 11.040	.45	556	1.78
921909-81-8	73.905	VANGUARD TOT INT ST IDX-ADM	1,799.34 24.347	1,820.28 24.630	.03	53	2.93
92202E-80-5	5,353.340	VANGUARD TARGET RETIREMENT 2020	153,629.93 28.698	151,285.39 28.260	2.15	3,163	2.09
92202E-83-9	4.258	VANGUARD TARGET RETIREMENT 2060 INV	124.68 29.281	123.65 29.040		2	1.73
92202E-86-2	463.748	VANGUARD TARGET RETIREMENT 2050	13,691.46 29.523	14,093.30 30.390	.20	271	1.92
92202E-87-0	731.016	VANGUARD TARGET RETIREMENT 2040	21,733.90 29.731	22,083.99 30.210	.31	449	2.04
92202E-88-8	13,447.129	VANGUARD TARGET RETIREMENT 2030	397,443.72 29.556	392,656.17 29.200	5.58	8,027	2.04
922908-64-5	1,732.361	VANGUARD MID CAP INDEX ADM	263,669.14 152.202	282,270.90 162.940	4.01	4,091	1.45
922908-68-6	2,321.939	VANGUARD SML CAP INDX-ADM	125,852.42 54.201	143,426.17 61.770	2.04	2,143	1.49

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/16

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FIRSTSERVICE RESIDENTIAL
MINNESOTA INC 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
922908-71-0	1,864.616	VANGUARD INDEX TR 500 ADMIRAL SHS	351,045.62 188.267	385,173.73 206.570	5.48	7,773	2.02
936793-67-8	17,641.032	WASATCH SMALL CAP GROWTH FUND - INST	745,395.85 42.254	703,347.95 39.870	10.00	0	0.00
TOTAL EQUITY MUTUAL FUNDS			----- 4,501,779.60	----- 4,492,109.37	----- 63.86	----- 67,172	----- 1.50
TOTAL EQUITIES			----- 5,587,631.76	----- 5,895,624.68	----- 83.81	----- 92,355	----- 1.57
FIXED INCOME SECURITIES							
FIXED INCOME COMMON TRUST FUNDS							
999999-03-0	8,784.134	ASSOCIATED CORE BOND FUND	365,116.38 41.565	395,334.84 45.005	5.62	13,408	3.39
999999-19-6	301,047.080	MONEY MARKET FUND	443,466.77 1.473	445,864.28 1.481	6.34	0	0.00
999999-33-7	5,352.672	CONSERVATIVE BALANCED LIFESTAGE FUND	109,245.04 20.409	113,845.64 21.268	1.62	2,464	2.16
TOTAL FIXED INCOME COMMON TRUST FUNDS			----- 917,828.19	----- 955,044.76	----- 13.58	----- 15,872	----- 1.66
FIXED INC MUT/ETF FD							
921937-60-3	327.183	VANGUARD TOTAL BOND MKT INDEX ADM 4.29	3,477.89 10.630	3,484.50 10.650	.05	83	2.40
922031-83-6	7,367.407	VANGUARD SHORT-TERM INVESTMENT GRADE ADMIRAL SHARES 123.04	79,083.39 10.734	78,315.54 10.630	1.11	1,455	1.86
TOTAL FIXED INCOME MUTUAL/ETF FUNDS			----- 82,561.28	----- 81,800.04	----- 1.16	----- 1,538	----- 1.88

SCHEDULE A - ASSETS AND LIABILITIES
AS OF 12/31/16

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FIRSTSERVICE RESIDENTIAL
MINNESOTA INC 401K PLAN

CUSIP NUMBER	FACE AMOUNT/ NO. SHARES	DESCRIPTION	TOTAL COST UNIT PRICE	TOTAL MARKET UNIT PRICE	% OF ACCT	EST ANN INCOME	YIELD TO MKT
		TOTAL FIXED INCOME SECURITIES	1,000,389.47	1,036,844.80	14.74	17,410	1.68
		MISCELLANEOUS					
MS1029-78-9	69,231.730	MASTER LOAN	69,231.73 1.000	69,231.73 1.000	.98	0	0.00
		TOTAL MISCELLANEOUS	69,231.73	69,231.73	.98	0	0.00
		TOTAL ASSETS	6,690,055.89	7,034,504.14			
		ACCRUED INCOME					
		INTEREST	127.33	127.33	.00		
		TOTAL ACCRUED INCOME	127.33	127.33	.00		
		TOTAL ASSETS PLUS ACCRUED INCOME	6,690,183.22	7,034,631.47			