Form 5500-SF Short Form Annual Return/Report of Small Empl Benefit Plan						OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	d 4065 of the Employee R	etirement	2017							
	epartment of Labor enefits Security Administration	Income Security Act of 1974		057(b) and 6058(a) of the		This Form is Open to					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the in	structions to the Form 5	500-SF.	Public Inspection					
Part I											
For calenda	For calendar plan year 2017 or fiscal plan year beginning 01/01/2018 and ending 08/31/2018 Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan Image: Single-employer plan										
A This ret	urn/report is for:	X a single-employer plan	list of participating	plan (not multiemployer) (employer information in ac		-					
R This rot	urn/report is	a one-participant plan	a foreign plan								
		the first return/report X the final return/report									
		an amended return/report	X a short plan year ret	urn/report (less than 12 m	onths)						
C Check b	pox if filing under:	Form 5558	automatic extension	1	DFVC p	rogram					
		special extension (enter descr									
Part II	Basic Plan Infor	mation—enter all requested inf	ormation		(1					
1a Name					1b Thre	e-digit number					
TRI-CITY DE	EVELOPMENT CORPO	RATION 401(K) PLAN			(PN)						
					1c Effect	tive date of plan 01/01/2015					
		er, if for a single-employer plan) , apt., suite no. and street, or P.C	(Box)			oyer Identification Number					
City or	town, state or province	, country, and ZIP or foreign post	al code (if foreign, see in	structions)	(EIN) 20-8236186 2c Sponsor's telephone number						
					253-677-3402 2d Business code (see instructions)						
PO BOX 130	O BOX 1307										
GIG HARBO	IG HARBOR, WA 98335-3307					237210					
3a Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN											
					3c Admi	nistrator's telephone number					
4 If the r	name and/or EIN of the	plan sponsor or the plan name ha	as changed since the las	t return/report filed for	4b EIN						
•	an, enter the plan spons or's name	sor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4d PN						
C Plan N											
					5 -	_					
		It the beginning of the plan year			5a 5b	7					
C Numb	er of participants with a	It the end of the plan year	the plan year (only defin	ed contribution plans	50 50	0					
•	,	icipants at the beginning of the pla			5d(1)	6					
		icipants at the end of the plan yea	-		5d(2)	0					
e Numb	per of participants who the	erminated employment during the	e plan year with accrued	benefits that were less	5e	0					
than '	100% vested	r incomplete filing of this returr	/renort will be assess	d unless reasonable ca							
Under pena	alties of perjury and othe	er penalties set forth in the instruc	ctions, I declare that I ha	ve examined this return/re	port, includi	ng, if applicable, a Schedule					
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, a ete.	is well as the electronic	version of this return/repor	t, and to the	e best of my knowledge and					
SIGN	Filed with authorized/v	alid electronic signature.	10/18/2018	GEOFFREY CLARK							
HERE	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing	as plan administrator					
SIGN											
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual signing	as employer or plan sponsor					

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

Form 5500-SF (2017) v.170203

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)					🗙 Yes 🗌 No
b	Are you claiming a waiver of the annual examination and report of under 20 CER 2520 104 452 (See instructions on unities clicibility)					,		X Yes 🗌 No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility 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 th							(See instructions.)
								· · ·
	rt III Financial Information							
	Plan Assets and Liabilities		(a) Beginning				(b) End	
-	Total plan assets	7a	2	55061				0
-	Total plan liabilities	7b		205				-
-	Net plan assets (subtract line 7b from line 7a)	7c		54856				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b		2587				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2587
	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	2	53847				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0	_			
f	Administrative service providers (salaries, fees, commissions)	8f		3596	_			
	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						257443
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-254856
	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 2R 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the instr	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	des from the List of Pla	n Chara	acteris	tic Cod	les in the instru	ictions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	A	Mount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	Fiduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c	x			25486
d	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							

10e

10f

10g

10h

10i

X

Х

Х

Х

849

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)....

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

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

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

2520.101-3.)

If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....

h

i,

r

Г

Page 3- 1

Part	VI Pension Fu	iding Compliance				
11		fit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 11a below)	dule S	В	<u> </u>	'es 🗌 No
11a	Enter the unpaid mir	mum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	ribution plan subject to the minimum funding requirements of section 412 of the Code or section me 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 of	f 	<u> </u>	′es X No
a		mum funding standard for a prior year is being amortized in this plan year, see instructions, and			f the lette Year _	r ruling
lf y	ou completed line 1	2a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum re	uired contribution for this plan year	12b			
С	Enter the amount con	ributed by the employer to the plan for this plan year	12c			
d		n line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	12d			
е	Will the minimum fur	ding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Termii	ations and Transfers of Assets				
13a	Has a resolution to ter	ninate the plan been adopted in any plan year?		X Yes	N	0
	If "Yes," enter the an	ount of any plan assets that reverted to the employer this year	13a			0
b		ets distributed to participants or beneficiaries, transferred to another plan, or brought under the		×	Yes	No
С	, , ,	ar, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ties were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s	13c(2)	EIN(s)		13c(3) PN(s)

Form	n 5500-SF	Short Form Annua		of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	nent of the Treasury I Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and 4	065 of the Employee Re	etirement	2017
Employee Ben	artment of Labor efits Security Administration	Income Security Act of 1974 (ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection
	efit Guaranty Corporation	Complete all entries in a	ccordance with the instr	uctions to the Form 55	00-SF.	
		Identification Information				
For calendar	plan year 2017 or the	scal plan year beginning	01/01/2018	and ending		1/2018
A This retu	rn/report is for:	X a single-employer plan	list of participating en			ing this box must attach a ith the form instructions.)
B This retur	n/report is	a one-participant plan	a foreign plan			
		the first return/report	X the final return/report			
		an amended return/report	A short plan year retur	n/report (less than 12 m	onths)	
C Check be	ox if filing under:	Form 5558	automatic extension		DFVC pi	rogram
		special extension (enter descri				
Part II		rmation-enter all requested info	ormation			
1a Name o	f plan				1b Three	v
Tri-City	Development	Corporation 401(k) P	lan		plan (PN)	number 001
						tive date of plan
		yer, if for a single-employer plan)			2b Empl	oyer Identification Number
		m, apt., suite no. and street, or P.O. e, country, and ZIP or foreign posta		ructions)		20-8236186
Tri-City	y Development	louiono,	2c Sponsor's telephone number 253-677-3402			
PO Box 1	1307				2d Busin	ess code (see instructions)
Gig Harl		WA 98335-3307			2372	
	ministrator's name ar	20000 0001			3b Admi	nistrator's EIN
		. L				nistrator's telephone number
					oo Aum	
		e plan sponsor or the plan name ha nsor's name, EIN, the plan name a			4b EIN	
a Sponso	r's name	nsor's name, Env, the plan name at	no the plan number from t	ne last return/report.	4d PN	
C Plan Na	me					
5a Total nu	umber of participants	at the beginning of the plan year			5a	
b Total nu	umber of participants	at the end of the plan year			5b	(
C Number comple	r of participants with te this item)	account balances as of the end of t	he plan year (only defined	contribution plans	5c	
d(1) Total	number of active pa	rticipants at the beginning of the pla	an year		5d(1)	
		rticipants at the end of the plan yea			5d(2)	
e Numbe	r of participants who	terminated employment during the	plan year with accrued be	enefits that were less	5e	
than 10	JU% vested	or incomplete filing of this return	Iroport will be seesed a	unloss reasonable		allabad
Under penal SB or Sched	ties of perjury and ot ule MB completed a	her penallies set forth in the instruc nd signed by an enrolled actuary, a	tions. I declare that I have	examined this return/re	port includi	ng, if applicable, a Schedule
SIGN	ue, correct, and com	- 2) Class	10-18-18	Geoffrey Clar	ς	
HERE	Signature of plan a		Date	Enter name of individ		as plan administrator
SIGN					aar orgining i	ao pian aoministrator
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual signing :	as employer or plan sponsor

-

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

Form 5500-SF 2017

.

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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	X Yes 🗍 No
С	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.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year
a	Total plan assets	7a		255,0	061		0
b	Total plan liabilities	7b	20				0
с	Net plan assets (subtract line 7b from line 7a)	7c	2	254,8	356		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1		0		
	(2) Participants	8a(2)			0		
	(3) Others (including rollovers)	8a(3)			0		
b	Other income (loss)	8b		2,5	587		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					2,587
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		253,8	347		
e	Certain deemed and/or corrective distributions (see instructions)	8e			0	_	
f	Administrative service providers (salaries, fees, commissions)	8f		3,5	596		and the second second
g	Other expenses	8g			0	_	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					257,443
1	Net income (loss) (subtract line 8h from line 8c)	8i					-254,856
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
b	2A 2E 2J 2K 2F 2G 2R 3D 3H If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions	eature coo	les from the List of Plar	n Chara	icterist	ic Cod	es in the instructions;
10	During the plan year:				Yes	No	Amount
	 Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Program) 	/oluntary l	Fiduciary Correction	10a		x	
k	 Were there any nonexempt transactions with any party-in-interes reported on line 10a.) 			10b		х	
C	Was the plan covered by a fidelity bond?			10c	X		25,486
	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		х	
	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all o	f the benefits under	10e	x		849
1	Has the plan failed to provide any benefit when due under the plan	an?		10f		х	
9	J Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X	
Π	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		x	
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			101			

Form 5500-SF 2017

Page 3-

Part	/I 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)	edule S	В	Yes No
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?	n 302 o	f	🗌 Yes 🔀 No
	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	l enter Da		f the letter ruling Year
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
	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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		X Yes	No No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		(
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		x	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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
			111 11	