For	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089					
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Benefit Plan	065 of the Employee Re	etirement	2017			
	epartment of Labor enefits Security Administration	Income Security Act of 1974		7(b) and 6058(a) of the	nd 6058(a) of the Internal This Form is 0				
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the instr	uctions to the Form 55	00-SF.	Public Inspection			
Part I		dentification Information							
For calenda	ar plan year 2017 or fisc	al plan year beginning 01/01/2			/31/2018	the data because and a data because			
A This ret	urn/report is for:	x a single-employer plan	list of participating em			king this box must attach a vith the form instructions.)			
R This rate	urn/report is	a one-participant plan	a foreign plan						
		the first return/report	X the final return/report						
	l	an amended return/report X a short plan year return/report (less than 12 months)							
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
	special extension (enter description)								
Part II	Basic Plan Infor	mation—enter all requested inf	ormation						
1a Name	•				1b Thre				
TRI-CITY DE	EVELOPMENT CORPO	RATION CASH BALANCE PLAN			pian (PN)	number 002			
					<b>1c</b> Effective date of plan				
		· · · · · · · · · · · · · · · · · · ·			01	01/01/2015			
Mailing	<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box)				2b Employer Identification Number (EIN) 20-8236186				
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RI-CITY DEVELOPMENT CORPORATION				2c Sponsor's telephone number 253-677-3402				
					<b>2d</b> Business code (see instructions)				
PO BOX 130					237210				
GIG HARDU	R, WA 98335-3307								
3a Plan a	dministrator's name and	l address X Same as Plan Spon	ISOF.		3b Administrator's EIN				
				-	<b>3c</b> Administrator's telephone number				
A lifetheour		plan sponsor or the plan name ha							
		sor's name, EIN, the plan name a			4b EIN				
	or's name				<b>4d</b> PN				
C Plan N	lame								
5a Total r	number of participants a	t the beginning of the plan year			5a	2			
		t the end of the plan year		F	5b	0			
		ccount balances as of the end of t			5c				
		cipants at the beginning of the pla			5d(1)	2			
<b>d(2)</b> Tota	d(2) Total number of active participants at the end of the plan year				5d(2)	0			
	<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					0			
Caution: A	penalty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable cau	ise is estal	blished.			
Under pena SB or Sche	alties of perjury and othe edule MB completed and	er penalties set forth in the instruc I signed by an enrolled actuary, a	tions, I declare that I have	examined this return/rep	oort, includi	ng, if applicable, a Schedule			
SIGN	true, correct, and comple	ete. alid electronic signature.	10/18/2018	GEOFFREY CLARK					
HERE	Signature of plan ad	0	Date	Enter name of individu	ial signing	as plan administrator			
SIGN					a orgining				
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individu	al signing	as employer or plan sponsor			
L			Date		iai siyiiiiy				

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

Form 5500-SF (2017) v.170203

6a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a	an indepei	ndent qualified public a	ccount	ant (IC	PA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		,					X Yes No
~	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in						_	Not determined
U	If "Yes" is checked, enter the My PAA confirmation number from th							. (See instructions.)
		er boo p		ian yea	I			
Pa	rt III Financial Information		ſ					
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(b) End	of Year
а	Total plan assets	7a	11:	28251				0
b	Total plan liabilities		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	11:	28251				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0	_			
	3) Others (including rollovers)			0				
b	Other income (loss)	8b	-	12322				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-12322
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	11 <sup>,</sup>	1115849		5849		
е	Certain deemed and/or corrective distributions (see instructions)			0	_			
f	Administrative service providers (salaries, fees, commissions)	8f	f 80					
g	Other expenses			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1115929
i	Net income (loss) (subtract line 8h from line 8c)	8i						-1128251
j	Transfers to (from) the plan (see instructions)	8j						
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $\frac{1}{C}$	feature co	odes from the List of Pl	an Chai	racteri	stic Co	des in the inst	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in the instru	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	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	iduciary Correction	10a		X		
b	<ul> <li>Were there any nonexempt transactions with any party-in-interest reported on line 10a.)</li> </ul>	t? (Do not	include transactions	10u		X		
C				10c	Х			112826
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR		1			

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....

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10h

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Part	VI Pen	sion Funding Compliance				
11		fined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche D) and line 11a below)	edule S	ŝВ	י 🗌	res 🗙 No
11a	Enter the	Inpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	ERISA?	efined contribution plan subject to the minimum funding requirements of section 412 of the Code or section complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	302 o	f	י []	∕es Ⅹ No
a		of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e waiver			f the lette _ Year _	r ruling
lf y	ou comple	ted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the m	inimum required contribution for this plan year	12b			
С	Enter the a	nount contributed by the employer to the plan for this plan year	12c			
d		e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a mount)	12d			
е	Will the mi	nimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plar	Terminations and Transfers of Assets				
13a	Has a reso	ution to terminate the plan been adopted in any plan year?		X Yes	N	0
	lf "Yes," ei	ter the amount of any plan assets that reverted to the employer this year	13a			C
b		e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the he PBGC?			Yes	No
С	, 0	his plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) ats or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name	e of plan(s): 13c(2)	EIN(s)		13c(3	<b>)</b> PN(s)

	partment of the Treasury	Short Form Annu	al Return/Repo Benefit Plar	ort of Small Emplo	oyee	OMB Nos, 1210-0110 1210-0089			
In	Department of Labor	This form is required to be file	ed under sections 104 ar	d 4065 of the Employee P	etirement	2017			
Employee	Benefits Security Administration		Revenue Code (the Ci	5057(b) and 6058(a) of the ode).	Internal	This Form is Open to			
	Benefit Guaranty Corporation	Complete all entries in	accordance with the in	structions to the Form 55	00.85	Public Inspection			
Part I	Annual Repor	T Identification Information	1		00-3F.				
For calen	idar plan year 2017 or	fiscal plan year beginning	01/01/2018	and ending	07/3	1/2018			
A This r	eturn/report is for:	X a single-employer plan	a multiple-employed list of participating	r plan (not multiemployer) (I employer information in ac	Filers checki cordance wi	ng this box must attach a the form instructions.)			
<b>B</b> This re	eturn/report is	a one-participant plan	a foreign plan			,			
	eturnneport is	the first return/report	X the final return/repo	rt					
		an amended return/report	and the second sec	tum/report (less than 12 mo	onths)				
C Check	k box if filing under:	Form 5558	automatic extensio		_				
		special extension (enter desc		Ĺ	DFVC pro	ogram			
Part II	Basic Plan Inf	ormation—enter all requested in	formation						
1a Name	e of plan	Sinto un requested in	Ionnation		4h 7				
Tri-Cit	y Development	Corporation Cash Bal	ance Dlan		1b Three- plan n				
	1	, corporación cash bai	Lance Flan		(PN)				
					1c Effecti	ve date of plan /2015			
2a Plan : Mailir	sponsor's name (emple	oyer, if for a single-employer plan)				yer Identification Number			
City c	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)				(EIN) 20-8236186				
Tri-Ci	Tri-City Development Corporation				2c Sponsor's telephone number 253-677-3402				
PO Box	PO Box 1307					ss code (see instructions)			
					23721				
Gig Ha		WA 98335-330	-						
3a Plan a	administrator's name a	nd address 🛛 Same as Plan Spor	nsor.		3b Admini	strator's EIN			
				-	3c Admini	strator's telephone number			
4 If the	name and/or EIN of the	e plan sponsor or the plan name ha	is changed since the last	return/report filed for	Ale musi				
uno p	lan, enter the plan spo sor's name	onsor's name, EIN, the plan name a	nd the plan number from	the last return/report.	4b EIN				
C Plan N				· ·	4d PN				
5a Total	number of participants	at the beginning of the plan year			5a				
<b>b</b> Total	number of participants	at the end of the plan year			5b	2			
C Nump	ber or participants with	account balances as of the end of t	he nian year (only define	d contribution along		0			
d(1) Tot	al number of active par	rficinants at the beginning of the all			5c				
d(2) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	2			
C NUMI	ber of participants who	rticipants at the end of the plan yea terminated employment during the	plan year with occurred k	anafia di statuto d	5d(2)	0			
u jai i	TOU /o vested				5e	0			
Under pena	alties of periury and oth	her nenalties set forth in the instead	heport will be assessed	d unless reasonable caus					
SB or Sche belief. it is	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as plete.	s well as the electronic v	e examined this return/report, a	rt, including and to the be	, if applicable, a Schedule est of my knowledge and			
SIGN	Alon	Allac	10-18-18	Geoffrey Clark					
HERE	Signature of plan a	dministrator	Date	Enter name of individua	signing as	olan administrat			
SIGN					againing as	pian auministrator			
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individual	eigning -				
For Paperwo	ork Reduction Act Notice	e, see the Instructions for Form 5500-	SF.	T Privat Harrie of Individual	agning as	Employer or plan sponsor Form 5500-SF (2017)			
						v.170203			

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P	a	a	e	2

b	Were all of the plan's assets during the plan year invested in eligibl Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a <b>If you answered "No" to either line 6a or line 6b, the plan canne</b>	an independ and conditio	dent qualified public accountant (IC ons.)	QPA) 🕅 X Yes 🗍 No
	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the			
Par		i i i		2000 m 1 4 5 5
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1,128,251	0
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	1,128,251	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
	Contributions received or receivable from: (1) Employers	8a(1)	0	
	(2) Participante	8a(2)	0	

(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-12,322	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-12,322
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1,115,849	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	80	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1,115,929
i Net income (loss) (subtract line 8h from line 8c)	81		-1,128,251
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension 1.C	feature code	es from the List of Plan Characteristic Code	s in the instructions:
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare f	eature codes	s from the List of Plan Characteristic Codes	in the instructions:
Part V Compliance Questions			

10	During the plan year:			No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
С	Was the plan covered by a fidelity bond?	10c	X		112,826
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		x	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		x	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x	
i	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	10i			

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)	mplete Sch	edule S	В	[] `	res 🛛 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 Cod ERISA?	le or sectio	n 302 o	f		res 🛛 No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	nth	d enter i Day		f the lette Year	er ruling
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	i				
b	Enter the minimum required contribution for this plan year		12b			
C	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 lef negative amount)	tofa	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	[] N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b 	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	t under the		X	Yes	No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	) to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	) PN(s)