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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIRSTSERVICE RESIDENTIAL 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1999

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)

FIRSTSERVICE RESIDENTIAL INC.

1855 GRIFFIN ROAD
SUITE A-330
DANIA BEACH, FL 33004

2b Employer Identification Number (EIN)
16-1682850

2c Plan Sponsor's telephone number
754-201-2596

2d Business code (see instructions)
531390

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.	10/30/2018	MELISSA KETTERER
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	23452
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)**	21836
a(2) Total number of active participants at the end of the plan year	**6a(2)**	16445
b Retired or separated participants receiving benefits	**6b**	44
c Other retired or separated participants entitled to future benefits	**6c**	857
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	17346
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	24
f Total. Add lines **6d** and **6e**.	**6f**	17370
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4447
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	242
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:

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRSTSERVICE RESIDENTIAL 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 INC.

D Employer Identification Number (EIN)
16-1682850

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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?
12 15 28 37 38 50 54 59 61 62 63 64 65	RECORDKEEPER	154876	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NATIONAL FINANCIAL SERVICES

04-3523567

(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?
33 71	SECURITIES BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

LOCKTON FINANCIAL ADVISORS LLC

P.O. BOX 219153
KANSAS CITY, MO 64121

(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?
27 28	INVESTMENT ADVISORY	112500	Yes [ ] No [X]	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)

JACOBS AND ASSOCIATES, LLC

46-1151899

(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?
10 50	AUDITOR	83000	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
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
COLUMBIA 245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
DODGE & COX 555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
GOLDMAN SACHS 3414 PEACHTREE ROAD NE SUITE 600 ATLANTA, GA 30326	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
JP MORGAN 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
TRANSAMERICA RETIREMENT SOLUTIONS	12 15 28 37 38 50 54 59 61 62 63 64 65	0

(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.
PRUDENTIAL 751 BROAD STREET NEWARK, NJ 07102	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
AMERICAN FUNDS 5300 ROBIN HOOD ROAD NORFOLK, VA 23513	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
COLUMBIA 245 SUMMER STREET FLOOR 3 BOSTON, MA 02210	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
DODGE & COX 555 CALIFORNIA STREET 40TH FLOOR SAN FRANCISCO, CA 94104	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
GOLDMAN SACHS 3414 PEACHTREE ROAD NE SUITE 600 ATLANTA, GA 30326	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
JP MORGAN 30 DAN ROAD CANTON, MA 02021	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

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
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
PRINCIPAL 711 HIGH STREET DES MOINES, IA 50309	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES	33 71	0

(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.
PRUDENTIAL 751 BROAD STREET NEWARK, NJ 07102	REVENUE SHARING SEE ATTACHMENT TO LINE 2(H)

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRSTSERVICE RESIDENTIAL 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIRSTSERVICE RESIDENTIAL INC.

D Employer Identification Number (EIN)
16-1682850

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA COLLECTIVE TRUST FUNDS

b Name of sponsor of entity listed in (a): TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION

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)
04-6784256-001	C	3486303

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)

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)

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)

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)

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)

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)

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)

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 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

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 plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRSTSERVICE RESIDENTIAL 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 INC.

D Employer Identification Number (EIN)
16-1682850

Part I Asset and Liability Statement

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4144	9253
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	55713	238779
(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)	4669770	4625121
(9) Value of interest in common/collective trusts	1c(9)	3494045	3486303
(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)	108565848	133729335
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	328435	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	117117955	142088791
	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 through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	117117955	142088791

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)	3712034	
	(B) Participants	2a(1)(B)	13616416	
	(C) Others (including rollovers)	2a(1)(C)	1977371	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19305821
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	151	
	(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)	223275	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		223426
	(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)	2124439	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2124439
	(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)		57575
(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)		18266847
c Other income	2c		22
d Total income. Add all **income** amounts in column (b) and enter total	2d		39978130
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14310982	
(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)		14310982
f Corrective distributions (see instructions)	2f		641860
g Certain deemed distributions of participant loans (see instructions)	2g		39738
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	83000	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	114425	
(4) Other	2i(4)	154876	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		352301
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15344881
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		24633249
l Transfers of assets:			
(1) To this plan	2l(1)		337587
(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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: JACOBS & ASSOCIATES, LLC **(2)** EIN: 46-1151899

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:

		Yes	No	Amount
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.)	4a	X		497603
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.)	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		5000000
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		X	

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

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.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
FIRSTSERVICE RESIDENTIAL 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 INC.

D Employer Identification Number (EIN)
16-1682850

Part I Distributions

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** 0

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): 13-3689044

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** 1146

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

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**

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**

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): _____

---

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

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):

FIRSTSERVICE RESIDENTIAL 401(k) PLAN

FINANCIAL STATEMENTS, SUPPLEMENTAL SCHEDULES AND INDEPENDENT AUDITORS' REPORT

December 31, 2017 and 2016

C O N T E N T S

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* Other schedules required by Section 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

Jacobs and Associates, LLC
Certified Public Accountants

Independent Auditors' Report

FirstService Residential, Inc.

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of FirstService Residential 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Plan 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 audit 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 3, which was certified by State Street Bank and Trust, 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 and for the year ended December 31, 2017, 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 – Supplemental Schedules
The 2017 supplemental schedules of delinquent participant contributions and assets held for investment purposes as of and for the year ended December 31, 2017, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Act of 1974 and are presented for the purpose of additional analysis and are 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 schedules referred to above.

(Continued)

Report on Form and Content in Compliance With DOL Rules and Regulations
The form and content of the information included in the 2017 financial statements and supplemental schedules, 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.

Jacobs and Associates, LLC

Bala Cynwyd, Pennsylvania
October 5, 2018

FirstService Residential 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2017	2016
ASSETS		
Investments at fair value (notes 3 and 7):		
Mutual funds and stock	$ 133,968,114	$ 108,949,996
Common collective trust	3,486,303	3,494,045
Total investments	137,454,417	112,444,041
Receivables:		
Participant contributions	507,056	189,485
Employer contributions	-	50,527
Qualified non-employee contributions	143,808	- 60,138
Accrued interest receivable participant loans	9,253	4,144
Notes receivable from participants	4,725,891	4,797,724
Total receivables	5,386,008	5,102,018
Total Assets	$ 142,840,425	$ 117,546,059
LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS		
Corrective distributions payable	$ 264,567	$ 641,860
Net assets available for benefits	$ 142,575,858	$ 116,904,199

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

FirstService Residential 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2017

Additions:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 18,266,847
Net appreciation in common collective trust	57,575
Interest	173
Dividends	2,124,439
	20,449,034
Interest income on notes receivable from participants	199,612
Contributions and rollovers:	
Participants contributions	13,934,395
Employer contributions	3,657,657
Qualified non-employee contributions	83,670
Rollovers	1,977,371
	19,653,093
Transfer of assets to the Plan	337,587
Total additions	40,639,326
Deductions:	
Deductions from net assets attributed to:	
Distributions to participants	14,310,982
Deemed distribution of participant loans	39,817
Corrective distributions to participants	264,567
Administrative expenses	352,301
Total deductions	14,967,667
Net increase	25,671,659
Net assets available for benefits:	
Beginning of year	116,904,199
End of year	$ 142,575,858

The accompanying notes are an integral part of this financial statement.

1. General Description of the Plan:

The following description of the FirstService Residential 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:
The Plan is a defined contribution plan covering substantially all full-time employees of FirstService Residential, Inc., (the "Company") and commenced January 1, 1999. The Plan is a controlled group which include twenty-six Related Eligible Employers. All employees, as defined by the Plan, are eligible to participate in the Plan upon the 1st day of the month after completing two months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Administration of the Plan:
The Plan has retained Transamerica Retirement Solutions Corporation ("Transamerica") to provide participant level record keeping functions. Transamerica was formerly known as Diversified Retirement Corporation. State Street Bank and Trust Company ("State Street"), a trustee of the Plan, is the custodian of certain plan assets. The Plan is administered by the Company, and is responsible for all matters connected with the day-to-day operation of the Plan. The Plan's Retirement Committee is responsible for oversight of the Plan and determines the appropriateness of Plan investment offerings and monitors investment performance.

Contributions:
Each year, participants may contribute up to 75% of their pretax annual compensation, as defined by the Plan, up to the statutory maximum established by the Internal Revenue Service. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. With the consent of the Administrator, participants may transfer amounts from other qualified plans or non-conduit IRA's as rollover contributions. The Company's matching contributions are discretionary subject to non-discrimination testing for the years ended December 31, 2017 and 2016. The Company contributed 40 percent of the first 6 percent of eligible compensation, as defined for both years. The total Company matching contributions amounted to $3,657,657 and $3,335,232 for the years ended December 31, 2017 and 2016, respectively. Corrective Contributions for lost earnings on late payments and Qualified Non-Elective Contributions totaled $481 and $3,124 for the years ended December 31, 2017 and 2016, respectively.

(Continued)

1. **General Description of the Plan (Continued):**

Participant accounts:
Each participant's account is credited with participant and employer discretionary matching contributions as well as earnings from participant directed investments, net of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Certain operating expenses are allocated based upon specific participant transactions, as defined. Contributions are deposited on a payroll to payroll basis and are allocated on a payroll to payroll basis to the investment options self-directed by the participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance in their respective account.

Vesting:
Participants are vested immediately in their contributions plus actual earnings thereon. Effective January 1, 2016, the Plan was amended to adopt a 3-year cliff vesting schedule. Participants with 3 or more years of service as of January 1, 2016 shall be 100% vested in all accrued and future employer contributions.

Prior to January 1, 2016, participants were fully vested in the Company's discretionary contribution portion of their accounts after 6 years of continuous service, unless a participant meeting certain conditions in one of the plans that merged into the Plan as follows:

Merit – If participant had one year of service as of November 1, 2012, company contributions vest over a three-year graded vesting schedule.

Excellence – Prior plan followed a 3-year cliff vesting schedule. Participants with 3 or more years of service as of January 1, 2013 shall be 100% vested in all accrued and future employer contributions.

Wentworth Property Management Corp 401(k) Savings Plan
The vesting schedule under the merged plan was a 4 year graded vesting schedule. Active participants in this plan as of February 1, 2013 will continue to follow this 4-year graded vesting schedule for all accrued and future employer contributions.

Wentworth National 401(k) Plan – Active participants in the Wentworth National 401(k) Plan as of February 1, 2013 shall be 100% vested in all accrued and future contributions.

(Continued)

1. **General Description of the Plan (Continued):**

Self-Directed Investment Options
The assets of the Plan, both employee and employer contributions, are allocated to various available investment options at the direction of the participant. Investment options include various mutual funds, a common collective trust and brokerage account investments.

Notes Receivable from Participants
Participants may borrow from their fund account a minimum of $500 up to a maximum equal to the lesser of 50% of the participant's vested account balance or $50,000. The notes are secured by the balance in the participant's account and bear interest at a rate of Prime plus 1 percent. Principal and interest are paid ratably through payroll deductions over a period up to 60 months, or up to 360 months if notes are to purchase a primary residence prior to January 1, 2017. Effective January 1, 2017 the Plan's note policy was amended. Notes for the purchases of a principal residence will no longer allow a 360-month repayment term. Participants will be limited to one outstanding note. There were 13,612 notes outstanding at December 31, 2016 with maturities extending to 2021. The outstanding note balance were $4,725,891 and $4,797,724 as of December 31, 2017 and 2016, respectively. Interest rates on participant notes ranged from 4.25% to 10.00%.

Payment of benefits:
On termination of service due to death, disability or retirement a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or monthly, quarterly or annual installments over a period not to exceed the participant's life expectancy. If a participant, under age 62, has a vested account balance greater than $1,000, but such balance is $5,000 or less as of the date of death, disability, retirement or termination of employment, and the participant has failed to make a distribution election within 45 days, the participant's vested interest in his or her account will be automatically rolled over into an IRA. Also, if the participant's vested account balance is $1,000 or less, and a timely distribution or rollover election is not made, the participant's vested account balance will be paid directly to the participant by check as a mandatory distribution. For termination of services for other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

The Plan provides that under certain conditions, participants may withdraw their vested benefit. A participant is entitled to receive the vested portion of their account in a lump sum distribution, or in monthly installments in the event of serious financial hardship or upon reaching age 59 ½ as an active employee.

1. **General Description of the Plan (Continued):**

Forfeited accounts:
At December 31, 2017 and 2016, forfeited non-vested accounts totaled $195,513 and $13,874, respectively. These accounts will be used to reduce future contributions or pay Plan administrative expenses. During the 2017 plan year, employer contributions were reduced by $3,850 from forfeited non-vested accounts. On January 2, 2018, employer contributions related to 2017 were reduced by $143,928. In addition, $86,445 of current year Plan administrative expenses were paid from forfeited non-vested accounts.

Expense Budget Account
An allocation of approximately .10% of plan earnings is deposited into the Expense Budget Account ("EBA"). The amount allocated to each participant is based on earnings and the revenue sharing percentage of the funds selected. For the year ended December 31, 2017 participants received credits totaling $125,415. Investment advisory services paid by the Plan are disbursed from this account. Funds from this account may not be utilized to offset employer contributions. At December 31, 2017 and 2016 the balance in the EBA was $43,266 and $41,839, respectively. Current year investment advisory expenses totaling $112,500 and $11,488 in administrative expenses were paid from the EBA for the year ending December 31, 2017.

2. **Significant Accounting Policies:**

The significant accounting policies employed in the preparation of the accompanying financial statements are as follows:

Basis of Accounting:
These financial statements of the Plan are prepared on the accrual method of accounting except for benefit payments which are recorded when paid.

Use of estimates:
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Benefit payments
Benefit payments are recorded when paid.

(Continued)

2. **Significant Accounting Policies (Continued):**

Valuation of investments:
Investment contracts held by a defined contribution plan are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. However, contract value is the relevant measurement attribute for fully benefit responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the Common Collective Trust at fair value. See note 7 for discussion for discussion of fair value measurements.

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. Appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company. See Note 7 for discussion of fair value measurements. Cash accounts consist of forfeiture funds and EBA account balances.

Excess Contributions
Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding expense to corrective distributions in the year incurred. Excess contributions are refunded to participants in the following year.

Notes Receivable From Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed as incurred. No allowance for credit losses has been recorded as of December 31, 2017 or 2016.

Concentrations
All of the Plan's investment assets are held by its trustee, State Street Bank and Trust Company, located in North Quincy, Massachusetts.

(Continued)

2. Significant Accounting Policies (Continued):

Expenses
Certain administrative functions are performed by the employees of the Company. None of these employees receive compensation from the Plan. Certain administrative expenses, such as legal fees, are paid directly by the Company. Plan management fees, audit fees, investment advisory fees and record keeping services, are paid by the plan and allocated to participants based on their pro-rata share of assets or from forfeiture funds. Expenses paid by the EBA account are allocated based on the participant's pro-rata share of the EBA account. Expenses directly related to a participant such as processing loans and distributions plus the related postage are charged directly to the participant.

3. Investments

The information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2017 and 2016, and appreciation (depreciation) in fair value of investments and dividends for the year ended December 31, 2017, was obtained or derived from data from the information supplied to the plan administrator that has been prepared and certified as complete and accurate by the Plan's trustee State Street Bank and Trust.

4. Related Party and Party in Interest Transactions

Certain Plan investments are shares of mutual funds managed by State Street Bank and Trust who is the Trustee of the Plan and, therefore, these transactions qualify as party in interest transactions. Participant level record keeping functions were performed by Transamerica Retirement Solutions ("formerly Diversified Retirement Corporation"). Therefore, Transamerica Retirement Solutions is also a party in interest.

5. Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

6. Tax Status of the Plan

The IRS has determined and informed the company by letter dated March 31, 2014 that the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC other than being delinquent in filing the Plan's tax returns with the Internal Revenue Service for 2013 and 2014, for which the plan is subject to fines and penalties. The Plan does not believe that the late-filing will materially impact the Plan's exemption, financial position or results of operations.

The Plan assesses its tax position in accordance with "*Accounting for Uncertainties in Income Taxes*" as prescribed by the "*Accounting Standards Codification*" which provides guidance for financial statement recognition and measurement of uncertain tax positions taken in a tax return for open years that remain subject to examination by the Plan's major tax jurisdictions. Generally, the Plan is no longer subject to income tax examinations by major tax authorities for years before 2013. The Plan believes that it does not have any significant uncertain tax positions requiring recognition or measurement in the accompanying financial statements.

7. Fair Value Measurements

The framework for measuring fair value provides a 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Fair Value Measurements
Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

(Continued)

7. Fair Value Measurements (Continued)

Level 2 Fair Value Measurements
Inputs to the valuation methodology include, a) quoted prices for similar assets or liabilities in active markets, b) quoted prices for identical or similar assets or liabilities in inactive markets, c) inputs other than quoted prices that are observable for the asset or liability and, d) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016:

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Mutual funds held by the Plan are deemed to be actively traded.

Common Collective Trust: The fair value of the Plan's interest in the common collective trust is based on quoted market values of the underlying assets. Because the participants transact at contract value, fair value is considered to be contract value for financial statement reporting purposes under ASU 2015-12. In determining the reasonableness of the methodology, the trustees evaluate a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms while others are substantiated utilizing available market data.

(Continued)

7. Fair Value Measurements (Continued)

Brokerage Accounts – Personal Choice Retirement Account
Investment options that allowed participants to select investments outside the Plan's core options. Investments included common stock, mutual funds and interest-bearing cash. Brokerage accounts were covered by the certification. Security transactions were recorded on a trade date basis, which is the date, the order to buy or sell is executed. Common shares and mutual funds held by the plan were valued at the end of every business day.

The Plan was amended to eliminate investment outside of the Plan's core options.

The following tables set forth, by level with the fair value hierarchy, the Plan's investments are fair value as of December 31, 2017 and 2016:

December 31, 2017	**Fair Value**	**Level 1**	**Level 2**
Mutual Funds	$ 133,729,335	$ 133,729,335	$ -
Common Collective Trust	3,486,303	-	3,486,303
Interest Bearing Cash	238,779	238,779	-
Total	$ 137,454,417	$ 133,968,114	$ 3,486,303

December 31, 2016	**Fair Value**	**Level 1**	**Level 2**
Mutual Funds	$ 108,565,848	$108,565,848	$ -
Common Collective Trust	3,494,045	-	3,494,045
Personal Choice Retirement Account	328,435	328,435	-
Interest Bearing Cash	55,713	55,713	-
Total	$ 112,444,041	$108,949,996	$ 3,494,045

8. Stable Value Fund

The Plan offers a stable value fund, the Diversified Investment Advisors Collective Trust Stable Value Fund ("the Fund"), that the participant may elect to transfer all or part of its funds into. The stable value fund is considered to be a fully benefit responsive investment contract. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits. Contract value, as reported by the Fund, is the beginning balance plus any deposit and credited interest, less any withdrawals, charges, or expenses, a measurement that approximates fair value. Participants may ordinarily direct or withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the Fund or otherwise.

The carrying value of the investment contract at December 31, 2017 and 2016 was $3,486,303 and $3,494,045, respectively. This investment seeks to protect against any loss of principal while providing returns in excess of money market funds and one year United States Treasury bills. The investment has a portfolio investment rate design in which all deposits are credited with the same interest rate, credited on a daily basis, and with no set maturity. The effective credited interest rate is set monthly and effective on the first day of the month. Contract charges may reduce this return. The Fund is not a separate account investment choice – it is an investment in the Fund's general account. The average yield of the stable value fund based on actual earnings and interest credited to participants was 1.37% and 1.30% for the years ended December 31, 2017 and 2016, respectively.

Certain events limit the ability of the Plan to transact at contract value with the Fund. Such events include the following: (1) the Plan is changed in a manner to significantly affect the Fund's obligations to the contract, (2) the contract can no longer be treated as a pension plan contract, (3) the Plan is terminated, (4) failure to comply with the contract's requirements, (5) failure to provide information, (6) sum of the contract account values at any time equals $20,000 or less, or (7) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator is not aware of any events, which would limit the Plan's ability to transact at contract value with participants, that are probable of occurring.

9. Plan termination:

Although it has not expressed any intent to do so, the Sponsor, the Company, has the right to discontinue its contributions at any time and to terminate the Plan at any time. In the event of Plan termination, Plan assets will be distributed in accordance with ERISA, and participants will be entitled to their vested account balances and will become fully vested in their allocation of employer contributions.

10. Excess Contributions Payable

The Plan failed the discrimination test for the years ended December 31, 2017 and 2016, resulting in excess contributions amounting to $264,567 and $641,860, respectively, which are recorded as liabilities in the accompanying statements of net assets available for benefits. The excess contributions made during the year ended December 31, 2017 and 2016 are recorded as a liability to the participant in the accompanying statement of net assets available for benefits and were reimbursed to participants prior to March 15, 2018 and 2017, respectively.

11. Reportable Transactions

Late Remittances
Sponsors of defined-contribution plans are required to remit employee contributions to the Plan as soon as funds can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. Failure to remit employee contributions into the Plan on a timely basis is considered a nonexempt prohibited transaction with a party in interest.

During the 2016 and 2015 plan years, contributions and loan payments in the amount of $35,335and $325,049 were not remitted timely. Lost earnings for 2015 were allocated to the affected participant accounts based on the instruction of the Department of Labor in May 2017. Lost earnings on the 2016 late payments have not been determined to date. During 2017, contributions and participant loan payments in the amount of $137,219 were not remitted timely. These late remittances are reported on Form 5500 for the Plan year ended December 31, 2017 as nonexempt prohibited transactions.

(Continued)

11. Reportable Transactions - (Continued)

Missed Opportunity to Make Elective Deferrals

Plan management has determined certain eligible employees were not given the opportunity to make elective deferrals on certain types of eligible compensation, as defined by the Plan. Plan management has estimated the amount of missed opportunity to defer for years 2015 through 2017 totaled $166,040 plus $55,473 in related employer matching contributions. The Plan Sponsor, a party in interest, will make the correction using a self-compliance program. The correction will be equal to 50% of missed elective deferrals or $83,020 plus 100% of related employer contributions of $55,473. The estimated correction totals $143,808 including lost earnings for 2016 and 2017 at 5%. This correction is recorded as a Qualified Non-Employee Contribution (QNEC) on the Statement of Net Assets Available for benefits and the related Statement of Changes in Net Assets Available for Benefits.

The Plan Sponsor made a correction payment totaling $32,197.in December 2017. Transamerica posted the payment on January 3, 2018.

12. Operating Expenses

Operating expenses consist of the following items:

Professional fees	$ 83,000
Advisory fees	114,425
Record keeping and administration	154,876
Totals	$ 352,301

Fees to Transamerica are deducted from appreciation of assets at .41% of plan assets. Asset appreciation is reported at gross. Any excess revenue sharing is credited to the participant account. Conversely, any shortage of revenue sharing is deducted from the participant account. These amounts vary as a percentage of assets at the participant level based on investment selection and the revenue sharing percentage provided by the investments selected.

13. Reconciliation of Financial Statement to Form 5500

Since Schedule H of Form 5500 is presented using the modified cash basis of accounting the following is a reconciliation of net assets available for benefits per the financial statements prepared using the accrual basis of accounting at December 31 to Schedule H of the Form 5500:

	2017	2016
Net assets available for benefits per the financial statements	$ 142,575,858	$ 116,904,199
Excess contributions payable	264,567	641,860
Accrued expenses	-	
Participant contributions receivable	(507,056)	(189,485)
Employer contributions receivable	(-)	(50,527)
QNEC receivable	(143,808)	(60,138)
Deemed distributions of participant loans	(4,725,891)	(4,797,724)
Deemed distributions of participant loans	4,625,121	4,669,770
Net assets available for benefits per Form 5500	$ 142,088,791	$ 117,117,955

The following is a reconciliation of net increase in net assets available for benefits per the financial statements presented on the accrual basis of accounting to Schedule H of the Form 5500 for the year ended December 31, 2017 which is presented using the modified cash basis of accounting:

Total net increase in net assets per the financial statements	$ 25,671,659
Participants contributions receivable – current year	(507,056)
QNEC receivable – current year	(143,808)
QNEC receivable – prior year	60,138
Participant contributions receivable – prior year	189,485
Employer contributions receivable – prior year	50,527
Excess contributions – current year	246,567
Excess contributions – prior year	(641,860)
Change in deemed distributions of participant loans	45,184
Total net income per the Form 5500	$ 24,970,836

The recordkeeper adjusted the fund balance by $23,663 on January 1, 2017.

14. Merger

Effective January 1, 2017 Custom Property Management, Inc . became a Related Eligible Employer. The employees will be eligible to participate in the Plan. Assets totaling $337,587 were transferred into the Plan.

15. Other Plan Amendments

The Plan was amended to change vesting in employer matching contributions to three years. Effective January 1, 2016 participants will become 33% vested in employer matching contributions after one year of service, 66% after two years and 100% after three years of service. Participants with an account balance who terminated employment prior to December 31, 2015 will remain subject the six-year vesting schedule.

Effective January 1, 2017 K.A Diehl & Associates, Inc. became a Related Eligible Employer. The employees will be eligible to participate in the Plan. No assets were transferred since K.A. Diehl & Associates, Inc. did not sponsor a retirement plan.

Effective January 1, 2017 The Plan was amended to reduce the number of outstanding loans a participant could have to one. The Plan previously allowed two outstanding loans. In addition, notes for the purchases of a principal residence will no longer allow a 360-month repayment term.

Effective March 27, 2017 the Plan changed investment options. R2 class shares of target retirement funds were deleted in favor of A shares. Brokerage accounts were eliminated. In absence of a Participant's affirmative investment election TRS is instructed by employer to invest all contributions according to a chart.

During 2017, employees of the plan sponsor were affected by hurricanes Irma and Harvey. Hardship distributions would be allowed for the purpose of disaster relief. Through January 31, 2018

16. Subsequent Events

Effective January 1, 2018 Niles, Inc. became a Related Eligible Employer. The employees will be eligible to participate in the Plan. The Niles Company, Inc. 401(k) Profit Sharing Plan and Trust into the FirsrService Residential, 401(k) Plan

The Plan has evaluated subsequent events through October 5, 2018, the date the financial statements were available to be issued

SUPPLEMENTAL SCHEDULES

FirstService Residential 401(k) Plan

Employer Identification Number (EIN) 16-1682850 – Plan 001
Form 5500, Schedule H, Question 4(a)

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2017

Participant Contributions Transferred Late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			
Check here if Late Participant Loan Repayments are Included: ☑	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 325,049	$ -	$ -	$ -	$ 325,049
$ 35,335	$ - 35,335	$ -	$ -	$
$ 137,219	$ 137,219	$ -	$ -	$ -

FirstService Residential 401(k) Plan
Employer Identification Number (EIN) 16-1682850 – Plan 001
Form 5500, Schedule H, Question 4(i)

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2017

(a) Party-In-Interest	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	American Funds	EuroPacific Growth R3	(1)	$ 2,076,722
	Columbia	Columbia Dividend Income A	(1)	5,269,378
	Dodge & Cox	Dodge and Cox Income	(1)	2,397,955
	Goldman Sachs	Small Cap Value A	(1)	4,003,470
	JP Morgan	Smart Retirement Income A	(1)	11,236,455
	JP Morgan	Smart Retirement 2020 A	(1)	15,405,734
	JP Morgan	Smart Retirement 2025 A	(1)	17,237,014
	JP Morgan	Smart Retirement 2030 A	(1)	18,139,336
	JP Morgan	Smart Retirement 2035 A	(1)	12,885,756
	JP Morgan	Smart Retirement 2040 A	(1)	9,660,035
	JP Morgan	Smart Retirement 2045 A	(1)	7,764,756
	JP Morgan	Smart Retirement 2050 A	(1)	4,920,738
	JP Morgan	Large Cap Growth A	(1)	5,822,523
	JP Morgan	Smart Retirement 2055 A	(1)	1,827,600
	JP Morgan	Smart Retirement 2060 A	(1)	31,515
	Principal	Mid-Cap Institutional	(1)	5,584,664
	Prudential	Jennison Small Company Z	(1)	2,133,923
	Vanguard	Total Bond Market Index Adm	(1)	1,085,172
	Vanguard	Total International Stock Index Adm	(1)	1,354,066
	Vanguard	Total Stock Market Index Adm	(1)	4,892,523
*	State Street Bank & Trust	Cash Reserve Account	(1)	238,779
*	Transamerica Retirement	Stable Value	(1)	3,486,303
*	Participant notes	Interest receivable	(1)	9,253
*	Participant notes	Participant notes, interest ranging from 4.25% to 10.00%	(1)	4,625,121
		Net Assets Form 5500 Schedule H		$ 142,088,791

*Party of interest as defined by ERISA.

(1) – Cost omitted for participant directed investments

Schedule C, Line 2(h) Formula Descriptions

FirstService Residential 401(k) Plan
EIN No.: 16-1682850, Plan No. 001
Plan Year Ending: 12/31/2017

Indirect Compensation in the form of revenue sharing was paid to the following Service Providers:

TRANSAMERICA RETIREMENT SOLUTIONS	13-3689044
NATIONAL FINANCIAL SERVICES	04-3523567

Revenue amounts are shown in annualized basis points of plan assets invested in applicable fund

Fund Family	Fund Name	Start Date	End Date	Revenue to Transamerica Retirement Solutions	Revenue to National Financial Services
AMERICAN FUNDS	AMERICAN FUNDS EUROPACIFIC R3	1/1/2017	12/31/2017	63.278	1.723
COLUMBIA	COLUMBIA DIVIDEND INCOME, A	1/1/2017	12/31/2017	48.675	1.325
DODGE & COX	DODGE & COX INCOME FUND	1/1/2017	12/31/2017	7.788	0.212
GOLDMAN SACHS	GOLDMAN SACHS SMALL CAP VALUE	1/1/2017	12/31/2017	53.543	1.458
JP MORGAN	JP MORGAN R2 SHARES 2015	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARES 2025	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARES 2030	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARES 2035	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARES 2040	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARES 2045	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARES 2050	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARES INCOME	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN R2 SHARS 2020	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JP MORGAN SMARTRETIREMENT 2055	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN LARGE CAP GROWTH	1/1/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2020	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2025	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2030	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2035	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2040	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2045	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2050	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT 2055	1/1/2017	3/27/2017	73.013	1.988
JP MORGAN	JPMORGAN SMARTRETIREMENT 2060 A	3/27/2017	12/31/2017	48.675	1.325
JP MORGAN	JPMORGAN SMARTRETIREMENT INC	3/27/2017	12/31/2017	48.675	1.325
PRINCIPAL	PRINCIPAL MIDCAP FUND INSTL	1/1/2017	12/31/2017	9.735	0.265
PRUDENTIAL	PRUDENTIAL JENNISON SMALL CO	1/1/2017	12/31/2017	24.338	0.663

ATTACHMENT TO THE 2017 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Plan Sponsor: FirstService Residential, Inc.

Plan Name: FirstService Residential 401(k) Plan
Plan Year: January 1, 2017 to December 31, 2017
EIN: 16-1682850 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Page 24 of the attached auditor's report of the Plan for the plan year ending December 31, 2017 provides the schedule of assets information.