Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information				
For calenda	ar plan year 2018 or t	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_	
		a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension	1	DFVC progra	am
		special extension (enter descr	ription)			
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name CASCADIA	•	401K PROFIT SHARING PLAN			1b Three-dig plan num (PN) ▶	
					1c Effective	date of plan 01/01/2014
		oyer, if for a single-employer plan)			2b Employer	Identification Number
	,	om, apt., suite no. and street, or P.C ice, country, and ZIP or foreign post:	,	structions)	(EIN)	46-2174298
CASCADIA S	SENIOR LIVING LLC			·		s telephone number 09-426-2756
					2d Business	code (see instructions)
506 NORTH YAKIMA, WA	40TH AVENUE SUIT \ 98908	E 100				623000
3a Plan ad	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN
					3c Administra	ator's telephone number
		ne plan sponsor or the plan name ha			4b EIN	
a Sponse		onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N	lame					
5a Total r	number of participant	s at the beginning of the plan year			5a	108
		s at the end of the plan year			5b	108
C Number	er of participants with	account balances as of the end of	the plan year (only define	ed contribution plans	5c	77
	,	articipants at the beginning of the pl			5d(1)	97
		articipants at the end of the plan yea			5d(2)	88
		o terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable car		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, an oplete.				
SIGN		d/valid electronic signature.	07/17/2019	THERESA L. WAGNE	iR	
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pl	an administrator
SIGN	Filed with authorized	d/valid electronic signature.	07/17/2019	THERESA L. WAGNE	R	
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual signing as er	mplover or plan sponsor

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C. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							X Yes	
7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?	[Yes No	ш	
a Total plan assets	Pai	rt III Financial Information	_							
D Total plan liabilities 7b 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 570010 7771507 B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year	
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a	5	70010				771507	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 42000 (2) Participants. 8a(2) 132744 (3) Others (including followers)	b	Total plan liabilities	7b		0				0	
a Contributions received or receivable from: (1) Employers (2) Participants	<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	5	70010				771507	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ·	Γotal	
(3) Other s(including rollovers)	<u>а</u>		8a(1)		42000					
b Other income (loss)		(2) Participants	8a(2)	1;	32744					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	1	07379					
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b		48691					
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1 Net income (loss) (subtract line 8h from line 8c) 8i 201497 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2S ZT 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a) 10b X c Was the plan covered by a fidelity bond? 10c X 60000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X f Has the plan failed to provide any benefit when due under the plan? 10f X lift this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.010-3.) 10h X lift this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.010-3.) 10h X			8c						233432	
f Administrative service providers (salaries, fees, commissions)	d		. 8d	;	31735					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 31935 i Net income (loss) (subtract line 8h from line 8c) 8i 201497 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 60000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions) 10g X f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	Administrative service providers (salaries, fees, commissions)	8f		200					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						31935	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2G 2J 2K 2S 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). 10e X 3122 f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X 10h X 11f 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u>.</u>								201497	
Part V Compliance Questions		, , , , , ,	8j							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10										
Part V Compliance Questions 10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 60000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 3122 f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X lif this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	9a 		feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in the instr	uctions:	
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount	
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction	10a		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	b		•		10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? • Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). • Has the plan failed to provide any benefit when due under the plan? • Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) • If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c	X			600	00
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e	X			31	22
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	<u> </u>		-	·	10g		X			
	h	2520.101-3.)	·		10h		X			
	i	· · · · · · · · · · · · · · · · · · ·	•		10i					

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Part	VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?		of	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b		
С	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A
Part '	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to		
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

A This return/report is for: A This return/report is for: B This return/report is: C C Check box if filing under: S Special extension (enter description) PARTIN B Basic Plan Information enter all requested information CASCADIA SENIOR LIVING LLC 401K PROFIT SHARING PLAN CASCADIA SENIOR LIVING LLC C Special extension is: C C Security and 2Pre of foreign postal code (if foreign, see instructions) C CASCADIA SENIOR LIVING LLC C Special extension is: C CASCADIA SENIOR LIVING LLC C Special extension is: C CASCADIA SENIOR LIVING LLC C Special extension is: C CASCADIA SENIOR LIVING LLC C Special extension is: C CASCADIA SENIOR LIVING LLC C Special extension (enter description) D This return/report is: C CASCADIA SENIOR LIVING LLC C Special extension (enter description) D This return/report is: C CASCADIA SENIOR LIVING LLC C Special extension (enter description) D This return/report is: C CASCADIA SENIOR LIVING LLC C Special extension (enter description) D This return/report is: C CASCADIA SENIOR LIVING LIVING LIVING LIVING (enter	Part I Annual R	choit idelitification informat	in accordance with the instructions to the Form 5	500-SF.	mspection		
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of participating employer) (Fiers checking this box must attach a list of progress or a short participating employer) (Fiers checking this box must attach a list of progress or a short participating employer plan (Fiers) (For calendar plan year 20	18 or fiscal plan year beginning	01 /01 /001				
B This return/report is:		y a single-employer plan	a multiple-employer plan (not multiemployer	r) (Filers shookin	a this b		
C Check box if filing under:		n accordance with	the form instructions.)				
18 Name of plan CASCADIA SENIOR LIVING LLC 401K PROFIT SHARING PLAN 29 Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (michaer room, apt., suite no. and street, or P.O. Box) City of fown, state or province, country, and ziP or foreign postal code (if foreign, see instructions) CASCADIA SENIOR LIVING LLC 20 Employer Identification Number (Elih) 46-2174298 21 Employer Identification Number (Elih) 46-2174298 22 Sponsor's telephone number (509) 426-2756 23 Business code (see instructions) 623000 35 Administrator's name and address IX Same as Plan Sponsor 36 Plan administrator's name and address IX Same as Plan Sponsor 40 If the name and/or ElN 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, ElN, the plan name and the plan number from the last return/report. 41 If the name and/or ElN of the plan sponsor or the plan name and the plan number from the last return/report. 42 If the name and/or ElN of the plan sponsor or the plan name and the plan number from the last return/report. 43 Sponsor's name 44 If the name and/or ElN of the plan sponsor or the plan name and the plan number from the last return/report. 45 If the name and/or ElN of the plan sponsor's name, ElN, the plan name and the plan number from the last return/report. 46 If the name and/or ElN of the plan sponsor or the plan sponsor's name. 57 C Plan Name 58 Total number of participants at the beginning of the plan year 59 C Number of participants at the end of the plan year 60 Total number of participants at the end of the plan year 61 Total number of active participants at the end of the plan year 61 Total number of participants at the end of the plan year 61 Total number of participants at the end of the plan year 61 Total number of participants at the end of the plan year 62 Total number of participants at the end of the plan year 63 Total number of participants with account balances as of the end of the plan year 64 To	C Check box if filing under	er: Form 5558	automatic extension		; program		
CASCADIA SENIOR LIVING LLC 401K PROFIT SHARING PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing Address (includer room, apt., suite no. and street, or P.O. Box) City or forw, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CASCADIA SENIOR LIVING LLC 506 NORTH 40TH AVENUE SUITE 100 US YARDA RA 98908 3a Plan administrator's name and address [X] Same as Plan Sponsor 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 4 If the name and/or EIN of the plan sponsor or the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5 Total number of participants at the beginning of the plan year b Total number of participants at the end of the plan year c Number of participants with account balances as of the end of the plan year (1) Total number of active participants at the beginning of the plan year (2) Total number of active participants at the end of the plan year (3) Edd PN 5 Do 108 5 C 777 (1) Total number of participants with account balances as of the end of the plan year (3) Edd PN 5 Do 108 5 Do 108		1 Information enter all reques	sted information				
2a Plan sponsor's name (employer; if for a single-employer plan) Mailing Address (include room, apit, suite no, and street, or P.O. Box) CIty or lown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CASCADIA SENIOR LIVING LLC 506 NORTH 40TH AVENUE SUITE 100 US YAKINA, WA 98908 3a Plan administrator's name and address X Same as Plan Sponsor 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. 5 Sponsor's name C Plan Name 6 Plan Name 5 Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5 C Number of participants at the beginning of the plan year C Plan number of participants at the beginning of the plan year C Plan number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5 C 77 6 (1) Total number of active participants at the beginning of the plan year with account balances as of the end of the plan year with account balances as of the end of the plan year with account balances as of the end of the plan year with account balances as of the end of the plan year with account balances as of the end of the plan year (only defined contribution plans of participants who terminated employment during the plan year with account balances as of the end of the plan year (only defined contribution plans of participants who terminated employment during the plan year with account balances as of the end of the plan year (only defined contribution plans of the plan year of the plan year with account balances as of the end of the plan year (only defined contribution plans of the plan year of the plan year (only defined contribution plans of the plan year of the plan year of the plan year of the plan yea	ia Name of plan			plan nun (PN) ▶	nber 001		
The best in the plan sponsor's name and address \(\text{\text{\$\substack}} \) and 2P or foreign postal code (if foreign, see instructions) CASCADIA SENIOR LIVING LIC CASCADIA SENIOR LIVING LIC 506 NORTH 40TH AVENUE SUITE 100 US YAKIMA WA 98908 3a Plan administrator's name and address \(\text{\text{\$\substack}} \) Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's EIN 3f Administrator's telephone number (509) 426-2756 2d Business code (see instructions) 623000 3b Administrator's EIN 3c Administrator's EIN 4d PN 4d PN 4d PN 4d PN 4d PN 5a 108 Total number of participants at the beginning of the plan year C Plan Name 5a Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 77 4d(1) Total number of participants at the beginning of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year 6d(2) Total number of participants at the end of the plan year (only defined contribution plans complete this item). 6d(2) Total number of participants at the end of the plan year 6d(3) Total number of participants at the end of the plan year 6d(4) Total number of participants at the end of the plan year (only defined contribution plans complete this item). 6d(3) Total number of participants at the end of the plan year 6d(4) Total number of participants at the end of the plan year 6d(5) Be Be Deministrator 6d(6) Be Be Deministrator 7d(7d(7d(7d(7d(7d(7d(7d(7d(7d(7d(7d(7d(7	2a Plan enoneor's name	(omplement to the state of the					
506 NORTH 40TH AVENUE SUITE 100 US YAKINA NA 98908 3a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's telephone number 623000 3c Administrator's telephone number 623000 4b EIN 4c Plan Name 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 5a 108 5b 108 5c 77 d(1) Total number of participants at the beginning of the plan year	City or town, state or	orovince, country, and ZIP or foreign	· D O D-··	2b Employe (EIN) 4	r Identification Number 6-2174298		
2d Business code (see instructions) 623000 2d Business code (see instructions) 623000 3a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's EIN 3c Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled 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 4d PN 4d PN 4d PN 5a 108 5b 108 5b 108 5c 77 complete this item) 5c 77 d(1) Total number of participants at the end of the plan year 5d(1) 97 d(2) Total number of active participants at the beginning of the plan year 5d(2) 88 e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 5e 0 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, if applicable, a Schedule belief, it is try correct, and confplete. Sign Administrator's EIN 4b EIN 4d PN 5d(2) 88 6c 77 5d(1) 97 5d(2) 88 6c 0 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, and to the best of my knowledge and belief, it is try correct, and confplete. Sign Administrator Date 717/9 Enter name of individual signing as plan administrator 1948.	CASCADIA SENIO	C LIVING LLC		2c Sponsor's telephone number (509) 426–2756			
3a Plan administrator's name and address Same as Plan Sponsor 3b 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 4d PN 4d PN 5a 108 Total number of participants at the beginning of the plan year	506 NORTH 40TH	AVENUE SUITE 100		2d Business code (see instructions)			
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 5a 108 5b 108 5b 108 5c 77 d(1) Total number of participants at the beginning of the plan year only defined contribution plans complete this item)							
Total number of participants at the beginning of the plan year	this plan, enter the pla	of the plan sponsor or the plan nam n sponsor's name, EIN, the plan nam	e has changed since the last return/report filed for ne and the plan number from the last return/report.		ator's telephone number		
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	C Plan Name			4d PN			
Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 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, if applicable, a Schedule Boelief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date 7/7/9 Enter name of individual signing as plan administrator Date 7/7/9 Enter name of individual signing as plan administrator	Total number of partici	pants at the beginning of the plan year	ar		108		
d(1) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the end of the plan year e Number of participants who terminated employment during the plan year with accrued benefits that were Number of participants who terminated employment during the plan year with accrued benefits that were Se Sold(2) Se	Number of participants	with account balances as of the end	of the plan year (only defined contribution plans		108		
d(2) Total number of active participants at the end of the plan year Number of participants who terminated employment during the plan year with accrued benefits that were Second	complete this item)	••••••			77		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Signature of plan administrator Date 7/17/9 Enter name of individual signing as plan administrator THERES A WHOMER Enter name of individual signing as plan administrator			(v)		97		
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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Date 7/17/9 Enter name of individual signing as plan administrator THERS Senature of employments and the senature of employments an	Number of participants	who terminated employment during t	the plan year with accrued benefits that were	1 1000	88		
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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 Signature of plan administrator Date 7/17/9 Enter name of individual signing as plan administrator THERES A WHOMER HERE Signature of amplitude to the penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, including, if applicable, a Schedule declare that I have examined this return/report, and to the best of my knowledge and the left of the penalties of the pen	less than 100% vested						
Sign Date 7/17/9 Enter name of individual signing as plan administrator THERE Signature of application Date 7/17/9 Enter name of individual signing as plan administrator THERE Signature of application THERE Signature THERE Signat	SB or Schedule MB comple	and other penalties set forth in the inseted and signed by an enrolled actuar	tructions I declare that I have a series that				
SIGN MAN DOG THERESO L WHOMEN	W. Olk	administrator /			administrator		
Date / 17/16 Enter name of individual signing as employer or plan appears		lover/plan sponsor	THERESO L	WHONER			

Form	5500-SF	2018
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P	a	a	Р	2
	a	ч	c	_

b	you old mining a waiver of the annual examination and round of							Yes No
								Yes No
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance prog	ram (see EDISA seetiles	d use	Form	5500.		
	If "Yes" is checked, enter the My PAA confirmation number from th	e PRGC prom	ium film faul	021)?	•••••	Yes	□ No □ N	ot determine
	Cod III Et	e r boc prem	um filing for this year				(See in	structions.)
7	art III Financial Information							
	Plan Assets and Liabilities		(a) Beginning of Y	ear		()	o) End of Yea	
<u>a</u>	Total plan assets	7a	INCOME.	010		,		
b	Total plan liabilities	. 7b		0			/	71,507
C	Net plan assets (subtract line 7b from line 7a)	. 7c	570,					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	010	_		V223-037-02-12 - 07975-03	71,507
a	Contributions received or receivable from:		(=/ ===================================				(b) Total	
	(1) Employers	. 8a(1)	42,	000				
_	(2) Participants	. 8a(2)	132,	744	85	1 2 70		
b	(3) Others (including rollovers)	. 8a(3)	107,	379		es when		
	Other income (loss)	. 8b	(48,6	91)				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					2	33,432
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.1	24		T.E			33,432
е	Certain deemed and/or corrective distributions (see instructions)	20.5	31,	735	(- 10	Hart St.		
f	Administrative service providers (salaries, fees, commissions)	8e						
g		8f		200				
h	Other expenses							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h 💮						31,935
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i						1,497
_	Transfers to (from) the plan (see instructions)	8j						
	ert IV Plan Characteristics						THE PARTY OF THE P	
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes fr	om the List of Plan Charac	teristi	c Cod	es in the in	structions:	
	2A 2E 2G 2J 2K 2S 2T 3D 3H				0 000	co in the in	structions.	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes from	m the List of Plan Charact	eristic	Code	s in the inst	ructions:	
Pa	rt V Compliance Questions							
10	During the plan year:			Ī.,	T		Take to the first of	
a	CARLOS CONTROL OF THE	ons within the	time period	Yes	No	N/A	Amoun	t
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	untary Fiducia	n/Correction					
	Program)	untary riducia	1y Correction					
b	Were there any nonexempt transactions with any party-in-interest?	(Do not include	o transactions		Х			
	reported on line 10a.)				x			
С	Was the plan covered by a fidelity bond?		100					60.000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	delity bond, th	at was caused		х			60,000
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	r persons by a	in insurance					
f	Has the plan failed to provide any benefit when due under the plan?	2	10e	х		455		3,122
g	Did the plan have any participant loans? (If "Yes," enter amount as				X			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee instructions	and 20 CED		Х			
i	If 10h was answered "Yes," check the box if you either provided the		10h		Х			SERVE