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 caler	ndar plan year 2018 or	fiscal plan year beginning 01/01/2	2018	and ending 12	2/31/2018			
A This	return/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_			
D =:	. ,	a one-participant plan	a foreign plan					
B This re	eturn/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 Chec	k box if filing under:	X Form 5558	automatic extension	ı	DFVC progra	m		
		special extension (enter desc	ription)					
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Nam TCRS 401	•				1b Three-digi plan numb (PN) ▶			
					1c Effective of	date of plan 01/01/2009		
		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)	91-1046818		
-	S RESIDENTIAL SERV		an oodo (ii roroign, ooo iii	sir deliene)		telephone number 09-783-3331		
					2d Business code (see instructions)			
P. O. BOX 6084					623000			
KENNEWI	CK, WA 99336							
2					3b Administra	eter's FIN		
3a Plan administrator's name and address ⊠ Same as Plan Sponsor.					SD Administra	ILOI S EIN		
					3c Administrator's telephone number			
		ne plan sponsor or the plan name honsor's name, EIN, the plan name a			4b EIN			
	nsor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN			
C Plan	Name							
_		s at the beginning of the plan year.			5a	113		
		s at the end of the plan year			5b	111		
		account balances as of the end of			5c	83		
d(1) ⊤	otal number of active p	articipants at the beginning of the p	lan year		. 5d(1)			
		articipants at the end of the plan ye			. 5d(2) 10			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0			
		or incomplete filing of this retur						
SB or Sc		other penalties set forth in the instru and signed by an enrolled actuary, a nplete.						
SIGN	Filed with authorize	d/valid electronic signature.	10/15/2019	GAYNELL WALL				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as pla	an administrator		
SIGN								
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor		

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6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cann							. X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from th							(See instructions.)	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) Fn	d of Year	
a	Total plan assets	7a	,, ,	15471			(2) =::	1075573	
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	111	15471				1075573	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total	
а	Contributions received or receivable from:								
-	(1) Employers	8a(1)		66750	-				
	(2) Participants	8a(2)	10	88758	-				
	(3) Others (including rollovers)	8a(3)	t	57393					
	Other income (loss)	8b		01383				178115	
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						170113	
	to provide benefits)	8d	2′	18013					
_ е	Certain deemed and/or corrective distributions (see instructions) \dots	ns) 8e 0							
f	Administrative service providers (salaries, fees, commissions)	8f	8f 0						
g	Other expenses	nses							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	8h					218013	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-39898	
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan	n Chara	acterist	tic Coc	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period					Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X			
				10D	Х			200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused			X		20000	
	by fraud or dishonesty?			10d					
C	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)			10e		X			
f	Has the plan failed to provide any benefit when due under the plan?			10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
	,				<u> </u>	<u> </u>			

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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 Schedule SB (Form 5500) and line 11a below)									
11a									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a 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 letter ruling granting the waiver								
lf :	you 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?		Yes	× N	0				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to							
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

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

For colonder plan uses 2049 as	rt Identification Informatio			
For calendar plan year 2018 or		01/01/2018 and ending	12/31/2	
A This return/report is for:	X a single-employer plan	a multiple-employer plan (not multiemploy list of participating employer information	er) (Filers checking the n accordance with the	nis box must attach a e form instructions.)
D This area	a one-participant plan	a foreign plan		
B This return/report is	the first return/report	the final return/report		
	an amended return/report	a short plan year return/report (less than 1	2 months)	
C Check box if filing under:	Form 5558	automatic extension	DFVC program	
	special extension (enter des		Di ve program	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Part II Basic Plan Inf	formation—enter all requested i			
1a Name of plan	an requestor	monnadori .	1b Three-digit	
TCRS 401(k) Plan	1		plan numb	
			(PN))	001
		1 00	1c Effective d 01/01/	
2a Plan sponsor's name (emp	lloyer, if for a single-employer plan) oom, apt., suite no. and street, or P.	0.5%	2b Employer I	dentification Number
City or town, state or provin	nce, country, and ZIP or foreign po	.O. Box) stal code (if foreign, see instructions)		1046818
Tri Cities Resid	dential Services, Inc	•		telephone number
			509-78.	
P. O. Box 6084			20 Business o	ode (see instructions)
Kennewick	WA 993	336	603000	
3a Plan administrator's name	and address X Same as Plan Sp	onsor	623000	-1 FM
	and activities and activities	onsor.	3b Administra	ors EIN
4 If the name and/or EIN of t	he plan sponsor or the plan name	has changed since the last return/report filed for	4b EIN	
a Sponsor's name	onsor's name, EIN, the plan name	and the plan number from the last return/report.	4.1	
C Plan Name			4d PN	
5a Total number of participant	s at the beginning of the plan year		5a	11.
b Total number of participant	ts at the end of the plan year			11:
C Number of participants with	account balances as of the end o	f the plan year (only defined contribution plans		8:
		olan year		10:
		ear		10
 Number of participants wh 	o terminated employment during th	ne plan year with accrued benefits that were less	5e	
than 100% vested	or incomplete filing of this retu		Control of the Contro	
Under penalties of perjury and o	other penalties set forth in the instru and signed by an enrolled actuary	rn/report will be assessed unless reasonable uctions, I declare that I have examined this return as well as the electronic version of this return/re	/report including if	applicable a Schodule
SIGN VOIDO	VX	10.15.19 Gaynell Wal	a segurina pre-	en in the same of the
HERE Signature of plan	adnfinistrator		ividual signing as pla	administrator
SIGN D	700	10.15.19	widdai sigriirig as piai	aummstrator
HERE	oyer/plan sponsor		iuldual alasteres	
	ice see the Instructions for Form EE	Date Enter name of Ind	vidual signing as em	ployer or plan sponsor

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

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▶ 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

						I .			
Part I		t Identification Information							
For calend	ar plan year 2018 or t	fiscal plan year beginning	01/01/		and ending	12/31/2			
A This ret	turn/report is for:	X a single-employer plan			n (not multiemployer) ployer information in a				
_		a one-participant plan	a fore	eign plan					
B This retu	urn/report is	the first return/report		al return/report					
		an amended return/report	a sho	rt plan year return	/report (less than 12 n	nonths)			
C Check	box if filing under:	X Form 5558	autor	natic extension		DFVC progra	am		
		special extension (enter desc	cription)						
Part II	Basic Plan Info	ormation—enter all requested in	nformation						
1a Name TCRS	ofplan 3 401(k) Plan					1b Three-dig plan numl (PN) ▶			
						1c Effective (01/01/			
Mailing	g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.	O. Box)	foreign one instru	uctions)	2b Employer Identification Number (EIN) 91–1046818			
-		ce, country, and ZIP or foreign pos ential Services, Inc		roreign, see instru	ictions)	2c Sponsor's telephone number 509-783-3331			
P. C). Box 6084						code (see instructions)		
Kennewick WA 99336					623000	ı			
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
3c Administrator's telephone number							ator's telephone number		
		ne plan sponsor or the plan name honsor's name, EIN, the plan name				4b EIN			
a Spons c Plan N	or's name lame					4d PN			
5a Total	number of participant	s at the beginning of the plan year				. 5a	113		
		s at the end of the plan year				. 5b	111		
		account balances as of the end o				. 5c	83		
d(1) Total number of active participants at the beginning of the plan year					5d(1)	109			
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear			5d(2)	101		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					. 5e	C			
		or incomplete filing of this retu							
SB or Sche		other penalties set forth in the instruend signed by an enrolled actuary, nolete.							
SIGN					Gaynell Wall				
HERE	Signature of plan	administrator	D	ate	Enter name of individ	dual signing as pl	an administrator		
SIGN									
HERE	Signature of empl	over/plan enoneor	L	ate	Enter name of individ	dual signing as ar	mnlover or plan sponsor		

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b	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							X Y	_
C	If "Yes" is checked, enter the My PAA confirmation number from the						. —	ш	etermined tructions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
а	Total plan assets	7a		115,			, ,		075,573
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	115,	471			1,	075,573
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		66,	750				
	(2) Participants	8a(2)		168,	758				
	(3) Others (including rollovers)	8a(3)							
<u>b</u>	Other income (loss)	8b		-57,	393				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							178,115
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		218,	013				
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e			0				
f	Administrative service providers (salaries, fees, commissions)	8f			0				
g	Other expenses	8g			0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							218,013
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)								-39,898
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2F\ 2G\ 2J\ 2K\ 3D$	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	Х				200,000
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		Х			
е	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		Х			
f	Has the plan failed to provide any benefit when due under the plan?					Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		10i					

	F	Form 5500-SF (2018)	Page 3 -					
Part	VI P	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," se 5500) and line 11a below)		d complete Sch	edule S	3	_ Y	es 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Fo	orm 5500) line 40		11a			
12	ERISA	s a defined contribution plan subject to the minimum funding requirements of s			n 302 of		Y	es 🛛 No
		es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		viver of the minimum funding standard for a prior year is being amortized in thing the waiver.					the letter Year _	ruling
lf	you cor	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.				
b	Enter th	ne minimum required contribution for this plan year			12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a ve amount)			12d			
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadli	ne?			Yes	No	N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	X No)
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a			
b		all the plan assets distributed to participants or beneficiaries, transferred to ar					Yes X	No
С	•	ing this plan year, any assets or liabilities were transferred from this plan to ar assets or liabilities were transferred.	nother plan(s), ide	ntify the plan(s)	to			

13c(2) EIN(s)

13c(3) PN(s)

13c(1) Name of plan(s):