	Form 5500-SF	D-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-01 Benefit Plan						
	Department of the Treasury Internal Revenue Service		`	2011				
En	Department of Labor nployee Benefits Security Administration	Benefits Security Administration the Internal Revenue Code (the Code).						
P	ension Benefit Guaranty Corporation		rdance with	h the instructions to the Form 5500)-SF.	Ins	pection	
		entification Information		and an diam. A	0/04/			
	calendar plan year 2011 or fisca	al plan year beginning 01/01/20	-		0/31/2			
	This return/report is for:			e-employer plan (not multiemployer)		a one-partici	oant plan	
Β.	This return/report is:	the first return/report		eturn/report				
		an amended return/report	<a>short pla	an year return/report (less than 12 mo	onths)	_		
C	Check box if filing under:	Form 5558		extension		DFVC progra	am	
		special extension (enter description						
		nation—enter all requested inform	nation		41		[
	Name of plan CITIES CHAPLAINCY 403(B) PL	AN			10	Three-digit plan number		
TRI-C						(PN)	001	
					1c	Effective date o	•	
		ess; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identi	fication Number	
TRI-0	CITIES CHAPLAINCY					(EIN) 91-09	13590	
					2c	Sponsor's telep		
	W ENTIAT AVE NEWICK, WA 99336				2d		(see instructions)	
		address (if same as plan sponsor, e		3")	3b	81300 Administrator's	EIN	
TRI-C	ITIES CHAPLAINCY	2108 W EN KENNEWIC		36	3c		13590 telephone number	
						509-78		
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN		
а	Sponsor's name				4c	PN		
5a Total number of participants at the beginning of the plan year					5a		0	
b Total number of participants at the end of the plan year					5b			
С	· ·	count balances as of the end of the					0	
60					5c			
ba b				(See instructions.)			X Yes No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
D -			Form 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ation		.		<i></i>		
7	Plan Assets and Liabilities		_	(a) Beginning of Year 36525		(b) End	of Year 0	
a b	•			00020			0	
b C	•	/b from line 7a)		36525			0	
8	Income, Expenses, and Transf		70	(a) Amount		(b)]	lotal	
a	Contributions received or recei					(5)	otai	
	(1) Employers		8a(1)					
	(2) Participants		8a(2)		_			
	(3) Others (including rollovers))	8a(3)					
b				520				
C		8a(2), 8a(3), and 8b)	8c				520	
d		ollovers and insurance premiums	8d	37045				
е	· ,	ive distributions (see instructions)						
f		s (salaries, fees, commissions)						
g								
h		3e, 8f, and 8g)					37045	
i		e 8h from line 8c)					-36525	
j	Transfers to (from) the plan (se	e instructions)	8j					

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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: 2L
- **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	Du	rring the plan year:		Yes	No		A	mou	Int	
а		Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			х					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		х					
С	W	as the plan covered by a fidelity bond?	10c	Х					З	00000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х					
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х					
f	На	as the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Die	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the coptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00)).						П	Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							Yes	X No
	(If "Yes," complete 12a or 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	En	ter the minimum required contribution for this plan year			12b					
С	C Enter the amount contributed by the employer to the plan for this plan year									
d	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)									
е	Wi	II the minimum funding amount reported on line 12d be met by the funding deadline?				١	′es	No)	N/A
Part	VII	Plan Terminations and Transfers of Assets								
13a	На	is a resolution to terminate the plan been adopted in any plan year?			X	Yes	No			
		Yes," enter the amount of any plan assets that reverted to the employer this year		3a						0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?						X	Yes	No
C	lf c	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th nich assets or liabilities were transferred. (See instructions.)							I	
13c(1) Name of plan(s):					c(2) El	N(s)		1:	3c(3)	PN(s)
0	•									
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab						la :	0.4	ماريا م
Unde	er pe	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/re	oort, in	icludin	g, it a	applicat	ie, a	Sche	aule

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	Filed with authorized/valid electronic signature.	01/27/2012	BRANT BAKER OR BETTE COOPER
HERE	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

Form 5500-SF Short Form Annu	ort of Small Employee	1210-0089				
Department of the Treasury Internal Revenue Service This form is required to	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee					
Retirement Income Security	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605					
Pension Benefit Guaranty Corporation Complete all entries in	accordance with the	instructions to the Form 5500-SF	Inspection			
Part I Annual Report Identification Informatio	01/01/201	1 and ending	10/31/2011			
For calendar plan year 2011 or fiscal plan year beginning			a one-participant plan			
A This return/report is for:		loyer plan (not multiemployer)				
B This return/report is:	X the final return		2)			
an amended return/report		ar return/report (less than 12 month	DFVC program			
C Check box if filing under:	automatic exte	ension				
special extension (enter de						
Part II Basic Plan Information—enter all requested	information	11) Three-digit			
1a Nameofplan Tri-Cities Chaplaincy 403(b) Plan			plan number			
III-CITTES Chaptaincy 405(b) Itan			(PN) 🕨 001			
		10	Effective date of plan 01/01/1994			
2a Plan sponsor's name and address; include room or suite nur Tri-Cities Chaplaincy	nber (employer, if for a	a single-employer plan) 2	Employer Identification Number (EIN) 91-0913590			
2108 W Entiat Ave		20	Sponsor's telephone number			
		2	509-783-7416 d Business code (see instructions)			
Kennewick WA 99336	5	2	813000			
3a Plan administrator's name and address (if same as plan spo	nsor, enter "Same")	3	b Administrator's EIN 91-0913590			
Tri-Cities Chaplaincy 2108 W Entiat Ave		3	C Administrator's telephone number			
Kennewick WA 99336			509-783-7416			
If the name and/or EIN of the plan sponsor has changed sin name, EIN, and the plan number from the last return/report.	ice the last return/repo	rt filed for this plan, enter the	b EIN			
a Sponsor's name		4	C PN			
5a Total number of participants at the beginning of the plan year	ar	5	a 0			
b Total number of participants at the end of the plan year			b 0			
C Number of participants with account balances as of the end	of the plan year (defir	ned benefit plans do not				
complete this item)		3	c 0 X Yes			
6a Were all of the plan's assets during the plan year invested	in eligible assets? (Se	e instructions.)				
Are you claiming a waiver of the annual examination and re under 29 CFR 2520.104-46? (See instructions on waiver el	ligibility and conditions	.)				
If you answered "No" to either 6a or 6b, the plan canno	t use Form 5500-SF	and must instead use Form 5500.				
Part III Financial Information						
ℤ Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year			
a Total plan assets	1	36525	0			
b Total plan liabilities		36525	0			
C Net plan assets (subtract line 7b from line 7a)		(a) Amount	(b) Total			
 Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: 		(a) Allount	(6) 1844			
Contributions received or receivable from: (1) Employers						
(2) Participants	i i					
(3) Others (including rollovers)						
b Other income (loss)		520				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						
d Benefits paid (including direct rollovers and insurance pren to provide benefits)	niums 8d	37045				
 Certain deemed and/or corrective distributions (see instruction) 						
 Administrative service providers (salaries, fees, commissio 						
g Other expenses						
Total expenses (add lines 8d, 8e, 8f, and 8g)			37045			
Net income (loss) (subtract line 8h from line 8c)	[-36525			
j Transfers to (from) the plan (see instructions)						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV **Plan Characteristics**

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L 9a

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					r			
10	During the plan year:		r		Yes	No		Amount	
	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		Х				
b	Were there any nonexempt transactions with any party-in-interest? (E on line 10a.)	o not include transac	tions reported	10b		Х			
с	Was the plan covered by a fidelity bond?			10c	Х			-	300000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was ca	used by fraud	10d		Х			
ø	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insurar ne benefits under the	nce carrier, plan? (See	10e		X			
ť	Has the plan failed to provide any benefit when due under the plan?			10f		X			
q	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g		Х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 29	CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the r exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or one	of the	10i					I THE REPORT OF THE PARTY OF THE
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes," see instr	uctions and com	plete	Sche	dule SE	3 (Form	Yes	
12	Is this a defined contribution plan subject to the minimum funding re-							Yes	s X No
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicab	le.)							
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortized in this plan	Mon	ith	, and	enter th Day	ne date of t	ne letter r Year	uling
lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	1B (Form 5500), and	skip to line 13.		Г		1		
b	b Enter the minimum required contribution for this plan year					12b			
	Enter the amount contributed by the employer to the plan for this plan					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	••••••				12d	<u> </u>	<u> </u>	
e	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?					X	Yes N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year			13a				C
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ansferred to another	plan, or brought	unde	r the c	ontrol		X Ye	s 🗌 No
C	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify t	he pl	an(s) t	0			
1	3c(1) Name of plan(s):				1	3c(2) E	IN(s)	13c((3) PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/repo	rt will be assessed u	Inless reasonat	ole ca	use is	s estat	lished.		
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well , it is true, conflect, and complete?	I declare that I have e	examined this ret	turn/re	eport,	includir	ng, if applic	able, a So knowledo	chedule ge and
	Anant Araker	1/27/12	Brant Bake	er o	r Be	ette	Cooper		
SIG HER		Date	Enter name of i	indivio	dual si	gning a	as plan adm	inistrator	
		<u> </u>	L			- ×			

SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor