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 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

2012

This Form is Open to Public Inspection

	rt I	Annual Report Identification Information				
For o	calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012	and ending 1	2/31/2	2012	
A T	his ret	urn/report is for: X a single-employer plan	mployer plan (not multiemployer)		a one-particip	oant plan
Вт	his ret	urn/report is: the first return/report the final return	urn/report			
		an amended return/report a short plan	year return/report (less than 12 mg	onths)	1	
C	Check b	pox if filing under: Form 5558 automatic e	xtension		DFVC progra	ım
		special extension (enter description)			ш	
Pa	rt II	Basic Plan Information—enter all requested information				
	Name	,		1h	Three-digit	
		SOCIATION OF REALTORS 401(K) PSP			plan number	
		• • • • • • • • • • • • • • • • • • • •			(PN) •	001
				1c	Effective date of	•
					01/01/	
2a TRI-C	Plan sp	oonsor's name and address; include room or suite number (employer, if fo SSOCIATION OF REALTORS	or a single-employer plan)	2b	Employer Identification (EIN) 91-06	fication Number 42250
74541	M OLF	TARWATER		2c	Sponsor's telep	
		EARWATER K, WA 99336		2d		see instructions)
20	Diaman	dusinistantania mana and address Moana as Dian Chancas Nama .	us as Dian Chances Address	2h	53139	
Зa	Pian ad	dministrator's name and address 🗵 Same as Plan Sponsor Name 📙 Sar	me as Plan Sponsor Address	30	Administrator's l	EIIN
				3с	Administrator's t	elephone number
4	If the n	name and/or EIN of the plan sponsor has changed since the last return/rep	oort filed for this plan, enter the	4b	EIN	
	name,	EIN, and the plan number from the last return/report.	•			
		or's name		4c	PN	
5a	Total r	number of participants at the beginning of the plan year		5a		4
		number of participants at the end of the plan year		5b		4
С		er of participants with account balances as of the end of the plan year (de ete this item)		5c		4
6a	Were	all of the plan's assets during the plan year invested in eligible assets? (S	See instructions.)			X Yes No
b		ou claiming a waiver of the annual examination and report of an independent				Vaa □ Na
		29 CFR 2520.104-46? (See instructions on waiver eligibility and condition				X Yes No
		answered "No" to either line 6a or line 6b, the plan cannot use Form				
		penalty for the late or incomplete filing of this return/report will be a				ahla a Cabadula
SB c	r Sche	alties of perjury and other penalties set forth in the instructions, I declare the dule MB completed and signed by an enrolled actuary, as well as the electrue, correct, and complete.				
SIGN		Filed with authorized/valid electronic signature. 07/10/20	013 LOLA FRANKLIN			
HER	E	Signature of plan administrator Date	Enter name of individu	ual siç	ning as plan adn	ninistrator
SIGN	N					
HER	E	Signature of employer/plan sponsor Date	Enter name of individe	ual sid	ning as emplove	r or plan sponsor
Prep	arer's	name (including firm name, if applicable) and address; include room or su				number (optional)

Form 5500-SF 2012 Page **2**

Dor	t III Financial Information		<u> </u>		_							
Par			(a) Danimin mat Van		1		(b) En a	LatVa				
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End	OT YE		-		
	Total plan assets	7a 7b	1114	+1					17475)		
	Net plan assets (subtract line 7b from line 7a)	76 7c	1114	11147				17475				
	Income, Expenses, and Transfers for this Plan Year	70		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) Amount				(D)	IOLAI				
	(1) Employers	8a(1)	364	0								
	(2) Participants	8a(2)	274	18								
	(3) Others (including rollovers)	8a(3)		0								
b	Other income (loss)	8b	214	10								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							8528			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	220	0								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	8f		0								
g	Other expenses	8g										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2200)		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							6328	3		
<u>j</u>	Transfers to (from) the plan (see instructions)	8j										
Par	t IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acterist	ic Codes	s in t	he instru	ctions	:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	Codes	in th	e instruc	tions:				
Part	V Compliance Questions											
10	During the plan year:				Yes N	lo		Amo	unt			
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a	X	(
b		? (Do not	include transactions reported	10b	×	<						
С	Was the plan covered by a fidelity bond?			10c	Х	(
d		fidelity bo	nd, that was caused by fraud	10d	×	(
e	Were any fees or commissions paid to any brokers, agents, or oth			100								
	insurance service or other organization that provides some or all dispersions.			100	X	(
f	instructions.)			10e	X	,						
				10f	_							
<u>g</u>	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	X							
h —	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h	X	(
<u> </u>	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								
Part	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No		
11a	Enter the amount from Schedule SB line 39											
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or sec	tion 302	of E	RISA?		Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)									
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	ıth	_	er the Day_	e date of	the le		ing		
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.									
b	Enter the minimum required contribution for this plan year				12	b						

	Form 5500-SF 2012	Page 3 - 1						
С	Enter the amount contributed by the employer to the plan for this plan year	·		12c				
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	Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	A Has a resolution to terminate the plan been adopted in any plan year?)	
	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
13c(1) Name of plan(s):					EIN(s	13c(3) PN(s)	
Part	VIII Trust Information (optional)						•	
14a Name of trust				14b	Trust	's EIN		

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 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

2012

This Form is Open to Public Inspection

	art I		Identification Information								
For	calend	ar plan year 2012 or fis	scal plan year beginning 01/01/	/2012		and ending	12/31/	/2012			
Α	This return/report is for: X a single-employer plan								pant plan		
В	This re	turn/report is:	the first return/report	the fir	nal return/report						
			an amended return/report	a shor	t plan year retur	n/report (less than 12 m	onths)			
С	Check	box if filing under:	Form 5558	autom	natic extension			DFVC progra	am		
		J	special extension (enter descr	ription)							
Part II Basic Plan Information—enter all requested information											
	Name		Chief an requested fine	omation			1h	Three-digit			
		ociation of REALTORS	3 401(k) PSP					plan number			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>y</i> 70 ((i)) 1 01					(PN) ▶	001		
							1c	Effective date o	C. December		
2a Tri-C	Plan s lity Ass	ponsor's name and adociation of REALTORS	dress; include room or suite numbe	er (employe	er, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-0642250			
							2c	Sponsor's telep (509) 78			
		earwater					2d	Business code (see instructions)		
		WA 99336 dministrator's name ar	nd address XSame as Plan Spons	or Name	Same as Plar	Sponsor Address	3b	Administrator's			
							30	Administrator's	telephone number		
							30	Administrators	lelephone number		
		100 1000 1000									
4			e plan sponsor has changed since to mber from the last return/report.	the last retu	urn/report filed fo	or this plan, enter the	4b	EIN			
а	Spons	or's name					4c	PN			
5a	Total r	number of participants	at the beginning of the plan year				5a		4		
b	Total r	number of participants	at the end of the plan year				5b		4		
С			account balances as of the end of the				5c		4		
6a	Were	all of the plan's assets	during the plan year invested in el	ligible asse	ets? (See instruc	tions.)			X Yes No		
	Are yo	ou claiming a waiver of	the annual examination and report? (See instructions on waiver eligibil	of an inde	pendent qualifie	d public accountant (IQI	PA)		☐ Yes ☐ No		
			ther line 6a or line 6b, the plan ca								
Cau	ıtion: A	penalty for the late of	or incomplete filing of this return	/report wi	II be assessed	unless reasonable cau	se is	established.			
SB	or Sche	alties of perjury and othe dule MB completed and true, correct, and comp	ner penalties set forth in the instruct nd signed by an enrolled actuary, as olete.	tions, I dec s well as th	clare that I have the electronic vers	examined this return/rep sion of this return/report,	ort, ir and	ncluding, if applicate to the best of my	able, a Schedule knowledge and		
SIG		XHAD.	Manklin	7	18/13	Lola Franklin					
HEF	RE (Signature of plan ad	dministrator	Da	ate	Enter name of individu	ıal sic	ning as plan adn	ninistrator		
SIG	N										
HEF		Signature of employ	ver/plan enone or	T _D	ate	Enter name of individu	ماماما	uning on amulaus			
Pre	parer's		ame, if applicable) and address; inc						number (optional)		
			, , ,			(are, e telepriorie	riamber (epiterial)		
						-					

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Year	
a	Total plan assets	7a	1114	7				174	475
<u>b</u>	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	1114	7	\perp			174	175
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a	Contributions received or receivable from: (1) Employers	8a(1)	364						
	(2) Participants	8a(2)	274	8					
	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b	214	0					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						85	528
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	220	0					
e	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		0					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			A			22	200
i_	Net income (loss) (subtract line 8h from line 8c)	8i						63	328
j	Transfers to (from) the plan (see instructions)	8j						A.D.	
Pa	rt IV Plan Characteristics	,							
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe								
Par	t V Compliance Questions				2				
10	During the plan year:				Yes	No		Amoun	t
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bon	d, that was caused by fraud	10d		Х			
е		er persons of the bene	by an insurance carrier, fits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the plan	າ?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year er	nd.)	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 2520.101	The Comment of the Co	CONTRACTOR	10i					
Part		-							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							∏ Ye	es 🛭 No
11a	Enter the amount from Schedule SB line 39					11a			V
12	Is this a defined contribution plan subject to the minimum funding						ERISA?	☐ Ye	s V No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,					01			IAI
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	ğ amortize	d in this plan year, see instruc	ctions,	, and e	nter th	ne date of th	ne letter i Year_	ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule								
b	Enter the minimum required contribution for this plan year					12b			

	Form 5500-SF 2012	Page 3	- 1				
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 12 negative amount)	2b. Enter the result (enter a mi	nus sign to the left of a	12d			
е	Will the minimum funding amount reported on line 12d be				Yes	No	N/A
Part	VII Plan Terminations and Transfers of As	ssets					
13a	Has a resolution to terminate the plan been adopted in any plan	an year?		. X	Yes N	No	3 0 3500
	If "Yes," enter the amount of any plan assets that reverted	d to the employer this year		13a			0
b	Were all the plan assets distributed to participants or benefit the PBGC?	eficiaries, transferred to anothe	er plan, or brought under the	control		∏ Ye	es X No
С	If during this plan year, any assets or liabilities were transwhich assets or liabilities were transferred. (See instruction	ferred from this plan to anothe		to			
1	3c(1) Name of plan(s):		1	3c(2) E	IN(s)	13c((3) PN(s)
Part	VIII Trust Information (optional)						

14b Trust's EIN

14a Name of trust