Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan					/ee	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service Department of Labor Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 Employee Benefits Security Administration the Internal Revenue Code (the Code).					e	2012			
						This Form is Open to Public			
Pension B	enefit Guaranty Corporation)-SF.	Inspection						
Part I		lentification Information al plan year beginning 01/01/2013		and an diam of the	4/00/	2010			
_	lar plan year 2012 or fisca	G	1/30/2						
	turn/report is for:		1 1 9 1	an (not multiemployer)		a one-participant plan			
B This return/report is:									
_	Ļ			/report (less than 12 mc					
C Check	box if filing under:	╡ └┘	itomatic extension			DFVC program			
		special extension (enter description)							
Part II		nation—enter all requested information	n		41				
1a Name	of plan SSOCIATION OF REALT	ORS 401/K) BSB			10	Three-digit plan number			
TRI-CITT A	SSOCIATION OF REALT	0K3 401(K) F3F				(PN) ▶ 001			
					1c	Effective date of plan			
						01/01/2011			
	sponsor's name and address SSOCIATION OF REALT	ess; include room or suite number (emp [[] ORS	bloyer, if for a single-e	employer plan)	2b	Employer Identification Number (EIN) 91-0642250			
7151 W. CL	.EARWATER				2c	Sponsor's telephone number 509-783-2184			
KENNEWIC	CK, WA 99336				2d	Business code (see instructions) 531390			
3a Plan a	administrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	b Administrator's EIN			
		_	_		2.0	Administrator's telephone number			
name		lan sponsor has changed since the last er from the last return/report.	return/report filed fo	r this plan, enter the	4b 4c	EIN			
<u> </u>		the beginning of the plan year			5a				
b Total	number of participants at	the end of the plan year			5b	4			
		count balances as of the end of the plar			0.0				
					5c	0			
6a Were	e all of the plan's assets d	uring the plan year invested in eligible a	assets? (See instruct	ions.)		X Yes No			
		e annual examination and report of an				X Yes 🗌 No			
	,	See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot	,						
		incomplete filing of this return/repor							
		r penalties set forth in the instructions, I							
SB or Sch		signed by an enrolled actuary, as well a							
SIGN Filed with authorized/valid electronic signature. 12/20/2013 LOLA FRANKLIN									
HERE	Signature of plan adn	ture of plan administrator Date Enter name of individu			ual sig	ning as plan administrator			
SIGN									
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individual signing as employer or plar					
Preparer's	name (including firm nam	ne, if applicable) and address; include r		(optional)	Preparer's telephone number (optional)				
				-					

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

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Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) Er	d of Year
a Total plan assets	7a	1747	5			0
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7c	1747	5			0
Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b)	Total
a Contributions received or receivable from:	0-(4)		0			
(1) Employers	8a(1)		0 0			
(2) Participants(3) Others (including rollovers)	8a(2) 8a(3)		0			
b Other income (loss)	8b	192	5			
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	192	5			1025
d Benefits paid (including direct rollovers and insurance premiums	00					1925
to provide benefits)	8d	1812	6			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g	127	4			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					19400
Net income (loss) (subtract line 8h from line 8c)	8i					-17475
Transfers to (from) the plan (see instructions)	8j					
-						
art V Compliance Questions				y	_	
0 During the plan year:	tions within t	he time period described in		Yes No	þ	Amount
			10a	Yes N	-	Amount
During the plan year:Was there a failure to transmit to the plan any participant contribut	iciary Correc ? (Do not inc	tion Program) lude transactions reported	10a 10b		-	Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest? 	iciary Correc ? (Do not inc	tion Program) lude transactions reported		X	-	Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.) 	iciary Correc ? (Do not inc fidelity bond	tion Program) lude transactions reported 	10b	x		Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c	X X X		Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or the plan the plan	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud , an insurance carrier, s under the plan? (See	10b 10c 10d			Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f			Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.) Has the plan failed to provide any benefit when due under the plan 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct	tion Program) lude transactions reported , that was caused by fraud ,	10b 10c 10d 10e			Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) f Has the plan failed to provide any benefit when due under the plan and the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (If the plan have a plackout period?) 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g			Amount
 During the plan year: a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest' 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 or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or 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 h If this is an individual account plan, was there a blackout period? (2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h			Amount
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan failed to provide any benefit when due under the plan If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 	iciary Correc ? (Do not inc fidelity bond fidelity bond fidelity bond fithe benefit n? s of year end (See instruct ne required n 1-3 ents? (If "Ye	tion Program) lude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	x x x x x x x x x x x x x x x x x x x	SB (Form	
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond? Was the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.) Has the plan have any participant loans? (If "Yes," enter amount as h If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	iciary Correc ? (Do not inc fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	x x x x x x x x x x x x x x x x x x x	SB (Form	
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.)	iciary Correc ? (Do not inc fidelity bond fidelity bond for persons b of the benefit n? s of year enc (See instruct ne required n 1-3	tion Program) dude transactions reported , that was caused by fraud , that was caused by fraud	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X X	SB (Form	Yes X
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.)	iciary Correc ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) lude transactions reported , that was caused by fraud , the plan? (See , the p	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X X X X X X X X X X X X X X	SB (Form	Yes X
 During the plan year: Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest' on line 10a.) Was the plan covered by a fidelity bond?	iciary Correc ? (Do not ind fidelity bond her persons b of the benefit n? s of year end (See instruct he required n 1-3	tion Program) lude transactions reported 	10b 10c 10d 10e 10f 10g 10h 10h 10i plete \$ or sec ctions,	X X X X X X X X X X X X X X X X X X X	SB (Form	Yes X

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?	X	Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	e control		X Yes 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.)	s) to		_
1	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF Short Form Annual Return/Report of Small Emplo					OMB Nos. 12			
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ					ee 2012			
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).								
Pension Benefit Guaranty Corporation	0-SF.		pection					
For calendar plan year 2012 or fisc	Ientification Information al plan year beginning 01/01/201	3	and ending	11/30/2	013			
A This return/report is for:	X a single-employer plan		lan (not multiemployer)	11/30/2	a one-particip	ant nlan		
B This return/report is:	L							
	onths)							
C Check box if filing under:					DFVC program			
special extension (enter description)								
Part II Basic Plan Inform	nation—enter all requested inform							
1a Name of plan				1b	Three-digit			
Tri-City Association of REALTORS 4	401(k) PSP				plan number (PN)	001		
					Effective date of			
					01/01/2			
2a Plan sponsor's name and addr Tri-City Association of REALTORS	ess; include room or suite number (e	mployer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91-0642250				
7151 W. Clearwater				2c	2c Sponsor's telephone number (509) 783-2184			
				2d Business code (see instructions)				
Kennewick, WA 99336	address XSame as Plan Sponsor N			531390				
		lameSame as Plai	n Sponsor Address	3b Administrator's EIN				
4 If the name and/or EIN of the p name, EIN, and the plan numb	plan sponsor has changed since the l ber from the last return/report.	ast return/report filed for	or this plan, enter the	4b	EIN			
a Sponsor's name				4c	PN			
	t the beginning of the plan year			5a		4		
	the end of the plan year			5b		0		
C Number of participants with ac complete this item)	count balances as of the end of the p	olan year (defined bene	efit plans do not	5c		0		
	luring the plan year invested in eligible					X Yes 🗌 No		
	ne annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No		
	er line 6a or line 6b, the plan cann							
Caution: A penalty for the late or	incomplete filing of this return/rep	oort will be assessed	unless reasonable cau	ise is e	stablished.			
Under penalties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	oort, ind	cluding, if applica	ible, a Schedule knowledge and		
SIGN Relatan	A line	12/17/13	Lola Franklin					
HERE Signature of plan administrator Date Enter name of indiv					vidual signing as plan administrator			
SIGN								
	Signature of employer/plan sponsor Date Enter name of individ					dual signing as employer or plan sponsor		
	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional) Preparer's telephone number (optional)							
For Paperwork Reduction Act Notice a 2013-12-12T19:50:51.564-06:00	and OMB Control Numbers, see the inst	tructions for Form 5500-	ъг.		F	orm 5500-SF (2012) v. 120126		

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Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
а	Total plan assets	7a	1747				0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1747	5			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:						
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)		0			
	(3) Others (including rollovers)	8a(3)	100		200		
Statute Statute Statute	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	192	5			1005
	Benefits paid (including direct rollovers and insurance premiums	0C					1925
	to provide benefits)	8d	1812	6			
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	127	4		L. LAN	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-	19400
i	Net income (loss) (subtract line 8h from line 8c)	8i					-17475
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
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						· · · · · · · · · · · · · · · · · · ·
Part	V Compliance Questions						Γ
10	During the plan year:				Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		이렇게 _ 제품(성)는 CAP, 업데이 감소에서	10a		х	2
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?			10d		х	
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefit	s under the plan? (See	10e		х	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		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		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		이번 영화 정수 것 같은 것 같은 것 같아	10i			
Part	VI Pension Funding Compliance			1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39				1000	11a	
12	Is this a defined contribution plan subject to the minimum funding	requirement	s of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicabl	e.)				
	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-	Mon		and e	nter th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule						r
b	Enter the minimum required contribution for this plan year					12b	

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C	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			
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 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	∏ No
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.)	i0			
1	3c(1) Name of plan(s): 1:	3 c(2) E	IN(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b ⊤	rust's EIN		