

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B	This return/report is <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>TWENTY ONE REAL ESTATE, INC</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2015</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TWENTY ONE REAL ESTATE, INC</u> <u>89 W GAGE BLVD</u> <u>RICHLAND, WA 99352</u>	2b	Employer Identification Number (EIN) <u>20-4069976</u>
		2c	Sponsor's telephone number <u>509-572-2456</u>
		2d	Business code (see instructions) <u>531210</u>
3a	Plan administrator's name and address <input checked="" type="checkbox"/> 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 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 <u>VICKI MONTEAGUDO & ASSOC, INC. DBA CENTURY 21 TRI-CITIES</u> c Plan Name <u>CENTURY 21 TRI-CITIES 401(K) PROFIT SHARING PLAN</u>	4b	EIN <u>20-4069976</u>
		4d	PN <u>001</u>
5a	Total number of participants at the beginning of the plan year	5a	<u>12</u>
b	Total number of participants at the end of the plan year	5b	<u>12</u>
c	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c	<u>11</u>
d(1)	Total number of active participants at the beginning of the plan year	5d(1)	<u>12</u>
d(2)	Total number of active participants at the end of the plan year	5d(2)	<u>10</u>
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>3</u>
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	Filed with authorized/valid electronic signature.	<u>07/17/2021</u>	<u>VICKI MONTEAGUDO</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

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v.200204

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ 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.) ☒ Yes ☐ No
- 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 ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	558266	736375
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	558266	736375
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	74095	
(2) Participants	8a(2)	70619	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	60937	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		205651
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	26637	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	905	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		27542
i Net income (loss) (subtract line 8h from line 8c)	8i		178109
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 2F 2G 3D
- 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		37000
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	
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	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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 lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☐ Yes ☒ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

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. Month _____ Day _____ Year _____

If 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**

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? ☐ Yes ☒ 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 the control of the PBGC? ☐ Yes ☒ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment 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**2020****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

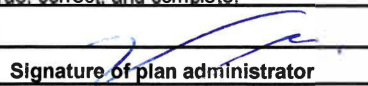
- A** This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
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☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Twenty One Real Estate, Inc 401(k) PSP	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Twenty One Real Estate, Inc 89 W Gage Blvd Richland, WA 99352	2b Employer Identification Number (EIN) 20-4069976 2c Sponsor's telephone number (509) 572-2456 2d Business code (see instructions) 531210
3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 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 Vicki Monteagudo & Assoc, Inc. dba Century 21 Tri-Cities c Plan Name Century 21 Tri-Cities 401(k) Profit Sharing Plan	4b EIN 20-4069976 4d PN 001
5a Total number of participants at the beginning of the plan year	5a 12
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d(1) Total number of active participants at the beginning of the plan year	5d(1) 12
d(2) Total number of active participants at the end of the plan year	5d(2) 10
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 3

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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			Vicki Monteagudo
	Signature of plan administrator	Date 1/4	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

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e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

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If "Yes," enter the amount of any plan assets that reverted to the employer this year. **13a**

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13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)



RETIREMENT PLAN CONSULTANTS

8511 W. CLEARWATER AVE, STE. C, KENNEWICK, WA 99336 | PHONE 509.582.2000 | FAX 509.586.4547

April 15th, 2022

Chief, Division of Reporting Compliance
Office of the Chief Accountant
U.S. Department of Labor

Taxpayer: Century 21 Tri-Cities 401(k) Profit Sharing Plan
Form: 5500-SF
Notice: LATE FILING
EIN/PN: 20-4069976/001
Tax Period: December 31, 2020

To Whom It May Concern:

We are responding on behalf of Century 21 Tri-Cities 401(k) Profit Sharing Plan (the Taxpayer) in regard to a notice received from Scott C. Albert. The notice stated that the form 5500-SF was never received for the 2020 plan year and that the form needs to be made electronically through the Department of Labor's EFAST2 System.

While filing the form 5500-SF through our 3rd party software we continued to receive an internal error and the EFAST2 filing would queue out and not be accepted. Upon receiving this message over several days, we decided to send the form 5500-SF via certified mail due to technical difficulties outside of the filers control so it would still be filed timely. Once we received the notice from Scott C. Albert that the 2020 form 5500-SF had not been filed, we immediately took care of the issue and filed the required forms.

The 401k plan was placed on extension and then filed in a timely manner via paper copy which was never received. Based on the filers outstanding timely filing in the past, we respectfully ask that you accept the attached form 5500-SF as timely filed and ask that any penalties or interest please be abated.

If you have any further questions, please do not hesitate to contact the undersigned.

Sincerely,

Jacob Mayfield
TPA