

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form , **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2012 Open to Public Inspection

D 05	<u> </u>	alendar year, or tax ye <u>ar be</u> g	ginning , and end	iing			· <u></u>
B CDE	eck if applicable	C Name of organization			\neg	D Employer	identification number
Adi	dress change	TRI	I-STATE REAL ESTATE IN	VESTORS, INC			
Nai Init Tei Am	ame change	Doing Business As				23-2	2578464
=	•	Number and street (or P O box if m	nail is not delivered to street address)		Room/suite	E Telephone	9 number
Init	tial return	P.O. Box 55				215-	712-2525
7 Ter	erminated	City, town or post office, state, and a	ZIP code	<u></u>			
٦ ۸	mended return	LINE LEXINGTON	PA 18932			G Gross receipt	ls\$ 166,54
=	ľ	F Name and address of principal office				G Gloss receipt	
Ap	optication pending				H(a) Is this a gr	oup return for affi	liates? Yes X N
	ļ				H(b) Are all affi	fiates included?	Yes N
					1		see instructions)
			(6) 4		-		, , , , , , , , , , , , , , , , , , , ,
	ax-exempt status	501(c)(3) X 501(c)	(6) ◀ (insert no) 4947(a)(1)	or 527	-		
		WW.DIGONLINE.OF		_ 	H(c) Group exe		
	orm of organization	X Corporation Trust	Association Other	L	Year of formation	<u>M</u>	State of legal domicile
Pal	rt! Su	mmary					
	 Briefly de 	scribe the organization's miss	sion or most significant activities				
ابو	See	Schedule O					
Governance							
Ĕ							
Š	2 Chack the	s boy	on discontinued its operations or dispo	and of more than 2	E9/ of its not ass	oto	
				sed of filore triair 2.	3 /0 OI IIS HEL 855	1 1	0
Activities &		of voting members of the gove		41.5			
Ĕ		-	ers of the governing body (Part VI, line				0
፮	5 Total num	nber of individuals employed in	ın calendar year 2012 (Part 🕻, line 2a)			5	0
ᅙ	6 Total num	nber of volunteers (estimate if	necessary)			6	0
1	7a Total unre	elated business revenue from	Part VIII; column (C), line 12			_7a _	7,16
	b Net unrel	ated business taxable income	Part VIII: column (C), line 12 e from Form 990-T, line 34			7b	-5,79
\top		1 ,	(h) MAY 2 3 2013		Prior Yea		Current Year
	8 Contribut	ions and grants (Part VIII,\line	3(1h) . AY 2 3 20			0	
Revenue	9 Program	service revenue (Part VIII. Vinte	reka) WAY	Ţ	132	2,711	145,85
ē	10 Investme	ions and grants (Part VIII, line service revenue (Part VIII, ling int income (Part VIII, column)	(A) lines 3. 4 and (A)	1		1,914	8,37
윤			ines 5 60, 8c, 9e, 10c, and 11e)	İ		2,207	12,31
				- 42\		5,832	166,54
$\overline{}$			(A) Iran (A) Iran (A)	e 12)			
- 1		nd similar amounts paid (Part				0	1,00
		paid to or for members (Part I)		ĺ		0	
န္မ	•		ee benefits (Part IX, column (A), lines	5–10)		9,997	10,06
benses	16a Professio	nal fundraising fees (Part IX,	column (A), line 11e)			0	
A))		• • • • • • • • • • • • • • • • • • • •		0 [
ğ	b Total fund	draising expenses (Part IX, co	Dlumn (D), line 25) ▶	· · ·		1	
×		draising expenses (Part IX, co		U	182	2,535	168.48
Ä	17 Other exp	draising expenses (Part IX, co penses (Part IX, column (A), li	ines 11a-11d, 11f-24e)	U		2,535	
ŭ	17 Other exp	draising expenses (Part IX, co penses (Part IX, column (A), li enses Add lines 13–17 (must	ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25)	V	192	2,532	179,55
Ä	17 Other exp	draising expenses (Part IX, co penses (Part IX, column (A), li	ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25)		192 -45	2,532 5,700	179,55 -13,00
Ä	17 Other exp 18 Total exp 19 Revenue	draising expenses (Part IX, co penses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line	ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25)		192 -45 Beginning of Cur	2,532 5,700 rent Year	179,55 -13,00 End of Year
Ä	17 Other exp18 Total exp19 Revenue20 Total ass	draising expenses (Part IX, co benses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16)	ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25)	0	192 -45 Beginning of Cur	2,532 5,700 rent Year 3,016	179,55 -13,00 End of Year
Ä	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab	draising expenses (Part IX, co penses (Part IX, column (A), li enses Add lines 13–17 (must less expenses. Subtract line ets (Part X, line 16) ilities (Part X, line 26)	ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12	0	192 -45 Beginning of Cur 91	2,532 5,700 rent Year 3,016 96	179,55 -13,00 End of Year 925,21
Net Assets or Ex	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset	draising expenses (Part IX, co penses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) illties (Part X, line 26) is or fund balances Subtract I	ines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12	0	192 -45 Beginning of Cur 91	2,532 5,700 rent Year 3,016	179,55 -13,00 End of Year 925,21
To Fund Balances Ex	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset rt il Signature	draising expenses (Part IX, co benses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) lilties (Part X, line 26) is or fund balances Subtract I gnature Block	lines 11a–11d, 11f–24e) at equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20		192 -45 Beginning of Cur 913	2,532 5,700 rent Year 3,016 96 2,920	179,55 -13,00 End of Year 925,21 9
Net Assets or Ex	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset err II Signer penalties of p	draising expenses (Part IX, co benses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) ulties (Part X, line 26) is or fund balances Subtract I gnature Block	lines 11a–11d, 11f–24e) at equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying	schedules and statem	192 -45 Beginning of Cur 913 912 ents, and to the be	2,532 5,700 rent Year 3,016 96 2,920	179,55 -13,00 End of Year 925,21 9
Net Assets or Ex	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset of il Signer penalties of percent and co	draising expenses (Part IX, co benses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) ulties (Part X, line 26) is or fund balances Subtract I gnature Block	lines 11a–11d, 11f–24e) at equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20	schedules and statem	192 -45 Beginning of Cur 913 912 ents, and to the be	2,532 5,700 rent Year 3,016 96 2,920	179,55 -13,00 End of Year 925,21 9
Net Assets or Ex	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset of il Signer penalties of percent and co	draising expenses (Part IX, co benses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) illities (Part X, line 26) is or fund balances Subtract I construct Block perjury, I declare that I have examplete, Declaration of preparer (lines 11a–11d, 11f–24e) at equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying	schedules and statem	192 -45 Beginning of Cur 913 912 ents, and to the be	2,532 5,700 rent Year 3,016 96 2,920	179,55 -13,00 End of Year 925,21 9
Net Assets or Ex Pund Balances	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset of I Signature of part in Signa	draising expenses (Part IX, co benses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) ulties (Part X, line 26) is or fund balances Subtract I gnature Block	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying (other than officer) is based on all information.	schedules and statem	192 -45 Beginning of Cur 913 912 ents, and to the be	2,532 5,700 rent Year 3,016 96 2,920	179,55 -13,00 End of Year 925,21 9
Net Assets or Ex and Balances	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset of I Signature of part in Signa	draising expenses (Part IX, co benses (Part IX, column (A), li enses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) illities (Part X, line 26) is or fund balances Subtract I construct Block perjury, I declare that I have examplete, Declaration of preparer (lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying (other than officer) is based on all information.	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 912 ents, and to the behas any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my known	179,55 -13,00 End of Year 925,21 9
Net Assets or Ex and Balances	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset of I Signature of part in Signa	draising expenses (Part IX, coopenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract lines ets (Part X, line 16) allities (Part X, line 26) as or fund balances Subtract I construct Block perjury, I declare that I have example the Declaration of preparer (lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying (other than officer) is based on all information.	schedules and statem	192 -45 Beginning of Cur 913 912 ents, and to the behas any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my known	179,55 -13,00 End of Year 925,21 9
Net Assets or Ex and Balances	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset of I Signature of part in Signa	draising expenses (Part IX, column (A), livenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) dilities (Part X, line 26) dis or fund balances Subtract lignature Block derjury, I declare that I have example the Declaration of preparer (A) and the property of filter JIM KILGANNON type of the property of the p	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying story that officer) is based on all informated.	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 913 ents, and to the behas any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my known	179,55 -13,00 End of Year 925,21 9 925,12 wledge and belief, it is
Net Assets or Ex and Balances	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset of I Signature of part in Signa	draising expenses (Part IX, column (A), livenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) ulities (Part X, line 26) is or fund balances Subtract line ets (Part X, line 26) is or fund balances Subtract line ets (Part X, line 26) is or fund balances Subtract line ets or fund balances ets or fund balances ets or fund ets or f	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying stopper than officer) is based on all informate than officers are preparer's signature	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 912 ents, and to the be has any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my known	179,55 -13,00 End of Year 925,21 9 925,12 wledge and belief, it is
Net Assets or Ex Plantes or Ex	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset If I Signature 25 Signature 26 Print/Type RICHAR	draising expenses (Part IX, column (A), livenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line dets (Part X, line 16) ulities (Part X, line 26) as or fund balances Subtract I construe Block perjury, I declare that I have example the Declaration of preparer (Martin Martin Mar	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying story officer) is based on all informate (Officer) is based on all informate (INN). Preparer's signature RICHARD UNDERWOOD	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 912 ents, and to the be has any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my known e	179,55 -13,00 End of Year 925,21 9 925,12 wledge and belief, it is ////3
Net Assets of Ex Paid Balances Paid Fund Balances Paid Prepaid Prepa	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset the Signature of per penalties of	draising expenses (Part IX, column (A), livenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line dets (Part X, line 16) districted (Part X, line 26) districted (Part X, line 16) district	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying stopping than officer) is based on all informate (Option than officer) is based on all informate (Preparer's signature RICHARD UNDERWOOD) E, Underwood & Normate (Characteristics) is signature (Characteristics).	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 912 ents, and to the be has any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my known	179,55 -13,00 End of Year 925,21 9 925,12 Medge and belief, it is //// /// /// PTIN oyed P00006104
Net Assets of Ex Paid Balances Paid Fund Balances Paid Prepaid Prepa	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset the Signature of per penalties of	draising expenses (Part IX, column (A), livenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract lines ets (Part X, line 16) ulities (Part X, line 26) its or fund balances Subtract lines or fund balances or fund b	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying a companying state of the proficer of the prof	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 912 ents, and to the be has any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my knowe Date Check /13 self-empli	179,55 -13,00 End of Year 925,21 9 925,12 wledge and belief, it is 1/1/73
Net Assets of Ex Paid Balances Paid Fund Balances Paid Prepaid Prepa	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset the Signature of per penalties of	draising expenses (Part IX, column (A), livenses (Part IX, column (A), livenses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) ulities (Part X, line 26) is or fund balances Subtract lignature Block Derjury, I declare that I have example peclaration of preparer (JIM KILGANNON (Vignature of the preparer of the period of the	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying a companying state of the proficer of the prof	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 912 ents, and to the behas any knowledg	2,532 5,700 rent Year 3,016 96 2,920 est of my knowe Date Check /13 self-empli	179,55; -13,00° End of Year 925,21; 9 925,12; wledge and belief, it is 1///3 PTIN P00006104 23-2588313
Net Assets or Ex Plant Balances Or Press of Pres	17 Other exp 18 Total exp 19 Revenue 20 Total ass 21 Total liab 22 Net asset 1 Sider penalties of part il Sider penalties of part	draising expenses (Part IX, coopenses (Part IX, column (A), lienses Add lines 13–17 (must less expenses Subtract line ets (Part X, line 16) dilities (Part X, line 26) dis or fund balances Subtract line ets or fund balances ets or f	lines 11a–11d, 11f–24e) st equal Part IX, column (A), line 25) 18 from line 12 line 21 from line 20 mined this return, including accompanying a companying state of the proficer of the prof	schedules and statem ion of which preparer	192 -45 Beginning of Cur 913 912 ents, and to the behas any knowledg	2,532 6,700 rent Year 3,016 96 2,920 est of my knowe Date Check /13 self-emple	925,219 925,122 wledge and belief, it is

		ESTATE INVESTORS, INC 23-	2578464	Page 2
		Service Accomplishments tains a response to any question in this Pa	art III	X
	be the organization's mission		46 & 171	
See Sche	edule O			
				
_	nization undertake any signi 90 or 990-EZ?	icant program services during the year which were r	not listed on the	Yes X No
	cribe these new services on	Schedule O		
-	nization cease conducting, c	r make significant changes in how it conducts, any p	program	Yes X No
services? If "Yes." desc	cribe these changes on Sch	edule O		Yes A No
4 Describe the	organization's program serv	rice accomplishments for each of its three largest pr		
		 organizations are required to report the amount of or each program service reported 	grants and allocations to others,	
the total expe	enses, and revenue, ii any, i	or each program service reported		
4a (Code) (Expenses \$	107,751 including grants of \$	1,000) (Revenue \$)
	S, CLASSES, AN INVESTING	D NEWLETTERS EDUCATE MEMB	ERS ON REAL	
ESIAIE I	INVESTING			
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other progra	ım services (Describe in Sc	hedule O)		
(Expenses	\$	including grants of \$	(Revenue \$	
	am service expenses	107,751		Form 990 (2012)
DAA				Form 33U (2012)

Part IV Checklist of Required Schedules

	Terror Office Rist of Required Office and			
	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ļ	32
	complete Schedule A	1		X
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	.	l	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,	ا ۽	\mathbf{x}	
_	Part III	5	^	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		l	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	ا ۽	Ì	x
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	ĺ	v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	ا ،	į	X
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	Ī		
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or		İ	x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	- 1		
а		11a	x	
L	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114	<u> </u>	
D		11b	ļ	x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		~
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
		116		
d	•	444	x	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	X	
_		ı i e		
f	the organization's separate of consolidated infancial statements for the tax year include a footifole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a		1113	-	-
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		 ^
	If "Yes," complete Schedule G, Part III	19		x
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	-

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	ŀ		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	}		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	\	Ì
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		ĺ	ļ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			x
^=	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee.	26		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ļ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21	-	<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
-	Schedule L, Part IV	28b	i	х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	İ	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	ļ		ļ
	or IV, and Part V, line 1	34	L	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	ĺ		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		İ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	}	}
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	ــِـــا	X
		Ea	99 1	0 (2012)

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			uge .
	Check if Schedule O contains a response to any question in this Part V		1	\sqcup
	5. v	£	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	\dashv		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the assessment with backer wit	\dashv		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
2a	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ĺ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	120		\vdash
3a		3a	x	•
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a		- 55		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		·	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			[
a	required to file Form 8282? If "Yes " indicate the number of Forms 8282 filed during the year.	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds directly or indicately to now processes to a second baself as a file of the organization.	<u>-</u>		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e	-	-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	 -	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g	<u> </u>	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	<u> </u>	-
_	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Ī
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans [3b]	_		
C 140	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		_X

Form 990 (2012) TRI-STATE REAL ESTATE INVESTORS, INC 23-2578464 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? $\overline{\mathbf{x}}$ 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Elaine Kochanski PO Box 55 Line Lexington PA 18932

					T110	00 0570464
form 990(2012)	TRI-STATE	KEAL	LOIAIL	INVESTORS	INC	23-2578464

p.	201	_	7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	And Title Average Position hours per (do not check more week box, unless persor (list any officer and a direct					is both ar	n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) RAYMOND LEMIRE											
	1.00										
MEMBER	0.00	X						0	0	0	
(2) FRANK NESTORE											
	1.00			ļ	ĺ						
2ND V-PRESIDENT	0.00	X		X				0	0	0	
(3) ELAINE KOCHANSKI	ţ	i									
	1.00										
EXEC. DIRECTOR	0.00	X						0	0	0	
(4) TINA ARTIGLIERE											
	1.00				1						
1ST V-PRESIDENT	0.00	X		X	<u>L</u>			0	0	0	
(5) STEPHANIE BARBAC					İ						
	1.00	ĺ									
SECRETARY	0.00	X		X		1		0	0	0	
(6) STEPHANIE PAPPAS		ļΝ									
	1.00	1		1	}						
PRESIDENT	0.00	X		X		\vdash		0	0	0	
(7)BILL KRATZ											
	1.00			ļ	ŀ	1					
MEMBER	0.00	X	lacksquare	lacksquare	$oxed{oxed}$	1_		0	0	0	
(8) DON BECK				ĺ							
	1.00					1		_	_		
MEMBER	0.00	X	<u> </u>	<u> </u>	<u> </u>	\bot		0	0	0	
(9) JON OWENS	1										
	1.00							_	_		
MEMBER	0.00	X	╙	<u> </u>	ļ	┷		0	0	0	
(10) JIM KILGANNON											
	1.00							_			
TREASURER	0.00	X	\vdash	X	↓_	$\downarrow \downarrow$		0	0	0	
(11) DON ROTANZ											
	1.00										
MEMBER	0.00	X	Ц.		L,	<u>L.l</u>		0	0	0	

Part VII Section A. Officer (A) Name and title	(B) Average hours per week (list any hours for	off	x, unle	ess per nd a d	ition more rson i irecto	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Esti amo comp fro	(F) mated ount of ther ensation m the	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	nization related nizations	
(12) SCOTT REDILLA	1.00											
MEMBER (13)	0.00	X						0	0			0
(14)											<u> </u>	
(15)	<u> </u>				_							
(16)												
(17)												
(18)											<u> </u>	
(19)		-										
1b Sub-total c Total from continuation sh d Total (add lines 1b and 1c) 2 Total number of individuals (·				e lis	ted s	> > >	ye) who received more than	\$100,000 in			
reportable compensation from 3 Did the organization list any	m the organizatio	n ▶	0								Yes	s No
employee on line 1a? If "Yes For any individual listed on li organization and related organization."	s," complete Sche ne 1a, is the sum	dule of re	J for	r suc able	h ind	dividi ipen:	ual satio	on and other compensation	from the	3		X
individual 5 Did any person listed on line for services rendered to the	organization? If "								r individual	5		X
Section B. Independent Contrac Complete this table for your compensation from the orga	five highest comp nization Report o	ensa	ated ensa	inder ation	pend for t	dent o	contalen	idar year ending with or with	iin the organization's tax y	ear		
Name a	(A) nd business address				-	-		Descrip	(B) stion of services		(C) Compens	sation_
								712				
·		·				_						
												
2 Total number of independen received more than \$100,00									0		7	

Form 990 (2012) TRI-STATE REAL ESTATE INVESTORS, INC 23-2578464 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (A) (D) Revenue excluded from tax Total revenue exempt business function revenue 512, 513, or 514 revenue , Grants 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Program Service Revenue Busn Code 98,516 98,516 2a ANNUAL MEMBERSHIP FEES 27,916 27,916 b INVESTMENT EDUCATION 19,423 19,423 NON PROFIT INCOME f All other program service revenue Total. Add lines 2a-2f 145,855 Investment income (including dividends, interest, 8,372 6,582 and other similar amounts) 1,790 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents **b** Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events \triangleright 9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 511190 11a ADVERTISING 6,760 6,760 5,158 5,158 MISCELLANEOUS b 424000 400 OIL PROGRAM 400

12,318

157,595

166,545

 \triangleright

1,790

7,160

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response			(0)	(N)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising ′
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	1,000	1,000		
•	organizations in the U.S. See Part IV, line 21	1,000			
2					
2	the U.S. See Part IV, line 22 Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,000		9,000	
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,065		1,065	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	5,466		5,466	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	26,400		26,400	—
12	Advertising and promotion	4,871	4,871		
13	Office expenses	43,012	38,859	4,153	
14	Information technology	3,274	3,274		
15	Royalties				
16	Occupancy	30,616	12,616	18,000	
17	Travel	246	246		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2 265		2 265	
23	Insurance	2,265		2,265	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O) SPREAKER EXPENSE	15,422	15,422	——————————————————————————————————————	
a	DUES & SUBSCRIPTIONS	11,967	11,967		
b	CATERING	7,590	7,590		
c d	BANK & CC FEES	5,452	7,390	5,452	· · · · · · · · · · · · · · · · · · ·
	All other expenses	11,906	11,906	3,432	
	Total functional expenses. Add lines 1 through 24e	179,552	107,751	71,801	
25 26	Joint costs. Complete this line only if the		20,,,,,	, 1, 501	0
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				
	10.10.1.1.1g 00.1 00 2 (1.100 000 7.20)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 630,696 615, 590 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 32,599 32,599 10c 10b b Less accumulated depreciation 11 investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 282,320 309,630 15 15 Other assets See Part IV, line 11 913,016 925,218 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 96 25 of Schedule D 96 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 925,122 912,920 32 Retained earnings, endowment, accumulated income, or other funds 925,122 912,920 Total net assets or fund balances 33 913,016 925,218 Total liabilities and net assets/fund balances

Form 9	990 (2012) TRI-STATE REAL ESTATE INVESTORS, INC 23-2578464			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 7	Total revenue (must equal Part VIII, column (A), line 12)	1			545
2	Total expenses (must equal Part IX, column (A), line 25)	2	1'	<u>79,</u>	552
3 F	Revenue less expenses Subtract line 2 from line 1	3		L3,	<u>007</u>
4 1	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9:	12,	920
5 1	Net unrealized gains (losses) on investments	5			
6 [Donated services and use of facilities	6			
7 1	nvestment expenses	7			
8 t	Prior period adjustments	8		_	
9 (Other changes in net assets or fund balances (explain in Schedule O)	9	2	25,	209
10 1	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	1 1			
3	33, column (B))	10	92	25,	122
Part	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1 /	Accounting method used to prepare the Form 990 [.] X Cash Accrual Other				
- 1	f the organization changed its method of accounting from a prior year or checked "Other," explain in				
5	Schedule O				
2a \	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
1	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
r	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь٧	Were the organization's financial statements audited by an independent accountant?		2b	_	X
I	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
5	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c l	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
I	f the organization changed either its oversight process or selection process during the tax year, explain in				
5	Schedule O				
3a /	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
t	he Single Audit Act and OMB Circular A-133?		3a		
bІ	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
r	equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Fon	m 99	0 (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below.
➤ Attach to Form 990 or Form 990-EZ.

➤ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 5	section 501(c)(4), (5), or (6) organizations Complete Part III				
 Nan	ne of organization TRI-STATE REAL ESTATI	E INVESTORS, INC		Employer identificate 23-25784	
Pai	t I-A Complete if the organization is exem		or is a section		
1	Provide a description of the organization's direct and indire	ect political campaign activities	ın Part IV		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pal	t I-B Complete if the organization is exem	npt under section 501(c	(3).		
1	Enter the amount of any excise tax incurred by the organiz	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pa	t I-C Complete if the organization is exen	npt under section 501(c	<u>), except secti</u>	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-PO	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification nu	` '	•	•	
	organization made payments For each organization listed	·			
	the amount of political contributions received that were pro	• •	•	· ·	
	as a separate segregated fund or a political action commit	tee (PAC) If additional space i	s needed, provide	information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		ĺ		filing organization's funds if none, enter -0-	contributions received and promptly and directly
				i turius it rione, eriter -0-	delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)			i		
(3)					
(4)					
(5)					
(E)					

Schedule C (Form 990 or 990-EZ) 2012 TRI -	STATE REAL	ESTATE INVE	STORS, INC	23-2578464	Page 2
Part II-A Complete if the orga					
section 501(h)).					
				IV each affiliated gro	oup member's
name, address, Ell					
B _Check $ ightharpoonup$ if the filing organiza	ation checked box	A and "limited cor	ntrol" provision	s apply	
Limits on L	obbying Expendi	tures		(a) Filing	(b) Affiliated
(The term "expenditures	" means amounts	paid or incurred.)		organization's totals	group totals
1a Total lobbying expenditures to influence	public opinion (grass i	roots lobbying)			
b Total lobbying expenditures to influence	a legislative body (dire	ect lobbying)			
c Total lobbying expenditures (add lines 1	a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add	d lines 1c and 1d)				
f Lobbying nontaxable amount Enter the	amount from the follow	ving table in both			
columns		_			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
Not over \$500,000	20% of the amount on li	ine 1e			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	he excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	he excess over \$1,000,000			
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	e excess over \$1,500,000			
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 2	5% of line 1f)				<u></u>
h Subtract line 1g from line 1a If zero or I	ess, enter -0-				
i Subtract line 1f from line 1c If zero or le	ess, enter -0-				
j If there is an amount other than zero on	either line 1h or line 1i	, did the organization	file Form 4720		
reporting section 4911 tax for this year?		•			Yes No
	4 Voor Averagi	na Dariad Under	Section FO4/	-1	
(Some organizations t		ng Period Under			the at Contract
(Some organizations the	elow. See the ins				ine five
		_			
Loi	bbying Expenditu	res During 4-Yea	ar Averaging	Period	
Calendar year (or fiscal year					
beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
Za Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	-				
(150% of line 2d, column (e))					
(130 % of time 2d, colutini (e))		 	 		
f Grassroots lobbying expenditures					

Schedula C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

Part II-B

Page 3

(election under section 501(h)).		(-	a)		(b)		
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		/es	No	,	Amoi	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local							
legislation, including any attempt to influence public opinion on a legislative matter or							
referendum, through the use of	- 1						
a Volunteers?	-		L				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Ļ		<u> </u>	ł			
c Media advertisements?	-		 				
d Mailings to members, legislators, or the public?	+		<u> </u>	<u> </u>			
e Publications, or published or broadcast statements?			 				
f Grants to other organizations for lobbying purposes?			├				
g Direct contact with legislators, their staffs, government officials, or a legislative body?	-		ļ	 			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-			 			
i Other activities?	ļ-		-				
j Total Add lines 1c through 1i	ŀ		1	<u> </u>			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-		ļ	ł			
b If "Yes," enter the amount of any tax incurred under section 4912				<u> </u>			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ŀ		1				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(a)	(E)		l			
Part III-A Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6).		(5),	Or S	ection			
				_		Yes	
1 Were substantially all (90% or more) dues received nondeductible by members?				Ĺ	1		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				<u> </u>	2_	<u></u> .	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					3		<u> </u>
Part III-B Complete if the organization is exempt under section 501(c)(4), sec							
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	ed "No," O	₹ (t) if P	art III-A	, lin	e 3,	is
1 Dues, assessments and similar amounts from members	·		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			-				
political expenses for which the section 527(f) tax was paid).			ļ				
a Current year			2a				
b Carryover from last year			2b	 -			
c Total			2c				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3				
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			<u> </u>				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying	na		Ì				
and political expenditure next year?	-3		4				
5 Taxable amount of lobbying and political expenditures (see instructions)			5				
Part IV Supplemental Information				·	_		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, I	Part II-A (affilia	ted g	roup				
list), Part II-A, line 2; and Part II-B, line 1 Also, complete this part for any additional information	•						
Schedule C, Part I-A, Line 1							
xxx							
AAA							

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2012

Employer identification number

Open to Public Inspection

TRI-STATE REAL ESTATE INVESTORS, INC 23-2578464 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 24 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

1a	Beginning of year balance	 	 <u> </u>	 	
b	Contributions		 		
С	Net investment earnings, gains, and				
	losses	 		 	
d	Grants or scholarships	 			
е	Other expenditures for facilities and				
	programs	 			
f	Administrative expenses				
g	End of year balance				

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %
b Permanent endowment ► %
c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI	Land, Buildings, and E	quipment. See Form 990	, Part X, line 10		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Building	gs				
c Leaseh	old improvements				
d Equipm	nent		32,599	32,599	
e Other					
otal. Add Iir	nes 1a through 1e (Column (d) m	ust equal Form 990, Part X, colu	ımn (B), line 10(c))	>	

Schedule D (Form 990) 2012

liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

S che	. dule D (Form 990) 2012 TRI-STATE REAL ESTATE INVEST	ORS,INC 23-	-2578464	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	_2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	_
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Expe	nses per Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	· 	4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

Name of the organization

TRI-STATE REAL ESTATE INVESTORS, INC

Employer identification number 23-2578464

Form 990 - Organization's Mission or Most Significant Activities
THIS BUSINESS ASSOCIATION OR LEAGUE PURPOSE IS TO EDUCATE
ITS MEMBERS ON REAL ESTATE INVESTING. THIS EDUCATIONAL
FUNCTION IS ACCOMPLISHED THROUGH THE DISTRIBUTION OF
MONTHLY NEWSLETTERS, OUTSIDE SPEAKERS, AND EDUCATIONAL
CLASSES.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Program	n Service	Mgt &	General	Fund	raising			
Other mgmt	Other mgmt services								
	\$	0	\$	26,400	\$	0			
Form 990,	Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation								
Increase i	Increase in book value of wholly owned 501(c)(6) \$ 27,309								
subsidia	ary - Dive	ersified Real Es	state In	v. Assoc.	\$	0			
EIN - 47	7-0938958	(filed seperate	990)		\$	0			
Prior peri	od adjust	tment			\$	2,100			