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 section 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500)-SF.			
		dentification Information						
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009		
Α .	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	first return/report	final retur	n/report		_		
	·	X an amended return/report	short plan	n year return/report (less than 12 mor	nths)			
C Check box if filing under: ☐ Form 5558 ☐ automatic extension						DFVC progra	am	
	onook box ii iiiiig anaon	special extension (enter description	1					
Da	art II Basic Plan Infor	mation—enter all requested inform						
	Name of plan	mation—enter all requested inform	ialion		1h	Three-digit		
	IACLE REALTY 401(K) PLAN					plan number		
						(PN) •	002	
					1c	Effective date of		
						01/01/2		
	Plan sponsor's name and addr IACLE REALTY, INC.	ress (employer, if for single-employer	r plan)		2b	Employer Ident		er
PININ	IACLE REALTY, INC.			·	(EIN) 91-1424421 2c Plan sponsor's telephone number			
9 S V	VASHINGTON ST, SUITE 701				509-747-7777			
SPO	KANE, WA 99201-3718				2d	Business code	(see instructior	າຣ)
2-			. "0		0 l-	523110		
	Plan administrator's name and IACLE REALTY, INC.	address (if same as Plan sponsor, 6			3D	Administrator's 91-142		
	TOLE REALTY, INC.	SPOKANE,			3c Administrator's telephone number			
						509-74		
		an sponsor has changed since the la		port filed for this plan, enter the	rt filed for this plan, enter the 4b EIN			
-	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c	PN		
5a	Total number of participants a	t the beginning of the plan year			5a	<u> </u>		2
_		t the end of the plan year		}				
		rith account balances as of the end o		}	5b			2
С	·			•	5с			2
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)			X Yes	No
	•			ndent qualified public accountant (IQF				1
		·		ions.)			× Yes	No
Do			orm 5500-	SF and must instead use Form 550	00.			
		ation		T				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	2050
	Total plan assets		7a	85239	<u> </u>		120	5952
b	·						404	
<u>C</u>		7b from line 7a)	. 7с	85239	1			5952
8	Income, Expenses, and Trans			(a) Amount		(b)	Total	
а	Contributions received or rece (1) Employers		8a(1)	900				
	• • • •			22000	7			
	• •	s)						
b	• • • • • • • • • • • • • • • • • • • •			18813				
C	` ,	8a(2), 8a(3), and 8b)		10010			4	1713
d		rollovers and insurance premiums					<u> </u>	
-			8d					
е	Certain deemed and/or correct	tive distributions (see instructions)	8e					
f	Administrative service provide	rs (salaries, fees, commissions)	8f					
g	Other expenses		8g					
h	Total expenses (add lines 8d,	8e, 8f, and 8g)						0
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				4′	1713
j	Transfers to (from) the plan (se	ee instructions)	. 8i					

Part IV	Plan	Characteristics	c
railiv i	FIAII	CHALACLEH SUC:	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 3D

D .	11 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flatt Chara	ICICIIS	iic Coi	ics III	uie ilisuut	Juoris.		
Part	٧	Compliance Questions									
10	During the plan year:						No		Amoun	t	
а	Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X				
С	Was the plan covered by a fidelity bond?									15000	
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?	10d		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	f 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.)						X				
i		th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part '	VI	Pension Funding Compliance									
11	ls th 550	is a defined benefit plan subject to minimum funding requirement:	s? (If "Yes," see ins	tructions and com	plete	Schec	lule SE	3 (Form	Y	es X No	
12	ls t	nis a defined contribution plan subject to the minimum funding req	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Y	es 🔀 No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	,								
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		rear_		
		r the minimum required contribution for this plan year		-			12b				
		r the amount contributed by the employer to the plan for this plan					12c				
d	Enter the amount contributed by the employer to the plan for this plan year.										
е	Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes							Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Y	es X No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	loyer this year				13a				
	Wer	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Y	es X 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.)										
13	13c(1) Name of plan(s):						13c(2) EIN(s)			(3) PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le cau	ıse is	establ	lished.	ı		
Under SB or	per Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ırn/rep	port, ir	cludin	g, if applic			
SIGN	Filed with authorized/valid electronic signature. 10/13/2010 JOSEPH G. WAI										
HERE	- Г	Signature of plan administrator Date Enter name of			individual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 section 6056(a) of the Internal Revenue Code (the Code).

OMB Nos 1210-0110 1210-0089

2009

This Form is Open to Public

f	Pension Bonefit Guaranty Corporation	▶ Complete all entries in acco	ordance wit	h the instructio	ons to the Form 550	0-SF.	lns	pection		
	Part I Annual Report Identification Information									
For	calendar plan year 2009 or fisca		01/01/2	:009-	and ending		12/31/200	9		
					iot multiemployer)		one-participa	nt plan		
В	This return/report is for.	first return/report	final retur	n/report						
an amended return/report short plan year return/report (less than 12 months)										
C Check box if filing under					į.		DFVC progra	ım		
	special extension (enter description)									
Pa	Part II Basic Plan Information—enter all requested information									
	Name of plan					1b	Three-digit			
	Pinnable Realty 401	(K) Plan					plan number	632 .		
(PN) ► 1c Effective date of pla										
						14	01/01/200			
2a Pian sponsor's name and address (employer, if for single-employer plan) Pinnacle Realty, inc.						2b	2b Employer Identification Number (EIN) 91-1424421			
	9 S Washington St,	2011-0 201				2c	2c Plan sponsor's telephone number (509) 747~7777			
	a a wastindron of,	υμ				2d Business code (see instructions)				
3a	Spokane Plan administrator's name and a	: address (if same as Plan sponsor,	enter Same		9201-3718		523110 Administrator's			
	· · · · · · · · · · · · · · · · · · ·	, ,								
4	f the name and/or EIN of the pic	n sponsor has changed since the I						elephone number		
	name, EIN, and the plan number	from the last return/report. Spons	asi return/re sor's name	port lilea for this	s plan, enter the	4b	EIN			
						4c	PN			
		the beginning of the plan year				5a		2		
		the end of the plan year				5b		2		
C	Total number of participants wit complete this item)	th account balances as of the end	of the plan y	ear (defined ber	nefit plans do not	5c		2		
6a								X Yes No		
b	Are you claiming a waiver of the under 29 CFR 2520 104-462 (5	e annual examination and report of See instructions on waiver eligibility	of an indeper	ndent qualified p	oublic accountant (IQ	PA)		X Yes No		
	If you answered "No" to eithe	er 6a or 6b, the plan cannot use	Form 5500-	SF and must in	stead use Form 55	00.	*****************	X Yes No		
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beg	inning of Year		(b) End	of Year		
а	Total plan assets	****** ! * ************ * *** *** ******	7a		85,23					
þ	Total plan habilities	***************************************	7b							
C	Net plan assets (subtract line ?)	o from line 7a)	7c		85,23	239 126,9				
8	income, Expenses, and Transfe	ers for this Plan Year		(a)	Amount	(b) Total				
а	Contributions received or receive (1) Employers	vable from:	. 8a(1)		90	900				
	(2) Participants		8a(2)		22,00	0				
	(3) Others (including rollovers).	***************************************	8a(3)							
b	Other income (loss)		8b		18,81	3				
С	Total income (add lines 8a(1), 8	la(2), 8a(3), and 8b)	8c					41,713		
d		ollovers and insurance premiums	8d							
е	Certain deemed and/or corrective	ve distributions (see instructions)	8e							
f	Administrative service providers	(salaries, fees, commissions)	8f				•			
g	Other expenses		8g	`						
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)	8ħ					0		
í	Net income (loss) (subtract line	8h from line 8c)	8i					41,713		
j	Transfers to (from) the plan (see	instructions)	·· 8j							
For P	apenvork Reduction Act Notice and C	OMB Control Numbers, see the instruct	ions for Form	5500-SF.		-	···	Form 5500-SF (2009)		

Form 5500-SF 2009 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. 2E 2G 2J 2K 2R 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 Yes No Amount 10 During the plan year: 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) Х 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b X. 10c C Was the plan covered by a fidelity bond?...... Х 15,000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10d or dishoresty? 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 Х 10e instructions.) f Has the plan failed to provide any benefit when due under the plan? Х 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... Χ 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR) X 10h 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 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes X No Yes Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ER SA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) 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 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. 12c c Enter the amount contributed by the employer to the plan for this plan year..... 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 12d negative amount) e Will the minimum funding amount reported on line 12d be met by the funding deadline?. Part VII | Plan Terminations and Transfers of Assets Yes X No 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? if "Yes," enter the amount of any plan assets that reverted to the employer this year... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X No of the PBGC?..... 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(2) EIN(s) 13c(3) PN(s) 13c(1) Name of plan(s): 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 we'll as the electronic version of this return/report, and to the best of my knowledge and belief, it is true correct, and co Joseph G. Ward SIGN HERE Enter name of individual signing as plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor gnature of employer/plan sponsor

