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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	 Complete all entries in accord 	dance witl	h the instructions to the Form 5500	0-SF.			
		lentification Information						
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010	0	and ending 1	1/26/2	2010		
A	This return/report is for:	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		_		
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am	
		special extension (enter description						
Dr	rt II Racio Plan Inforn	nation—enter all requested information						
	nt II Basic Plan Inform Name of plan	nation—enter all requested informa	ation		1h	Three-digit		
	ACLE REALTY 401(K) PLAN				10	plan number	000	
	7.022 (12/12/17 10 (11) 1 2/11					(PN) ▶	002	
					1c	Effective date of		
						01/01/	2004	
	Plan sponsor's name and addre ACLE REALTY INC.	ess (employer, if for single-employer	plan)		2b	Employer Ident		nber
PININ	ACLE REALTY INC.				20	(EIN) 91-142 Plan sponsor's		umbor
	VASHINGTON ST, SUITE 701				20	509-74	7-7777	umbei
SPO	KANE, WA 99201				2d	Business code	(see instruc	tions)
						52311		
3a PINN	Plan administrator's name and ACLE REALTY INC.	address (if same as Plan sponsor, er	nter "Same GTON ST	e") . SUITE 701	3b	Administrator's		
		SPOKANE, V			3c	Administrator's	telephone r	umber
							7-7777	idiliboi
	•	in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	DNI		
5a	Total number of participants at	the beginning of the plan year			5a			3
_	·	the end of the plan year						0
	• •			:	5b			-
С	·	th account balances as of the end of		•	5c			0
6a	Were all of the plan's assets d	uring the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No
b				ndent qualified public accountant (IQI			<u> </u>	_
	,	· ,		ons.)			^ Yes	No
Da			orm 5500-	SF and must instead use Form 550	00.			
	rt III Financial Informa	ation		T				
7	Plan Assets and Liabilities			(a) Beginning of Year 126952	,	(b) End	l of Year	0
	Total plan assets		. 7a	120332	-			- 0
b	·		7b	126952	,			0
<u> </u>	·	'b from line 7a)	7c		-			-
8	Income, Expenses, and Transf			(a) Amount		(b)	Total	
а	Contributions received or recei (1) Employers	vable from:	8a(1)	1125	5			
			8a(2)	22000)			
	, ,)			1			
b	, ,			7365	5			
C	, ,	8a(2), 8a(3), and 8b)	8c					30490
d		rollovers and insurance premiums		.=				
	to provide benefits)		. 8d	157442				
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e		_			
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f		_			
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h					157442
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i				-	126952
	Transfers to (from) the plan (se	ee instructions)	8i					

Form 5500-SF 2010	Page 2-

Part IV	Plan	Characteristics	c
railiv	FIAII	CHALACLEH SUC:	

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	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in t	he instr	uction	S:	
art	٧	Compliance Questions							
0	Duri	ing the plan year:		Yes	No		An	nount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Wa	s the plan covered by a fidelity bond?	10c	X					15000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance							
11	Is th	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	No
12	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of	ERISA?	أ	Yes	X No
	If a v	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			401				
		er the minimum required contribution for this plan year		1	12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d			F	
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				X Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under	the co	ntrol			X Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
1	3c(1)	Name of plan(s):		13	c(2) EI	N(s)		13c(3)	PN(s)
aut	ion: /	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
ВВ о	r Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retuedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/true, correct, and complete.							
	Fi	iled with authorized/valid electronic signature. 04/18/2011 JOSEPH G. WAF	RD						

SIGN HERE Signature of plan administrator Enter name of individual signing as plan administrator Date SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date

Form 5500-SF

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Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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2010

OMB Nos 1210-0110

1210-0089

This Form is Open to Public Inspection

Per	ision Benefit Guaranty Corporation		cordance with	the instructions to the Form 5500	-SF.	<u> </u>	
Pai	t I Annual Report I	Identification Information			******		
Forc	alendar plan year 2010 or fis	ALTON AND AND AND AND AND AND AND AND AND AN	01/01/2	010 and ending		11/26/2010	
A TI	his return/report is for:	x single-employer plan	multiple-en	nployer plan (not multiemployer)		one-participar	ıt pları
ВТ	his return/report is for:	first return/report	X final return	/report			
		an amended return/report	X short plan	year return/report (less than 12 mon	ths)		
C c	heck box if filing under:	Form 5558	automatic e	extension		DFVC prograi	n
	2	special extension (enter descr	iption)				
Par	t II Basic Plan Info	rmation—enter all requested info	ormation		-		
î	Vame of plan				1b	Three-digit	
]	Pinnacle Realty 4	01(k) Plan				plan number	002
					10	(PN) • Effective date of	
					10	01/01/2004	
22 1	Olan enancare name and ade	dress (employer, if for single-emplo	wer nlan)		2b	Employer Identif	
2,0	Pinnacle Realty I	nc.	7) (1 (2.20.1)			(EIN) 91-142	
	o o va 1 to a a o o o	n. 3 k = 200			2c		elephone number
	9 S Washington St	, suice /UI			24	509-747-7' Business code (
	Spokane	WA 99201			ΖU	523110	see msuuchons)
		nd address (if same as Plan sponso	or, enter "Same	")	3b	Administrator's I	EIN
	Pinnacle Realty I	nc.				91-142442	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9 S Washington St	, Suite 701	*	-	3C	Administrator's t	elephone number
	Spokane	WA 9920 plan sponsor has changed since the		nort filed for this plan, enter the	4h	EIN	
4 11	ame, EIN, and the plan numl	ber from the last return/report. Spo	onsor's name	SOUTH TO THE PLANT CARD. THE		······································	
					4c	PN	
	•	at the beginning of the plan year			5a		3
		at the end of the plan year			5b		0
С	Total number of participants complete this item)	with account balances as of the el	nd of the plan y	ear (defined benefit plans do not	5c		Û
6a	Were all of the plan's assets	s during the plan year invested in e	ligible assets?	(See instructions.)		-,,-,	X Yes No
b	Are you claiming a waiver of	f the annual examination and repor	rt of an indepen	dent qualified public accountant (IQ	PA)		X Yes No
	under 29 CFR 2520.104-46	? (See instructions on waiver eligib	olity and condition	ons.). SF and must instead use Form 55			B [] ///
Da	rt III Financial Infor		Se I Offit Octor	31 and mast moteur doc 10mm or			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
' ~		hap) (= r==00{)	7a	12695	2		0
		**************************************		. 4.	1	- Aller and a second	<u> </u>
		e 7b from line 7a)		12695	2		0
8	Income, Expenses, and Trai			(a) Amount		, (b)	Total
-	Contributions received or re						<u> </u>
2.1	(1) Employers		8a(1)	112	:5		
	(2) Participants	6.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	8a(2)	2200	0 (
	(3) Others (including rollove	ers)	8a(3)				
b	Other income (loss)		8b	736	55		***************************************
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				30490
d		ect rollovers and insurance premiun		15744	12		
е	Certain deemed and/or corr	rective distributions (see instruction	ns) <mark>8e</mark>				
f	Administrative service provi	iders (salaries, fees, commissions)	8f		_		40
g		***************************************	1		-		
_		3d, 8e, 8f, and 8g)	t t				157442
i		line 8h from line 8c)	1				-126952
j		(see instructions)					

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ert.	~	1 1	
Page	Z -		

	F	orm 5500-SF 2010 ·	Pagi	3 4 - [·		
Par	t IV	Plan Characteristics	oodos francis 1:	el of Plan Chara	ntaria	lic Co	dee in II	he instruction	105
9a		plan provides pension benefits, enter the applicable pension feature	e codes from the Li	st of Flan Chara	ictens	ilic CO	ues III II	ne msaucac)1 (S
b	2.E If the	plan provides welfare benefits, enter the applicable welfare feature	codes from the Lis	at of Plan Chara	cteris	lic Cod	les in th	ie instructio	ns:
				······································					
Part		Compliance Questions				Yes	No		mount
10	Durir	ng the plan year: there a failure to transmit to the plan any participant contributions v	within the time nerio	nd described in		100			MOURE
	29 (OFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	Correction Progran	1)	10a		Х		
b	Were	there any nonexempt transactions with any party-in-interest? (Do	not include transac	tions reported	405		Х		
		ne 10a.)			10b	<u> </u>		,	15000
С		s the plan covered by a fidelity bond?			10c	X			1.7000
d	or di	the plan have a loss, whether or not reimbursed by the plan's fidelit ishonesty?			10d		X		
е	insu	e any fees or commissions paid to any brokers, agents, or other per rance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e		х		
f	Has	the plan failed to provide any benefit when due under the plan?		>>=1+1+++++++++++++++++++++++++++++++++	10f		Х		
q	Did	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)	>,,	10g		х .		٥
	lf thi	is is an individual account plan, was there a blackout period? (See i 0.101-3.)	nstructions and 29	CFR	10h	A According to the second	Х		
Ì	If 10	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one	of the	101				
Par		Pension Funding Compliance							
11	le th	is a defined benefit plan subject to minimum funding requirements?	' (If "Yes," see instr	uctions and con	nplete	Sche	dule SB	(Form	☐ Yes ☐ No
	550	0))	icoments of section	412 of the Code	e or s	ection	302 of	FRISA?	Yes X No
12		ris a defined contribution plan subject to the fillinmum fullating requires," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.			, .				hande tomal
а	i if m	univer of the minimum funding standard for a prior year is being an	ortized in this plan	year, see instru	ctions	s, and	enter th	ne date of th	ne letter ruling
	orar	nting the walver.		IVIO	ntn		Day		Year
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB					12b		
		er the minimum required contribution for this plan year				1	12c	-	· · · · · · · · · · · · · · · · · · ·
C	Ente	er the amount contributed by the employer to the plan for this plan y stract the amount in line 12c from the amount in line 12b. Enter the r	rearrear a mînu	s sign to the left	ofa				
C	ı Sub	paract the amount in line 12c from the amount in line 12c. Eliter the factors amount)	tones	·			12d		
€		the minimum funding amount reported on line 12d be met by the fu						Yes	No N/A
Par	t VII	Plan Terminations and Transfers of Assets							
		s a resolution to terminate the plan been adopted during the plan ye	ar or any prior year	?		· · · · · · · · · · · ·			X Yes No
		res," enter the amount of any plan assets that reverted to the emplo							(
t) We	re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brough	t unde	er the	control		X Yes No
C	: If d	uring this plan year, any assets or liabilities were transferred from thich assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify	the p	lan(s)	to	*	
***************************************		Name of plan(s):			13c(2) EIN(s) 13c(3) F			13c(3) PN(s)	

					+				
	ution	A penalty for the late or incomplete filing of this return/report	will be assessed (ınless reasona	ble c	ause i	s estab	olished.	
Un SB	der pe or Sci	nalties of perjury and other penalties set forth in the instructions, I on hedule MB completed and signed by an enrolled actuary, as well as	laalara that I have i	avamined this re	2111717/1	renort	includir	na. II applici	able, a Schedule knowledge and
bel	ilet, ij/i	strue, dorrect, and complete.	·//m/11	Joseph G.	Wa	rđ		***************************************	
1	GN	graph and and	-// 	Enter name of			ianica	ae nlan adn	inistrator
HE	RE	Signature of plan administrator	Dafe /	chier name of	niciiv	iuudi S	igning t	20 high ann	
S	GN								r or plan energes
	RE	Signature of employer/plan sponsor	Date	Enter name of	indiv	idual s	igning a	as employe	r or plan sponsor

Signature of employer/plan sponsor