Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

P	Complete all entries in accord	lance witl	n the instructions to the Form 5500	0-SF.					
Pä	art I Annual Report Identification Information								
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1	2/31/2	011				
A	This return/report is for: a single-employer plan	-employer plan (not multiemployer)		a one-particip	ant plan				
		L		'					
			eturn/report						
_			in year return/report (less than 12 mo	ontns) r	¬				
С	Check box if filing under:	automatic	extension		DFVC progra	m			
	special extension (enter description	n)							
Pa	art II Basic Plan Information—enter all requested informa	ation							
1a	Name of plan			1b	Three-digit				
BEN ⁻	TALL KENNEDY REAL ESTATE SERVICES (U.S.) INC. 401(K) RET	IREMENT	PLAN		plan number				
					(PN) ▶	001			
				1c	Effective date of				
					01/01				
	Plan sponsor's name and address; include room or suite number (er TALL KENNEDY REAL ESTATE SERVICES (U.S.) INC.	nployer, if	for a single-employer plan)		Employer Identif		er		
DLIV	TALL KLINIED I KLAL LOTATE OLKVIOLO (0.0.) INO.				(= 11 4)	02400			
				2c	Sponsor's telep				
	FOURTH AVE., STE. 2410			24					
SEA	TTLE, WA 98101			2 a	Business code (53131		ns)		
20	Disconducibility and address ("I account to be a second to be a se	1 "0	"	26					
	Plan administrator's name and address (if same as plan sponsor, en FALL KENNEDY REAL ESTATE SERVICES (U.S.) 1215 FOURTH			30	Administrator's I	=IN 02400			
INC.	SEATTLE, WA			3c Administrator's telephone number					
					206-315				
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN 94-34	02400			
	name, EIN, and the plan number from the last return/report.			_					
	Sponsor's nameBENTALL CAPITAL U.S. INC.			4c	PN	001			
5a	Total number of participants at the beginning of the plan year			5a					
b	Total number of participants at the end of the plan year			5b					
С	Number of participants with account balances as of the end of the pl	lan year (d	defined benefit plans do not						
	complete this item)			5c			8		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes	No		
b	3			,		▽ ∨ □	٦ ٨ ٦		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		·			X Yes	No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	rm 5500-	SF and must instead use Form 550	00.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		7		
а	Total plan assets	7a	4553615			4271497			
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	4553615			4271497	7		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal			
а	Contributions received or receivable from:		193774						
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	366701						
	(3) Others (including rollovers)	8a(3)	4993						
b	Other income (loss)	8b	-6161						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				559307	7		
d	Benefits paid (including direct rollovers and insurance premiums		707420						
	to provide benefits)	8d	797139						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	44286						
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				841425	5		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-282118	3		
i	Transfers to (from) the plan (see instructions)								
,	,	8j							

Form	5500-SF 2011	

Page	2	-	,		
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Part IV	Plan	Charac	teristics

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

4	V 0						
art			V	NI-	_		
0	During the plan year:		Yes	No	A	mount	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported			Х			
	on line 10a.)	10b		^			
С	Was the plan covered by a fidelity bond?	10c	X			5	00000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	X			2	238634
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	iug					
••	2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
art				<u> </u>			
	5 1		<u> </u>		. /=		
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction (302 of	ERISA?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,	·		
	Enter the minimum required contribution for this plan year		[12b			
С	Enter the amount contributed by the employer to the plan for this plan year			12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	No	N/A
art							
3a	Has a resolution to terminate the plan been adopted in any plan year?			☐ Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	_					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co	ntrol			
	of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1			
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13c(3) F	PN(s)
				·			
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ISA İS	establ	ished	<u> </u>	
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret					le a Sche	طبيام
	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return,						

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	06/25/2012	CHRIS WARNER	
HERE	Signature of plan administrator	Date Enter name of individual signing as plan administrator		
SIGN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

• Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 0	1/01/2	011 and ending		12/31/201	1		
Α -	s return/report is for: a single-employer plan 💢 a multiple-employer plan (not multiemployer) 🔲 a one-participant plan							
В	This return/report is:							
	an amended return/report a short plan year return/report (less than 12 months)							
C	Check box if filing under: Form 5558	extension	-	DFVC progra	m			
	special extension (enter description	n)						
Pa	rt II Basic Plan Information—enter all requested informa							
L	Name of plan	atton		1b	Three-digit			
	Bentall Kennedy Real Estate Services (U.	S.) In	c.		plan number			
	401(k) Retirement Plan	,			(PN) 001			
	401/K) Recilement Fian			1c	C Effective date of plan 01/01/1997			
	Plan sponsor's name and address; include room or suite number (e	malayar if	for a single employer plan)	26		· · · · · · · · · · · · · · · · · · ·		
	Bentall Kennedy Real Estate	mpioyer, ii	ioi a single-employer plan)	20	Employer Identification (EIN) 94-340			
	Services (U.S.) Inc.		•	2c	Sponsor's telep			
					(206) 315-			
	1215 Fourth Ave., Ste. 2410		•	2d	Business code (see instructions)		
	Seattle		WA 98101		531310			
	Plan administrator's name and address (if same as plan sponsor, er Same	nter "Same	.")	3b	Administrator's (EIN		
	Same			30	Administrator's t	elephone number		
				30	Administrators	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN 94-3402	400		
_	name, EIN, and the plan number from the last return/report.			40	PN 001			
	Sponsor's name Bentall Capital U.S. Inc. Total number of participants at the beginning of the plan year				T	93		
_				5a				
	Total number of participants at the end of the plan year			5b		89		
C	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances are participants with account balances and the participants with account balances are participants with a constant balance are participants with a constant bal			5с		86		
6a	Were all of the plan's assets during the plan year invested in eligible					X Yes No		
	Are you claiming a waiver of the annual examination and report of	an indeper	ident qualified public accountant (IQ	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility							
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 55	υυ.				
7	Plan Assets and Liabilities	1	(a) Beginning of Year	T	(b) End	of Year		
	Total plan assets	7a	4,553,61	5	(b) Elia	4,271,497		
-	Total plan liabilities		1,333,03	+				
	Net plan assets (subtract line 7b from line 7a)		4,553,61	5		4,271,497		
8	Income, Expenses, and Transfers for this Plan Year	'	(a) Amount		(h) T	otal		
a	Contributions received or receivable from:			1	(10)			
	(1) Employers	8a(1)	193,77	14				
	(2) Participants	8a(2)	366,70)1		•		
	(3) Others (including rollovers)	8a(3)	4,99	3				
b	Other income (loss)	8b	(6,161	1)				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				559,307		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	797,13	39				
е	Certain deemed and/or corrective distributions (see instructions)	8e		_				
f	Administrative service providers (salaries, fees, commissions)	8f	44,28	36				
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				841,425		
i	Net income (loss) (subtract line 8h from line 8c)	81				(282,118)		
i	Transfers to (from) the plan (see instructions)	g;		- 1				

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

				50 1 11 11 12 50 W				
	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension featur 2E 2F 2G 2J 2K 2T 3D 3H							
b	If the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of Plan Chara	cterist	ic Cod	es in th	ne instruction	15:	
Par	t V Compliance Questions						• •	
10	During the plan year:			Yes	No	Α	mount	
а			10a		х			
t	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include transactions reported	10a	· .	Х	-		
c			10c	Х			50	0,000
d		y bond, that was caused by fraud	10d		х			
€	Were any fees or commissions paid to any brokers, agents, or other pe insurance service or other organization that provides some or all of the instructions.)	rsons by an insurance carrier, benefits under the plan? (See	10a		х			
f			10f		Х			
C			10g	Х			23	8,634
-	If this is an individual account plan, was there a blackout period? (See i	instructions and 29 CFR	10h		х			
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or one of the	10i					
Par		· · · · · · · · · · · · · · · · · · ·			<u> </u>	L		
11	Is this a defined benefit plan subject to minimum funding requirements?	(If "Yes," see instructions and cor	nplete	Sched	lule SE	(Form	☐ Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requi						Yes	X No
	(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 am	ortized in this plan year, see instru	ctions	, and e	enter th	e date of th	e letter ru	ling
16	granting the waiver	(Form 5500), and skip to line 13			Day		1 Cal	
	Enter the minimum required contribution for this plan year			[12b			
C					12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the r	esult (enter a minus sign to the lef	t of a		12d	·		
€	Will the minimum funding amount reported on line 12d be met by the fu	•				Yes	No	N/A
	t VII Plan Terminations and Transfers of Assets							
	Has a resolution to terminate the plan been adopted in any plan year?					res X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employ							
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?				ontrol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from th which assets or liabilities were transferred. (See instructions.)	is plan to another plan(s), identify	the pla	n(s) to)		-	
	13c(1) Name of plan(s):			13	c(2) E	IN(s)	13c(3) PN(s)
Car	ition: A penalty for the late or incomplete filing of this return/report w	vill be assessed unless reasona	ble ca	use is	estab	lished.		-
Und SB	ler penalties of perjury and other penalties set forth in the instructions, I de or Schedule MB completed and signed by an enrolled actuary, as well as ef, it is true, correct, and complete.	eclare that I have examined this re	turn/re	port, i	ncludin	g, if applica	ole, a Sch nowledge	edule and
	1/2000	Chris War	ner					
SIC	RE Signature of plan administrator	Date 6/25/12 Enter name of		ual sid	ning a	s plan admi	nistrator	1. 4
		GARY			int			
SIC		Date 6/29/12 Enter name of					or plan sr	onsor
	Signature of embioscubian abousor C	TITE INTO IL DITTO IL TITULO OL						

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