

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 01/16/2006	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information
1a	Name of plan CAPITAL RUN 401K
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/2002
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CAPITAL RUN LLC 601 UNION STREET SUITE 3709 SEATTLE, WA 98101
2b	Employer Identification Number (EIN) 91-2183271
2c	Sponsor's telephone number 206-315-2188
2d	Business code (see instructions) 523110

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 accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/19/2010	JOHN SIEGLER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

CAPITAL RUN LLC

601 UNION STREET
SUITE 3709
SEATTLE, WA 98101**3b** Administrator's EIN

91-2183271

3c Administrator's telephone number

206-315-2188

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

1

6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

0

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

0

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

0

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

0

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

0

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** 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 3E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☐**H** (Financial Information)(2) ☒**I** (Financial Information – Small Plan)(3) ☐**A** (Insurance Information)(4) ☐**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

**Resolution of the Board of Directors
of
(Name of Employer)**

The Board of Directors of (name of employer) CAPITAL RUN LLC
_____, by unanimous written action adopt the following resolutions:

WHEREAS, is in the best interests of the Corporation to terminate the
CAPITAL RUN LLC 401K [name of plan] hereinafter called the
"Plan"; and

NOW THEREFORE, BE IT RESOLVED, that said Plan be and hereby is terminated
as of 09/30/05; and

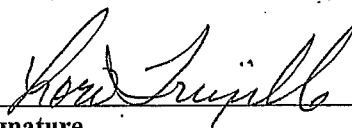
FURTHER RESOLVED, that the assets of said Plan be distributed to the Participants in
the Plan in accordance with their interests; and

FURTHER RESOLVED, that the officers of the Corporation be and are hereby
authorized and directed to do all acts that are necessary to effect the termination of the
Plan, and to submit the termination of the Plan to the Internal Revenue Service for
approval; and

FURTHER RESOLVED, that the foregoing resolutions shall be contingent upon
approval of same by the Internal Revenue Service.

Dated and agreed to this 4 day of November '05.

LORI TRUJILLO
Name


Signature

OFFICE MANAGER
Title

CORPORATE SEAL

This serves as confirmation of the receipt of your notification to terminate the Capital Run 401(k) Plan.

Attached is a Board Resolution that must be completed and returned to us.

Please mail the signed/completed resolution to:

ExpertPlan
Attn: ERISA Services
50 Millstone Road
Building 400, Suite 300
East Windsor, NJ 08520-1415

Once we receive the signed/completed resolution, we will contact you regarding the final steps in closing out the plan.

Please update your census from 01/01/2005 through the date of plan termination so that we may complete the required Non-Discrimination Testing for that period.

Ross Yates
ERISA Specialist
ExpertPlan, Inc.
609-918-2538
ryates@expertplan.com

May 17, 2010

EBSA
P.O. Box 7043
Lawrence, KS 66044-7043

Re: 2006 Form 5500

Dear EBSA:

Capital Run disbanded in September 2005 and the Capital Run 401K was terminated on 09/30/05. The Form 5500 for 2005 was filed.

We have recently realized that a FINAL report (for January 1-January 16, 2006) was not filed. The plan had a small balance remaining in the first few weeks of 2006 but was completely closed out with a zero balance as of January 16, 2006. We ask that you please waive or reduce any penalty fees for this oversight.

If you have any questions regarding Capital Run, please call 206-315-2188 or mail to 601 Union Street, Suite 3709, Seattle WA 98101.

Sincerely,

Lori Weller