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).

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	art I	Annual Report	Identification Inform	nation							
For	calend	ar plan year 2009 or fis	scal plan year beginning	01/01/200	09	and ending	12/31/2	2009			
Α	This ret	turn/report is for:	X single-employer plan	Γ	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report					
			an amended return/re	port	short plar	year return/report (less than 12 m	onths)				
C	Chack I	box if filing under:	☐ Form 5558	Ė	╡ :	extension	,	DFVC program			
•	CHECK	box if filling drider.	special extension (ent	L ter descript		, exteriorer		_ Di vo piogiaiii			
D	art II	Pacia Plan Info	rmation—enter all reque								
	art II	of plan	rmation—enter all reque	ested inforn	nation		1h	Three-digit			
		TAL, LLC PROFIT SHA	ARING PLAN				''	plan number			
D, 10	_ 0,	177.12, 220 1 17.01 17 01 17						(PN) • 001			
							1c	Effective date of plan			
								01/01/1999			
		ponsor's name and add TAL, LLC	dress (employer, if for sing	le-employe	r plan)		2b	Employer Identification Number (EIN) 91-1912013			
DAG	L CAFI	TAL, LLC					2c	Plan sponsor's telephone number			
		ΓER AVE. NE, #100						425-250-0575			
KIRK	(LAND,	WA 98033-4669					2d	Business code (see instructions)			
20	Disco	dartatara rada a a a a a a a	deddaes // sees as Dis			. 11	26	523110			
		TAL, LLC	nd address (if same as Plar 1		enter Same FER AVE. N		30	Administrator's EIN 91-1912013			
		,	k	(IRKLAND,	WA 98033	-4669	3c	Administrator's telephone number			
								425-250-0575			
			plan sponsor has changed ber from the last return/rep			port filed for this plan, enter the	4b	EIN			
	name, i	Liiv, and the plan num.	ber from the last return/rep	ort. Sporis	oi s name		4c	PN			
5a	Total	number of participants	at the beginning of the pla	n year			5a	6			
b						-	6				
С	Total ı	number of participants	with account balances as	of the end	of the plan y	rear (defined benefit plans do not					
	compl	lete this item)					5c	6			
6a		•	. ,	Ū		(See instructions.)		X Yes No			
b						ndent qualified public accountant (lions.)		X Yes □ No			
			•			SF and must instead use Form !					
Pa	rt III	Financial Inforn									
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year			
а	Total	plan assets			7a	5848	30	680078			
b	Total	plan liabilities			7b		0	0			
С	Net pl	lan assets (subtract line	e 7b from line 7a)		7с	5848	30	680078			
8	Incom	ne, Expenses, and Tran	nsfers for this Plan Year			(a) Amount		(b) Total			
а	Contri	ibutions received or rec	eivable from:								
	(1) E	mployers					0				
	` ,	•			` '		0				
	` ,	hers (including rollovers)				0					
b		` ,				952	48				
C), 8a(2), 8a(3), and 8b)		8c			95248			
d		1 \	ct rollovers and insurance p		8d		0				
е		•	ective distributions (see ins				0				
f			lers (salaries, fees, commi	,			0				
g		•		,			0				
h		•	l, 8e, 8f, and 8g)				-	0			
i			ine 8h from line 8c)					95248			
÷		` , `	(see instructions)				0				

Form 5500-SF 2009	Page 2- 1
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Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

Signature of plan administrator

SIGN HERE Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

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

D .	11 1111	plan provides wellare beliefits, effer the applicable wellare feat	die codes nom me	List Of Flatt Criara	Cleris	lic Cot	163 III I	ine monuc	MONS.				
Part	٧	Compliance Questions											
10	During the plan year:						No		Amount	t .			
а	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)						X						
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)												
С	Was the plan covered by a fidelity bond?									10000			
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?	10d		Х								
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		s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)			10h		X						
i		h 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	s a defined benefit plan subject to minimum funding requirement	ts? (If "Yes," see ins	tructions and com	plete	Sched	lule SB	3 (Form	Ye	es X No			
12	ls t	is a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es X No			
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,										
		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				1	12c						
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to the left	of a		12d						
е	Will	the minimum funding amount reported on line 12d be met by the	funding deadline?					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	ır?					Υe	s X No			
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this vear				13a		<u> </u>				
	Wei	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Ye	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):						c(2) El	N(s)	13c	(3) PN(s)			
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	le cau	ıse is	establ	ished.	1				
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	oort, in	cludin	g, if applic	,				
SIGN	Filed with authorized/valid electronic signature. 08/11/2010 H. THOMAS WIG					CK							
HERE	- [Signature of plan administrator Date Enter name of in				dividual signing as plan administrator							

Date

Date

08/11/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

H. THOMAS WICK

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Socurity 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).

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OMB Nos. 1210-0110 1210-0069

2009

This Form is Open to Public Inspection.

Bin'	Annual Report Identification Information	gance With	the instruction	18 to the Form 550L	-SF.					
	Annual Report Identification Information the calendar plan year 2009 or fiscal plan year beginning	2009-	-01-01	and anding	20	.nn1921				
_	This return/report is for: x single-employer plan									
ט		final return	•							
_	an amended return/report		•	d (less than 12 month	1S) 	- 1				
C	Check box if filing under: X Form 5558	automatic	extension		L	DFVC program				
	special extension (enter description									
	Titill Basic Plan Information enter all requested infor	mallon.								
1a	Name of plan					Three-digit				
	Base Capital, LLC Profit Sharing Plan		Plan number DO1							
				1	1c	Effective date of plan				
20	The second of th					1999-01-01				
40	Plan sponsor's name and address (employer, if for single-employer pl Base Capital, LLC	an)				Employer identification Number (EIN) 91-1912013				
				ł		Plan sponsor's telephone number				
	11415 Slater Ave. NE, #100					(425) 250-0575 .				
US	Kirkland WA 98033-4669					Business code (see instructions)				
3a	Plan administrator's name and address (If same as plan employer, er	ler "Same")			5231.10 Administrator's EIN				
	Same	,			•					
				ŀ	3c /	Administrator's telephone number				
						Administrator a telepriorite frantoni				
4	If the name and/or EIN of the plen sponsor has changed since the las	t roturn/soo	art filed for this w	les este the						
•	name, EIN and the plan number from the last return. Sponsor's Name	i returriep	on theu for this p	lan, enter me	4b EIN					
=					4c PN					
b	Total number of participants at the beginning of the plan year		5a 6							
C	Total number of participants at the end of the plan year	nlans do not	5b	6						
	complete this item)									
	Were all of the plan's essets during the plan year invested in eligible a				, .	Yes No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	If you answered "No" to either 6a or 6b, the plan cannot use Form	1 5500-SF e	., ind must instead	d use Form 5500.		Yes No				
Pa	祗川 Financial Information		·							
7	Plan Assets and Liabilities	計畫	(a) Beg	laning of Year		(b) End of Year				
а	Total plan assets	. 7a		584,830		680,078				
b	Total plan flabilities	7b		0	1	0				
С	Net plan assets (subtract line 7b from line 7a)	7c		584,830		680,078				
8	Income, Expenses, and Transfers for this Plan Year		(a)	Amount		(b) Total				
а	Contributions received or receivable from:		117.		138					
	(1) Employers	8a(1)		0						
	(2) Parlicipants	8a(2)		0	- 32					
h	(3) Others (including rollovers)	8a(3)		0						
b		d8	CHECK CONTRA	95,248	包封					
d	Total Income(add lines 8a(1), 8a(2), 8a(3), and 6b) Benefits paid (including direct rollovers and insurance premiums	8c	adasan kepada kalina	William Programme	10 mm	95,240				
	to provide benefits)	8.6		0						
е	Certain deemed and/or corrective distributions (see instructions)	80		0						
f	Administrative service providers (salaries, fees, commissions)	. 8f		0						
g	Other expenses	89		O						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	美国国际		1	0				
i	Net income (loss) (subject line 8h from line 8c)	. et				95,248				
1	Transfers in ffrom) the plan (see Instructions)	RI		^	高拉=	是150mm/420mm/250mm/250mm				

	Farm 5500-SF (2009)	F	age 2-		_				
Part	IV. Plan Characteristics								
	the plan provides pension benefits, enter the applicable pension featu 2K 2G 2R 2F 3D								
	the plan provides welfare benefits, enter the applicable welfare featur	e codes from the Lis	of Plan Characteri	stic Co	odes 1	n the l	nstructions:		
Päri	Compliance Questions								
10	During the plan year:			_	Yos	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fiducian			10a		x			
b	Were there any nonexempt transactions with any party-in-interest? (E on line 10a.)	Do not include transa	ctions reported	10b		х			***************************************
C	Was the plan covered by a fidelity bond?			10c	х				10,000
d	Old the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was c	oused by fraud	10d		х			,
е	Were any fees or commisions paid to any brokers, agents, or other p								
_	Insurance services or other organization that provides some or all of tinstructions.)			100		х			
t	Has the plan falled to provide any benefit when due under the plan?			101		х			
g	Old the plan have any participant loans? (if "Yes," enter amount as of			10g		x			
h	If this is an individual account plan, was there a blackout period? (Ser 2520,101-3.)	e instructions and 29	CFR	10h		x		indian Pandad	
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520,101-3	eaulred notice or and	of the						
Part	Pension Funding Compliance			1		!			
11	Is this a defined benefit plan subject to minimum funding requirement	ls? (If "Yes," see inst	ructions and comple	ele Sc	hedul	e SB (i	Form	. 🔲 Ye:	x No
12	is this a defined contribution plan subject to the minimum funding req (if "Yes," complete 12a or 12b, 12c, 12d, and 12c below, as applicable		412 of lhe Code or	sectio	n 302	of ER	ISA? .	, Yes	s X No
	If a waiver of the minimum funding standard for a prior year is being a granting the waiver ou completed line 12a, complete lines 3, 9, and 10 of Schedule ME	amortized in this plan	Mon	ns, ar th	nd ent	er the Day	dale of the l	letter ruling Year	9
b	Enter the minimum required contribution for this plan year	•	•		Г	12b			
C	Enter the amount contributed by the employer to the plan for this plan					12c			······
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minu	s sign to the left of :	a	Γ	12d			
0	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .			•		Yes	□No	□N/A
Part	Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan y				٠ <u>٠</u>			, 🗌 Yes	x No
	If "Yes," enter the amount of any plan assets that reverted to the emp					13a			
b	Were all the plan assets distributed to participants or beneficiaries, troof the PBGC?		olan, or brought und	ler the	contr	ol		□1v _~ ,	x No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See Instructions.)		lan(s), identify the p	lan(s)	to	• •	• • •	·	I X IVO
1	3c(1) Name of plan(s):				.13	c(2) E	IN(s)	13c(3) PN(s)
									•
	n: A penalty for the late or incomplete filling of this return/report v		· ** · · · · · · · · · · · · · · · · · ·						
SB or	penaliles of perjury and other penaliles set forth in the instructions, I d Schedule MB completed and signed by an enrolled actuary, as well as It is true, correct, and complete.	eclare that I have exa the electronic version	imined this return/re n of this return/repo	eport, rt, and	includ I to th	ing, II e bëst	applicable, of my know	a Schedul ledge and	e I
28(G			H. Thomas Wi	ck					
	E Signature of plan administrator	Date & -10 - 10	Enter name of ind		l signi	ng as	plan admini	strator	
SIG						i			
	HERE Signature of employer/plan sponsor Date Enter name of Individual signing as employer or plan sponsor								