Form 5500-SF

Department of the Treasury

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

Complete all entries in accordance with the instructions to the Form 5500-SF. **Annual Report Identification Information** For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number BASE CAPITAL, LLC PROFIT SHARING PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1999 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 91-1912013 BASE CAPITAL, LLC (EIN) 2c Plan sponsor's telephone number 11415 SLATER AVE. NE, #100 KIRKLAND, WA 98033-4669 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN 11415 SLATER AVE. NE, #100 91-1912013 KIRKLAND, WA 98033-4669 3c Administrator's telephone number 425-250-0575 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 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..... 0 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes 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 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 680078 a Total plan assets..... 7a 0 **b** Total plan liabilities..... 7b 680078 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) (1) Employers 0 8a(2) (2) Participants 0 (3) Others (including rollovers)..... 8a(3) -22660 Other income (loss)..... 8b -22660 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 657418 to provide benefits)..... 8d 0 Certain deemed and/or corrective distributions (see instructions) ... 8e 0 Administrative service providers (salaries, fees, commissions)...... 8f 0 Other expenses..... 8g 657418 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -680078 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) 0

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		•	
Part IV	Plan	(`hara	cteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art \	Compliance Questions						
)	During the plan year:		Yes	No		Amoun	t
а	Vas 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)	n 10a		X			
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				1000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauch dishonesty?	1 10d		X			
	Vere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nsurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	las 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			
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
	f 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					
rt \	Pension Funding Compliance						
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					. Ye	es X N
2	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?.	. Ye	es 🏋 N
(f "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
Ç	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ranting the waiver	onth					
	u completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Г	401			
	nter the minimum required contribution for this plan year			12b			
	nter the amount contributed by the employer to the plan for this plan year			12c			
1	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le egative amount)		-	12d			
<u>e</u> \	Vill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
rt \	II Plan Terminations and Transfers of Assets						
a	las a resolution to terminate the plan been adopted during the plan year or any prior year?		····- <u>-</u>			X Ye	es N
	"Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b \	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough if the PBGC?	nt under	the co	ntrol		X Ye	es 🗌 N
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify Thich assets or liabilities were transferred. (See instructions.)	the pla	an(s) to	1			
13	c(1) Name of plan(s):		13	c(2) El	N(s)	13c	(3) PN(s)
autic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reason	able ca	use is	establ	ished.		
nder	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this received the MB completed and signed by an enrolled actuary, as well as the electronic version of this return the second transfer of the second	eturn/re	port, ir	cludin	g, if appli		

SIGN	Filed with authorized/valid electronic signature.	02/03/2011	H THOMAS WICK
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	02/03/2011	H THOMAS WICK
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 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

2010

This Form is Open to Public Inspection

		dentification information							
For	the calendar plan year 2010	or fiscal plan year beginning	01/01	./2010	and ending	12	/31/2010		
Α	This return/report is for:	x single-employer plan	multiple-en	nployer plan (n	ot multiemployer)		one-participan	t plan	
В	This return/report is for:	first return/report	x final return	/report			•		
		an amended return/report	short plan	vear return/rep	ort (less than 12 mont)	ns)			
С	Check box if filing under:	Form 5558	automatic o	•	((DFVC program	1	
	J	special extension (enter descript	ш.			<u>L</u>] Di vo program	'	
- P	art II Basic Plan Info	ormation enter all requested in			Manual			11	
	Name of plan	Officiation enter an requested in	itormation.			1h 7	hree-digit		
	•	511 61 1 -1					lan number		
	Base Capital, LLC P	rolit Sharing Plan					PN) ▶	001	
							Effective date of postplant of the contract of	plan	
2a	Plan sponsor's name and add	dress (employer, if for single-employe	r plan)				mployer Identifi	cation Number	
	Base Capital, LLC						EIN) 91-191		
	11415 Slater Ave. N	E, #100						lephone number	
							(425) 250-05 Business code (s		
	Kirkland	WA 98033-4669					23110		
Ja	Same	nd address (If same as plan employer,	enter "Same")	ľ		3b A	Administrator's E	IN	
						3c A	dministrator's te	lephone number	
4	If the name and/or EIN of the	plan sponsor has changed since the ber from the last return/report. Sponso	last return/repo	ort filed for this	plan, enter the	4b EIN			
	mame, Environ the plantium	ser nem the last retainineport. Openst	or a marrie			4c PN			
5a		at the beginning of the plan year				5a		6	
b	Total number of participants	at the end of the plan year				5b		0	
С	complete this item)	with account balances as of the end o	f the plan year	(defined benef	it plans do not	5c		2	
6a	Were all of the plan's assets	during the plan year invested in eligible	e assets? (See	instructions.)				0 X Yes No	
b	Are you claiming a waiver of	the annual examination and report of	an independen	nt qualified publ				EE 100 110	
		(See instructions on waiver eligibility						X Yes No	
Dr	art III Financial Infor	her 6a or 6b, the plan cannot use Fo	orm 5500-SF a	na must inste	ad use Form 5500.				
7	Plan Assets and Liabilities	manon		/-\ D-					
	Total plan assets			(a) Be	ginning of Year		(b) End o		
_	Total plan liabilities		7a		680,078			0	
	•	71- form (box 7-)	. 7b		0			0	
<u>с</u> 8	Net plan assets (subtract line		. 7c		680,078	-		0	
o a	Income, Expenses, and Trans Contributions received or received			<u>(a</u>) Amount	0.0A9	(b) To	otal	
u		· · · · · · · · · · · · · · · · · · ·	. 8a(1)		0				
	(2) Participants		. 8a(2)		0				
	(3) Others (including rollover	rs)	. 8a(3)		0				
þ	Other income (loss)		. 8b		(22,660)				
C		8a(2), 8a(3), and 8b)	. 8c					(22,660)	
d		t rollovers and insurance premiums							
0	, , , , ,	otivo diatributione (and instructions)			657,418	-			
e f		ctive distributions (see instructions) .			0				
g	•	ers (salaries, fees, commissions)			0	-			
					0	SIRGIA A	ngggtingdygfildshilds		
h ;		, 8e, 8f, and 8g)	ł I					657,418	
! ;		e 8h from line 8c)				6 498.630		(680,078)	
j	ransters to (from) the plan (s	see instructions)	. 8j		0	3 120 0 0 4 0 0 0 0 0 0			

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Page	2-	

Parl	IV Plan Characteristics								-
	If the plan provides pension benefits, enter the applicable pension feat 2K 2G 2R 2F 3D								_
b	If the plan provides welfare benefits, enter the applicable welfare featu	re codes from the Lis	t of Plan Characteri	stic C	odes i	n the in	nstructions:		
Par	t V Compliance Questions								
10	During the plan year:				Yes	No	An	nount	_
а	Was there a failure to transmit to the plan any participant contributio	n within the time peri	od described in			х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia Were there any nonexempt transactions with any party-in-interest? (ry Correction Program	n)	10a		1			_
~	on line 10a.)			10b		x			
С	Was the plan covered by a fidelity bond?			10c	х			10,000	_ _
d	Did the plan have a loss, whether or not reimbursed by the plan's fid							10,000	_
	or dishonesty?			10d		x			
е	Were any fees or commisions paid to any brokers, agents, or other;	persons by an insura	nce carrier,						_
	insurance services or other organization that provides some or all of	the benefits under th	e plan? (See	10e		x			
f	instructions.)					х			-
				10f					_
g h	Did the plan have any participant loans? (If "Yes," enter amount as of this is an individual account plan, was there a blackout period? (Se			10g	<u> </u>	X	ewiels office or till in		7
	2520.101-3.)	ee instructions and 2		10h		x			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or on	e of the						
Par	VI Pension Funding Compliance			1		L			-
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see ins	tructions and comple	ete Sc	hedule	∋ SB (I	Form	Yes X No	
12	Is this a defined contribution plan subject to the minimum funding re								-
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicate	•							
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	year, see instructio	ns, ar	nd ente	er the	date of the let	ter ruling	
۱f ۷	granting the waiver	B (Form 5500), and	· · · · Mon skin to line 13	tn		Day	/Y	ear	
b	Enter the minimum required contribution for this plan year	•	•		_ [12b			_
С	Enter the amount contributed by the employer to the plan for this pla				_	12c			-
d	Subtract the amount in line 12c from the amount in line 12b. Enter the				•				-
	negative amount)					12d			_
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		•			Yes	No N/A	
	VII Plan Terminations and Transfers of Assets								_
13a	,				٠ .		• • • •	X Yes No	
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year .		•		13a)
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?					ol • •		X Yes No	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	olan(s), identify the p	olan(s)) to				
	13c(1) Name of plan(s):				13	c(2) E	lN(s)	13c(3) PN(s)	
									-
Cauti	on: A penalty for the late or incomplete filing of this return/report	will he assessed un	less reasonable ca	ueo i	e oeta	hlicho	d		_
	r penalties of perjury and other penalties set forth in the instructions, I							Sahadula	-
SB or	Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.	s the electronic version	on of this return/repo	rt, and	d to th	e best	of my knowle	dge and	
SIG	N H. Mun Our	1-31-11	H. Thomas Wi	.ck	······································				-
HE	59,5 T	Date	Enter name of ind	ividua	ıl signi	ng as	plan administi	rator	_
SIG	in								_
HE	Street Control of the	Date	Enter name of ind	ividua	ıl signi	ng as	employer or p	lan sponsor	_