F	Form 5500-SF	Short Form Annual Re	turn/Report o enefit Plan	of Small Employ	/ee	(OMB Nos. 1210 1210	0-0110 0-0089		
	Department of the Treasury Internal Revenue Service	Service This form is required to be filed under sections 104 and 4065 of the Employe Labor Administration Ketirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 This form is required to be filed under sections 104 and 4065 of the Employe Labor This form is required to be filed under sections 104 and 4065 of the Employe Labor This form is required to be filed under sections 6057(b) and 6058 Labor This form is required to be filed under sections 6057(b) and 6058			е	2	012			
·	Department of Labor yee Benefits Security Administration					This Form is Open to Public Inspection				
	on Benefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500)-SF.	115	pection			
Part For col		dentification Information		and anding 1	0/21/	2012				
	endar plan year 2012 or fisca N	× · · · · □			2/31/2					
	s return/report is for:			an (not multiemployer)		a one-particip	ant plan			
B This	s return/report is:		ne final return/report							
_		n/report (less than 12 mo	onths)							
C Che	heck box if filing under:						m			
_		special extension (enter description)								
Part		mation—enter all requested information	on		41					
	me of plan NTURES RETIREMENT PL				10	Three-digit plan number				
						(PN)	001			
					1c	Effective date of	plan			
						07/01/	2008			
	an sponsor's name and address NTURES, LLC	ess; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identif (EIN) 37-142		er		
	D AVE., SUITE 1510				2c	Sponsor's telept 888-257				
SEATTL	E, WA 98104				2d	Business code (s 54191		ns)		
3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address						Administrator's E	IN			
						Administrator's to	elephone nun	nber		
4 If t	be name and/or FIN of the n	plan sponsor has changed since the las	t return/report filed fo	r this plan enter the	4 h					
		per from the last return/report.	cretarin report med to							
a Sp	onsor's name				4c	PN				
5a To	otal number of participants at	t the beginning of the plan year			5a			14		
b To	otal number of participants at	t the end of the plan year			5b			16		
		count balances as of the end of the pla			5c			11		
		during the plan year invested in eligible					X Yes	No		
		ne annual examination and report of an	,	,						
		See instructions on waiver eligibility and					X Yes	No		
lf	you answered "No" to eith	er line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.				
		incomplete filing of this return/repo								
SB or S		r penalties set forth in the instructions, signed by an enrolled actuary, as well ete.								
SIGN	Filed with authorized/va	alid electronic signature.	03/27/2013	DAN FRUMIN						
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	vidual signing as plan administrator					
SIGN	SIGN									
HERE	ERE Signature of employer/plan sponsor Date Enter name of indivi			Enter name of individu	vidual signing as employer or plan sponso					
Prepar	Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					parer's telephone				
				ŀ						

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

7 Plan Assets and Liabilities 7a a Total plan assets 7a b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 8 Income, Expenses, and Transfers for this Plan Year 7c a Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (3) Others (including rollovers) 8a(3)	(a) Beginning of Year 159657 159657 (a) Amount		(b)	End of Year 156726 156726 (b) Total
b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 8 Income, Expenses, and Transfers for this Plan Year 7c a Contributions received or receivable from: (1) Employers 8a(1) (2) Participants 8a(2)	159657			156726
C Net plan assets (subtract line 7b from line 7a)				
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants				
a Contributions received or receivable from: 8a(1) (1) Employers 8a(2)	(a) Amount	_		(b) Total
(1) Employers 8a(1) (2) Participants 8a(2)				1~/ 10101
(2) Participants				
	00500	-		
(3) Others (including rollovers)	22509	_		
	07/10			
b Other income (loss)	27442	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				49951
 d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	43844			
e Certain deemed and/or corrective distributions (see instructions) 8e	9038			
f Administrative service providers (salaries, fees, commissions) 8f				
g Other expenses				
h Total expenses (add lines 8d, 8e, 8f, and 8g)				52882
i Net income (loss) (subtract line 8h from line 8c) 8i				-2931
j Transfers to (from) the plan (see instructions)				
Part IV Plan Characteristics				
 9a If the plan provides pension benefits, enter the applicable pension feature codes from 2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from 2E 2F 2F				
Part V Compliance Questions				
10 During the plan year:	Charles and the design of the second s	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	n Program) 10;	a	X	
b Were there any nonexempt transactions with any party-in-interest? (Do not includ on line 10a.)		b	X	
C Was the plan covered by a fidelity bond?		c X		10000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the or dishonesty?	,	d	х	
e Were any fees or commissions paid to any brokers, agents, or other persons by a insurance service or other organization that provides some or all of the benefits uninstructions.)	nder the plan? (See	e	x	
${f f}$ Has the plan failed to provide any benefit when due under the plan?		f	Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		a	Х	
h If this is an individual account plan, was there a blackout period? (See instructions 2520.101-3.)	s and 29 CFR		х	
i If 10h was answered "Yes," check the box if you either provided the required notic exceptions to providing the notice applied under 29 CFR 2520.101-3)i		
Dant VI Dension Funding Compliance	•	1		
Fart VI (Pension Funding Compliance	and instructions and complete			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes,"		<u></u>		
	·		11a	
 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 			11a	
 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500) and line 11a below)			11a	
 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39 	f section 412 of the Code or this plan year, see instruction	section 3	11a 302 of ERIS	A? Yes X No
 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500) and line 11a below)	f section 412 of the Code or s this plan year, see instruction Month	section 3	11a 302 of ERIS onter the da	A? Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Short Form Annual R	leturn/Report o Benefit Plan	f Small Emplo	yee		OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be file Retirement Income Security Act of	d under sections 104 ar	nd 4065 of the Employe	e		2012
Department of Labor Employee Benefits Security Administratio	8(a) of	This Form	is Open to Public spection			
Pension Benefit Guaranty Corporation	0-SF.		spectron			
Part I Annual Repor	t Identification Information iscal plan year beginning 01/01/201	12	and ending	12/31/	2012	
A This return/report is for:	X a single-employer plan	a multiple-employer pla		12/01/	a one-partici	
B This return/report is:	the first return/report	the final return/report	an (not manuemployer)			pant plan
		a short plan year return	/report (less lban 12 m	onthe		
Check box if filing under:	□ Form 5558 □	automatic extension	meport (1655 than 12 th	onna	DFVC progra	
Check box in hing under.	special extension (enter description					am
Part II Basic Plan Int	ormation—enter all requested information					
a Name of plan	Annation - enter all requested information	allon		1h	Three-digit	1
MM VENTURES RETIREMEN	PLAN				plan number	
					(PN) 🕨	001
				1c	Effective date of	
a Plan sponsor's name and a	ddress; include room or suile number (e	amplover if for a single (employer plan)	26	07/01/	
MM VENTURES, LLC		sinployer, in for a single-	employer plan	20	Employer Identi (EIN) 37142	
				2c	Sponsor's telep	NET O LOOK OF
20 - 3RD AVE., SUITE 1510					88825	
				2d		(see instructions)
EATTLE, WA 98104					54191	0
	nd address MSamo as Plan Sponsor N		Constant Address	26		
	nd address ⊠Same as Plan Sponsor N	Name Same as Plan	Sponsor Address		Administrator's Administrator's	EIN telephone number
	Ind address XSame as Plan Sponsor N			3с	Administrator's	
4 If the name and/or EIN of				3c 4b	Administrator's	
 If the name and/or EIN of name, EIN, and the plan r a Sponsor's name 	ne plan sponsor has changed since the l	last return/report filed fo	r this plan, enter the	3c 4b 4c	Administrator's	telephone number
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 If the name and/or EIN of 1 name, EIN, and the plan r a Sponsor's name a Total number of participant b Total number of participants with complete this item) c Number of participants with complete this item) a Were all of the plan's asse b Are you claiming a waiver under 29 CFR 2520.104-4 If you answered "No" to Caution: A penalty for the late Juder penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and constraints of perjury and SB or Schedule MB completed belief, it is true, correct, and constraints of perjury and SB or Schedule MB completed belief it is true, correct, and constraints of perjury and SB or Schedule MB completed belief it is true, correct, and constraints of perjury and SB or Schedule MB completed belief it is true, correct, and constraints of perjury and SB or Schedule MB completed belief it is true, correct, and constraints of perjury and SB or Schedule MB completed belief it is true, correct, and constraints of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and set of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and SB or Schedule MB completed belief it is true, correct and constraints of perjury and set of	he plan sponsor has changed since the l mber from the last return/report. Is at the beginning of the plan year is at the end of the plan year is at the end of the plan year is account balances as of the end of the plan ts during the plan year invested in eligib of the annual examination and report of and signed by an enrolled actuary, as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled actuary as we have the second by an enrolled by a second by an enrolled by a second by a secon	last return/report filed for plan year (defined bene ble assets? (See instruct an independent qualifie and conditions.) not use Form 5500-SF port will be assessed in ns, I declare that I have of ell as the electronic vers J 3 (25 /20(3) Date Date Date Date	fit plans do not fit plans do not tions.) d public accountant (IQ and must instead use unless reasonable cau examined this return/report DANF Enter name of individ Enter name of individ r (optional)	3c 4b 4c 5a 5b 5c Form use is port, ir t, and	Administrator's	telephone number 14 14 16 11 X Yes N X Yes N X Yes N N able, a Schedule knowledge and ninistrator er or plan sponsor

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Part III Financial Information							10221		
7 Plan Assets and Liabilities	(a) Beginning of Year					(b) End of Year			
a Total plan assets	7a	15965	7	_			15	6726	
b Total plan liabilities	7b			_					
C Net plan assets (subtract line 7b from line 7a)	7c	15965	7				15	6726	
Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Total		
a Contributions received or receivable from: (1) Employers	8a(1)								
(2) Participants	8a(2)	2250	q	-					
(3) Others (including rollovers)	8a(3)		2	-					Sur
b Other income (loss)	8b	2744	0						-
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	2/44,	<u> </u>						
d Benefits paid (including direct rollovers and insurance premiums							4	9951	1
to provide benefits)	8d	43844	4						
e Certain deemed and/or corrective distributions (see instructions)	8e	903	8	-					
f Administrative service providers (salaries, fees, commissions)	8f				0	1121	Y		
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						E	2882	
i Net income (loss) (subtract line 8h from line 8c)	8i							2931	
j Transfers to (from) the plan (see instructions)	8j								
2E 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare fe	alure codes	from the List of Plan Charac	terist	ic Cod	es in tł	ne instruct	ions:		
Part V Compliance Questions									
10 During the plan vege						-			_
 During the plan year: Was there a failure to transmit to the plan any participant contribut 	lions within th			Yes	No	-	Amou	unt	
a Was there a failure to transmit to the plan any participant contribut	lions within th	ne time period described in tion Program)	10a	Yes			Amou	unt	
	iciary Correct ? (Do not incl	tion Program)	10a 10b	Yes	No X X		Amou	unt	
 a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu b Were there any nonexempt transactions with any party-in-interest? on line 10a.) 	iciary Correct ? (Do not incl	tion Program) lude transactions reported	10b		x		Amou		
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C Enter the amount contributed by the employer to the plan for this plan	year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		12d	
e Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?		es 🗌 No 🗍 N/A
Part VII Plan Terminations and Transfers of Assets			
13a Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No
If "Yes," enter the amount of any plan assets that reverted to the employed	oyer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transformed of the PBGC?		control	Yes X No
C If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	nis plan to another plan(s), identify the plan(s) lo	
13c(1) Name of plan(s):		13c(2) EIN(s)	13c(3) PN(s)
Part VIII Trust Information (optional)			
14a Name of trust		14b Trust's	EIN