For	m 5500-SF	Short Form Annual Re		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee 201									
De	epartment of Labor enefits Security Administration	Retirement Income Security Act of 1		ctions 6057(b) and 6058		This Form i	s Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	ance with the instrue	ctions to the Form 550	0-SF.	Ins	pection		
Part I		lentification Information							
For calenda	ar plan year 2012 or fisca			and ending 1	2/31/2	2012			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
	an amended return/report a short plan year return/report (less than 12 months)								
C Check b	box if filing under:	Form 5558	automatic extension			DFVC progra	ım		
	[special extension (enter description	n)						
Part II	Basic Plan Inform	nation—enter all requested informa	tion						
1a Name	•				1b	Three-digit			
VENTRIPOI	NT, INC.					plan number (PN) ▶	001		
					10	Effective date or			
						04/30	•		
2a Plan sp VENTRIPOI		ess; include room or suite number (en	nployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 20-21	fication Number 24303		
	REET, SUITE 445				2c	Sponsor's telep 206-823			
SEATTLE, V					2d Business code (see instruction 621510				
3a Plan a	dministrator's name and	address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN		
					50	Administrators	elephone number		
		lan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN			
name, a Sponso		per from the last return/report.			40	PN			
<u> </u>		the beginning of the plan year			40 5a		3		
		the end of the plan year							
		count balances as of the end of the pl			5b		18		
		count balances as of the end of the pi			5c		5		
		luring the plan year invested in eligible					X Yes No		
b Are yo	ou claiming a waiver of th	ne annual examination and report of a	n independent qualifie	ed public accountant (IQ	PA)				
		See instructions on waiver eligibility a					X Yes No		
		er line 6a or line 6b, the plan canno							
		incomplete filing of this return/report r penalties set forth in the instructions					abla a Sabadula		
SB or Sche		signed by an enrolled actuary, as well							
SIGN	Filed with authorized/va	lid electronic signature.	07/29/2013	ELLEN BRIANT					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual sig	gning as plan adn	ninistrator		
SIGN									
HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individu	ual sid	ning as employe	r or plan sponsor		
Preparer's		ne, if applicable) and address; include					number (optional)		

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year
a Total plan assets	. 7a	2120	2			50696
b Total plan liabilities	. 7b					
C Net plan assets (subtract line 7b from line 7a)	. 7c	2120	2			50696
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers	8a(1)	127		_		
(2) Participants	8a(2)	2209)1	_		
(3) Others (including rollovers)	8a(3)					
b Other income (loss)	8b	646	7	_		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		29832
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d					
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	33	8			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)						338
i Net income (loss) (subtract line 8h from line 8c)	8i					29494
j Transfers to (from) the plan (see instructions)	- 8j					
Part IV Plan Characteristics	, oj					
2E 2F 2G 2J 2T 3D b If the plan provides welfare benefits, enter the applicable welfare fee Part V Compliance Questions	eature codes	from the List of Plan Chara	cterist	ic Cod	les in th	ne instructions:
				Yes	No	A
 During the plan year: Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu 			10a	103	×	Amount
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not incl	ude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	Х		500000
 d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? 	fidelity bond,	that was caused by fraud	10c		Х	500000
e Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	ner persons b of the benefits	y an insurance carrier, s under the plan? (See	10e		x	
${f f}$ Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year end	.)	10g		Х	
h If this is an individual account plan, was there a blackout period?	•	ons and 29 CFR			х	
2520.101-3.)			10h		^	
	he required n	otice or one of the	10h 10i		~	
 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 	he required n	otice or one of the			~	
 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 	he required no 1-3 nents? (If "Yes	otice or one of the	10i		dule SB	
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 	he required no 1-3 nents? (If "Yes	otice or one of the	10i	<u></u>	dule SB	
 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 	he required no 1-3 nents? (If "Yes	otice or one of the	10i		dule SB	
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	he required no 1-3 hents? (If "Yes requirements	otice or one of the s," see instructions and com s of section 412 of the Code	10i		dule SB	
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	he required no 1-3 hents? (If "Yes requirements , as applicable ng amortized	otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10i plete e or se	ection (dule SB 11a 302 of	ERISA? Yes X No
 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39	he required no 1-3 hents? (If "Yes requirements , as applicable ng amortized	otice or one of the s," see instructions and com s of section 412 of the Code e.) in this plan year, see instruction	10i plete e or se	ection (dule SB 11a 302 of enter th	ERISA? Yes X No

С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)					
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	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.)					
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 5	500-SF	Short Form Annual R		f Small Emplo	yee	OMB	Nos. 1210-0110 1210-0089	
Department of Internal Reve		E This form is required to be filed	enefit Plan	nd 4065 of the Employe	ie	2012		
Department Employee Benefits Se		Retirement Income Security Act of	1974 (ERISA), and sec Revenue Code (the C	tions 6057(b) and 6058	R(a) of I	This Form is Open to Public		
Pension Benefit Gua	aranty Corporation	Complete all entries in accord	ance with the instruc	tions to the Form 550	0-SF.	Inspect	lion	
		dentification Information						
or calendar plan	year 2012 or fisc	al plan year beginning 0	1/01/2012	and ending		1/2012		
A This return/rep	port is for:		• • • •	an (not multiemployer)	∐ a on	e-participant	plan	
3 This return/rep	oort is:	the first return/report	the final return/report					
		an amended return/report	-	m/report (less than 12 r				
Check box if fi	ling under:	Form 5558	automatic extension			/C program		
		special extension (enter descriptio	n)					
Part II Bas	ic Plan Infor	mation-enter all requested informa	tion			<u> </u>		
1a Name of plan					1b Three-o			
Ventripo	int, Inc.				(PN)		001	
					·	e date of plar	n	
						0/2010		
a Plan sponsor	's name and add	ress; include room or suite number (er	nployer, if for a single-	employer plan)		er Identificati		
	int, Inc.				(EIN) 2	0-212430)3	
						or's telephone		
24 Roy	Street.	Suite 445				823-022		
-	,	54100 445			2d Business code (see instructions) 621510			
Seattle				<u>98109</u>	3b Admini			
3a Plan administ	trator's name and	l address XSame as Plan Sponsor N	ame USame as riam	Spunsul Address		Mator 5 Ent		
A 100	11. 1713.1	- to a second back the second sizes the l	act roturn/roport filed fo	or this plan, onter the	4b EIN			
name, EIN, a	and the plan num	plan sponsor has changed since the liber from the last return/report.	ast retormeport med re		40 ENV			
a Sponsor's na		at the beginning of the plan year			1			
					5b		1	
		at the end of the plan year			50			
C Number of pa	articipants with a	ccount balances as of the end of the p	lan year (delined bene	nit pians do not	5c			
		during the plan year invested in eligib					X Yes No	
h Are you clair	ning a waiver of	the annual examination and report of a	an independent qualifie	ed public accountant (IC	QPA)	-		
under 29 CF	R 2520.104-46?	(See instructions on waiver eligibility :	and conditions.)			E	X Yes []No	
If you answ	ered "No" to eit	her line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	e Form 5500.			
Caution: A penal	Ity for the late o	r incomplete filing of this return/rep	ort will be assessed	uniess reasonable ca	use is establi	shed.	- Cohodulo	
Under penalties o SB or Schedule M belief, it is true, co	IB completed an	er penalties set forth in the instruction d signed by an enrolled actuary, as we lete.	s, I declare that I have all as the electronic ver	examined this return/repo	rt, and to the b	st of my kno	wiedge and	
SIGN: S	TP. V	Imant. CFO	Q. J. 25 /2013	Ellen Briant				
	ature of plan ad		Date	Enter name of individ	dual signing as	plan adminis	strator	
	Sint Sint	6 2 0		Ellen Briant				
SIGN HERE	cillen	Spout, CFO		Enter name of individ	dual cianina ac	omployer or	nian sponsor	
(Sian	ature of employ	ver/plan sponsor ame, if applicable) and address; includ	e room or suite numbe				nber (optional)	
Preparer s name	(including him he	ane, il applicable/ and address, inolid		. (/		•		
				AC.			n 5500-SF (2012	
For Paperwork Rec	Juction Act Notice	and OMB Control Numbers, see the ins	tructions for Form 5500.	SF.		rom	v. 12012	

Form 5500-SF 2012

Pa	t III Financial Information				·			
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a	21	L,202	2		50,696	
b	Total plan liabilities	7b			1			
С	Net plan assets (subtract line 7b from line 7a)	7c	21	1,202	2		50,696	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		 		(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		1,274	1			
	(1) Employers	8a(2)		2,09:			······································	
·	(2) Participants	8a(3)						
h	Other income (loss)	8b	(5,46	7			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			T		29,832	
-	Benefits paid (including direct rollovers and insurance premiums				1			
	to provide benefits)	8d						
	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>			<u>_</u>			
f	Administrative service providers (salaries, fees, commissions)	8f		33	<u></u>			
Concession of the second	Other expenses	<u>8g</u>			╉		338	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	<u>8h</u>			+		29,494	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>			+		25,451	
	Transfers to (from) the plan (see instructions)	<u>8j</u>	<u>I</u>					
Par	t IV Plan Characteristics	C	ulas from the List of Dion Chor	ootorial	in Co	dee in	the instructions:	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plan Chara	cteristic	c Cod	les in ti	ne instructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	tions withi uciary Cor	in the time period described in rection Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		x		
c				10c	х		500,000	
d		fidelity bo	ond, that was caused by fraud	10d		x		
e	Were any fees or commissions paid to any brokers, agents, or other	ner persor	ns by an insurance carrier,					
	insurance service or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e		x		
=				10f		x		
f				10g		x		
g	Did the plan have any participant loans? (If Yes, ener amount a If this is an individual account plan, was there a blackout period?			lug				
n	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
I	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				
Parl								
11	Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below)	nents? (If '	'Yes," see instructions and con	nplete	Schee	iule SE	3 (Form	
11-	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding			e or se	ction	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below							
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	ng amortiz	zed in this plan year, see instru	ctions, 1th	and	enter th Day	ne date of the letter ruling Year	
	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Fo	rm 5500), and skip to line 13.					
	b Enter the minimum required contribution for this plan year							

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		12c	1	
<u> </u>	Enter the amount contributed by the employer to the plan for this plan year			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yés	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 N	lo
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th of the PBGC?	e control		Yes 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) which assets or liabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊺	rust's EIN	
		1		

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