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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Pension Be	enetit Guaranty Corporation	 Complete all entries in accorda 	ance with the instruc	ctions to the Form 5500	0-SF.		•
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/20	013	
A This ret	turn/report is for:	x a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	pant plan
B This ret	turn/report is:		he final return/report				
		an amended return/report	short plan year return	n/report (less than 12 mo	onths)_	_	
C Check b	box if filing under:	님	automatic extension		L	DFVC progra	am
	T =	special extension (enter description	,				
Part II		mation—enter all requested informat	ion				T
1a Name	•					Three-digit	
VENTRIPOI	NT, INC.					plan number (PN) ▶	001
						Effective date o	
					10	04/30	
2a Plan sp		lress; include room or suite number (em	ployer, if for a single-	employer plan)		Employer Identi	fication Number 24303
	,				`	(EIN) 20-21 Sponsor's telep	
	REET, SUITE 445					206-823	
SEATTLE, V	VA 98109				2d E	Business code (62151	(see instructions)
3a Plan a	dministrator's name and	d address 🛛 Same as Plan Sponsor Na	me Same as Plar	Sponsor Address	3b /	Administrator's I	EIN
					3c /	Administrator's t	telephone number
		plan sponsor has changed since the la	st return/report filed fo	or this plan, enter the	4b 1	EIN	
name,		plan sponsor has changed since the last return/report.	st return/report filed fo	or this plan, enter the	4b		
name, a Sponse	, EIN, and the plan num or's name		·	·			18
name, a Sponse 5a Total r	, EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c		18
name, a Sponso 5a Total r b Total r c Numb	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a	at the beginning of the plan year	an year (defined bene	efit plans do not	4c		
name, a Sponso 5a Total r b Total r c Numbo	, EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b 5c	PN	11
name, a Sponso 5a Total r b Total r c Numbo compl 6a Were b Are yo	EIN, and the plan num or's name number of participants a number of participants a er of participants with a lete this item)	at the beginning of the plan year	an year (defined bene an ssets? (See instruction	efit plans do not tions.)	4c 5a 5b 5c	PN	11 6 X Yes No
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name, a Sponse b Total r c Numb compl 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche	p. EIN, and the plan numor's name number of participants and number of participants are reflected by the plan's assets ou claiming a waiver of the plan's assets ou claiming a waiver of the plan's assets of the plan's assets ou claiming a waiver of the plan is a defined benefit to plan is a defin	at the beginning of the plan year	assets? (See instruction independent qualified donditions.)t use Form 5500-SF urance program (see ort will be assessed I declare that I have as the electronic ver	efit plans do not tions.) ed public accountant (IQI and must instead use ERISA section 4021)? unless reasonable cau examined this return/repsion of this return/report	4c 5a 5b 5c Form 5 se is e port, inc., and to	PN 5500. Yes No established. Cluding, if applice the best of my	11 6 X Yes No X Yes No Not determined able, a Schedule knowledge and
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name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined beneated assets? (See instruct in independent qualified and conditions.)	efit plans do not tions.)	4c 5a 5b 5c 5c Form 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes No established. Cluding, if applic of the best of my ning as plan admining as employe	11 6 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator
name, a Sponsor b Total r c Number comple 6a Were b Are younder If you c If the p Caution: A Under pena SB or Sche belief, it is t SIGN HERE	EIN, and the plan numor's name number of participants and participants are reflected by participants with a lete this item)	at the beginning of the plan year	an year (defined beneated assets? (See instruct in independent qualified and conditions.)	efit plans do not tions.)	4c 5a 5b 5c 5c Form 5 5c 5c 5c 5c 5c 5c 5c	PN 5500. Yes No established. Cluding, if applic of the best of my ning as plan admining as employe	11 6 X Yes No X Yes No Not determined able, a Schedule knowledge and ministrator

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End	of V			
	Total plan assets	7a	(a) Beginning of Tea				(b) Ellu	01 1	7344	8	
	Total plan liabilities	7b			+						
	Net plan assets (subtract line 7b from line 7a)	7c	5069	6	+				7344	8	
	Income, Expenses, and Transfers for this Plan Year	70					(b) Total				
	Contributions received or receivable from:		(a) Amount				(a) i	otai			
	(1) Employers	8a(1)	281	5							
	(2) Participants	8a(2)	725	3							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	1321	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							23278	8	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	52	6							
g	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							52	6	
ī	Net income (loss) (subtract line 8h from line 8c)	8i							2275	2	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
9a		feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruc	tions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:			
_											
Par	•						1				
10	During the plan year:				Yes	No		Am	ount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corr	rection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					500	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service, or other organization that provides some or all					Х					
	instructions.)			10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f							
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10			10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	Yes	×	No
110	Enter the unpaid minimum required contribution for current year fr					11a					
	· · · · · · · · · · · · · · · · · · ·		,		-		EDICAG	Г	Yes	<u></u>	No
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	cuon	ა∪∠ 0f	EKISA!		168	^	INU
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	enter ti	l ne date of t	he la	etter ri	ıling	
	granting the waiver.		Mon		, այս (Day	uaic 01 l	Yea		9	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		-		ı				
	Enter the minimum required contribution for this plan year					12b	I				

Page	3 -	1
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С	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 result (enter a minus sign to the left of a negative amount)	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 in any plan year?	Y	es X No	
	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 the coof the PBGC?	ontrol		Yes X No
С	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):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

Form 5500-SF

Department of Labor Benefits Security Administra

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 sections 6057(b) and 6058(a) of

the Internal Revenue Code (the Code)

This Form is Open to Public Inspection

2013

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 12/31/2013 and ending X a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan the first return/report B This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number Ventripoint, Inc. (PN) ▶ 001 Effective date of plan 04/30/2010 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number Ventripoint, Inc. (EIN) 20-2124303 Sponsor's telephone number (206) 823-0221 24 Roy Street, Suite 445 2d Business code (see instructions) Seattle WA 98109 621510 3b Administrator's EIN 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address 3c Administrator's telephone number 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. a Sponsor's name 4c 5a Total number of participants at the beginning of the plan year..... 5a 18 Total number of participants at the end of the plan year 11 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not C complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.). If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes ☐ No ☐ Not determined 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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. Ke. 14 Ellen Briant 6/26 SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator Ellen Briant SIGN 6/21 HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

The period of Power The period of Power	Pa	rt III Financial Information	5					
To Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
c Net plan assets (authract line 7b from line 7e). 7c 50,696 73,448 8 Incomp. Expanses, and Transfers for this Plan Year (a) Amount (b) Total 4 Contributions received or residuable form: (1) Employers 8e(1) 2,815 (2) Participants 8e(2) 7,253 (3) Others (including rollovers) 8e(3) 7,253 (3) Others (including rollovers) 8e(3) 9 9 9 9 (4) Other Income (ass) 8e(3) 9 9 9 9 9 9 (5) Other Income (ass) 8e(3) 9 9 9 9 9 9 9 9 9	а	Total plan assets	7a	5	0,69	96		73,448
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	b	Total plan liabilities	7b					
a Contributions received or receivable from: (1) Employers	С	Net plan assets (subtract line 7b from line 7a)	7c	5	0,69	96		73,448
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
2) Participants	а		0-(4)		2 81	15		
Solidary Solidary								
b Other income (loss) 8b 1.3, 21.0 c Total income (lod lines 8d(1), 8d(2), 8d(3), and 8b) 8c 23, 276 d Benefits paid (including direct collovers and insurance premiums to provide benefits) 8d 8d d Benefits paid (including direct collovers and insurance premiums to provide benefits) 8d 8d 8d d Sementia paid (including direct collovers and insurance premiums to provide benefits) 8d 8d 8d 8d 8d 8d 8d 8					, , , ,			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1.	3.21	0		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8 d Cartain deemed and/or corrective distributions (see instructions) 8e 9 Contain deemed and/or corrective distributions (see instructions) 8f 1 Administrative service providers (salaries, fees, commissions) 8f 9 Other expenses (add lines 8d, 8e, 8f, and 8g)	-					+		23,278
to provide benefits)			OC			+		
F Administrative service providers (salaries, fees, commissions)			8d			4		
Souther spenses South S	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		52	26	-	
In Not income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g			+		F0.6
Transfers to (from) the plan (see instructions)	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)				_		
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 22 EF 26 27 37 30 b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a fallure to transmit to the plan any participant contributions within the time period described in 2a CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?. e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	<u>i</u>		8i			+		22, 152
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2	<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
During the plan year: 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). Diver there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). City Was the plan novered by a fidelity bond?	b	If the plan provides welfare benefits, enter the applicable welfare for						
a 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)				****		Yes	No	Amount
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			tions within	the time period described in			110	Aillouit
c Was the plan covered by a fidelity bond?		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corr	ection Program)	10a		Х	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	on line 10a.)			10b		Х	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	С				10c	X		500,000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	d				10d		Х	
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f						Х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) I If 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							Х	
i If 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	h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			Х	
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the	ne required	d notice or one of the				
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance					•	
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver		Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes," see instructions and com	plete	Sched	dule SE	3 (Form Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a	Enter the unpaid minimum required contribution for current year fr	rom Sched	lule SB (Form 5500) line 39			11a	
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA? Yes X No
granting the waiverMonth Day								
401		granting the waiver.		Mon		, and e		
b Enter the minimum required contribution for this plan year	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.			40:	
	h	Enter the minimum required contribution for this plan year					12b	1

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	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 result (enter a minus sign to the left negative amount)		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 in any plan year?		Y	es 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 of the PBGC?	under the	control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
	13c(1) Name of plan(s):	13	3c(2) El	N(s)	13c(3) F	PN(s)
120-100						
	VIII Trust Information (optional)		4.41	=		
14a	Name of trust		14 D Ir	ust's EIN		