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

Pensio	n Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	0-SF.		peotion
Part	Annual Report I	dentification Information					
For cale	endar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013	
	return/report is for:	a single-employer plan	a multiple-employer plant the final return/report	an (not multiemployer)		a one-partici	pant plan
D Inis	return/report is:	the first return/report	<u> </u>	/ 40 40	41 \		
_		an amended return/report	吕 ' '	/report (less than 12 mo	ontns)	_	
C Che	ck box if filing under:	Form 5558 special extension (enter description)	automatic extension			DFVC progra	am
Part	I Racic Plan Infor	mation—enter all requested info	· ,				
	me of plan	mation—enter all requested into	iiiialioii		1h	Three-digit	
	TIE OF PIAIT NTURES RETIREMENT PI	LAN			10	plan number	
1 1VIIVI V L	VIOREO RETIREMENT I					(PN) ▶	001
					1c	Effective date o	f plan
						07/01	/2008
	n sponsor's name and add NTURES, LLC	lress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 37-14	fication Number 28382
720 - 3R	D AVE., SUITE 1510				2c	Sponsor's telep	
SEATTL	E, WA 98104				2d	Business code 6	(see instructions)
3a Pla	n administrator's name and	d address Same as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's	
					3с	Administrator's	telephone number
4 If ti	ne name and/or EIN of the	plan sponsor has changed since the	ne last return/report filed fo	r this plan, enter the	4b	EIN	
	me, EIN, and the plan num onsor's name	nber from the last return/report.			4c	PN	
5a To	tal number of participants a	at the beginning of the plan year			5a		16
b To	tal number of participants a	at the end of the plan year			5b		15
C Nu	mber of participants with a	ccount balances as of the end of th	ne plan year (defined bene	fit plans do not	5c		11
_	•	during the plan year invested in eli					X Yes No
b Ar	e you claiming a waiver of	the annual examination and report (See instructions on waiver eligibili	of an independent qualifie	d public accountant (IQF	PA)		X Yes No
		her line 6a or line 6b, the plan ca			_		_
C If the	ne plan is a defined benefit	t plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution	n: A penalty for the late o	r incomplete filing of this return/	report will be assessed u	ınless reasonable cau	se is	established.	
SB or S		er penalties set forth in the instruct d signed by an enrolled actuary, as lete.					
SIGN	Filed with authorized/v	valid electronic signature.	10/13/2014	DAN FRUMIN			
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator
SIGN HERE							
	Signature of employ		Date	Enter name of individu			
Prepare	er's name (including firm na	ame, if applicable) and address; inc	aude room or suite number	(optional)	Prep	arer's telepnone	number (optional)

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Pa	rt III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	l of Y	ear		_
<u>.</u>	Total plan assets	7a	(a) Beginning of Tea				(b) Life		209992	2	_
	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	156726				209992			_	
8	Income, Expenses, and Transfers for this Plan Year	-,-	(a) Amount				(b) Total			_	
a	Contributions received or receivable from:		(a) Amount				(15)	IOtai			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	1243	32							
	(3) Others (including rollovers)	8a(3)	58	34							
b	Other income (loss)	8b	4025	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							53266	i	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							5326	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	3:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:			
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Δm	ount		_
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7411	<u> </u>		_
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X					_
					X					10000	_
				10c						10000	<i></i>
	or dishonesty?	<u></u>		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	•	,								
	instructions.)		. `	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	end.)	10g		Χ					
h		(See instru	uctions and 29 CFR	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	ne required	d notice or one of the	10ii							
Part											-
11	Is this a defined benefit plan subject to minimum funding requirem							Τ	1 v	Пы	_
	5500) and line 11a below)								Yes	No	נ
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12	Is this a defined contribution plan subject to the minimum funding			e or se	ection	302 of	ERISA?		Yes	X No)
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>				
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	th	, and 6	enter th Day	ne date of	the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•	•		ı		I				_
b	Enter the minimum required contribution for this plan year					12b	Ī				

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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 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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part Annual Report Identification Information			0104100				
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013	<u> </u>	and ending	12/31/20		-		
A mus recumreporcis ion.	a multiple-employer pla	n (not multiemployer)	a one-participant plan				
D Illig tetritytebott is:	the final return/report	TOTAL SHOOT WAS TO					
an amended return/report	a short plan year return	report (less than 12 m	onths)	• 440000 000			
C Check box if filing under: Form 5558	automatic extension		L	DFVC progra	m		
special extension (enter description	n)				•		
Part II Basic Plan Information—enter all requested information	tion	***					
1a Name of plan			100000000000000000000000000000000000000	Three-digit			
FMM VENTURES RETIREMENT PLAN		plan number (PN)	001				
				Effective date of 07/01/2			
2a Plan sponsor's name and address; include room or suite number (er FMM VENTURES, LLC	nployer, if for a single-e	mployer plan)		b Employer Identification Number (EIN) 37-1428382			
				Sponsor's telep (888) 25			
720 - 3RD AVE., SUITE 1510 SEATTLE, WA 98104			2d	Business code (541910	(see Instructions)		
3a Plan administrator's name and address Same as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b .	Administrator's I	EIN		
			3c /	Administrator's	telephone number		
		9	ľ				
			122				
4 If the name and/or EIN of the plan sponsor has changed since the language. EIN, and the plan number from the last return/report.	ast return/report filed for	r this plan, enter the	4b	EIN			
a Sponsor's name			4c	PN			
5a Total number of participants at the beginning of the plan year	************************		5a		16		
b Total number of participants at the end of the plan year					15		
C Number of participants with account balances as of the end of the property complete this item)	lan year (defined bene	lit plans do not	5c		11		
6a Were all of the plan's assets during the plan year invested in eligib					X Yes No		
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan cann	an independent qualified and conditions.)	d public accountant (IC	QPA)	•••••	Yes No		
C If the plan is a defined benefit plan, is it covered under the PBGC in					Not determined		
Caution: A penalty for the late or incomplete filing of this return/rep	ort will be assessed u	ınless reasonable ca	use is c	established.			
Under penalties of perjury and other penalties set forth in the instruction SB or Schedule MB completed and signed by an enrolled actuary, as we belief, it is true, correct, and complete.	s, I declare that I have e all as the electronic vers	examined this retum/re sion of this retum/repo	eport, in rt, and t	cluding, if applic o the best of my	able, a Schedule knowledge and		
SIGN CO	14/10/14	× DAN FRU	Min	<u>)</u>			
HERE Signature of plan administrator	Date	Enter name of indivi	dual sig	ning as plan adı	ministrator		
SIGN					10		
HERE Signature of employer/plan sponsor	Date	Enter name of indivi	nie Isch	ning as employe	er or plan sponsor		
Preparer's name (including firm name, if applicable) and address; including	e room or suite numbe	r (optional)			number (optional)		
			**		***		
			1				

Pa	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year		
a	Total plan assets	7a	156726	3			209992		
b	Total plan liabilities	7b							
c	Net plan assets (subtract line 7b from line 7a)	7c	156726	726			209992		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total		
а	Contributions received or receivable from:	0-(4)							
	(1) Employers	8a(1)	12432	2					
	(2) Participants	88(2)	584	Yor'	+				
	(3) Others (including rollovers)	8a(3) 8b	40250		+				
	Other Income (loss)	8c		300.00 H	+	20.000	53266		
- d	Benefits paid (including direct rollovers and insurance premiums	00							
	to provide benefits)	. 8d			_				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e			1				
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h			_		200 200 000		
_ <u>i</u> _	Net income (loss) (subtract line 8h from line 8c)	. 8i			4		53266		
j	Transfers to (from) the plan (see instructions)	- 8j					5/5		
Pa	rt IV Plan Characteristics				4				
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Chara	acteris	ilic Co	des in	the instructions:		
-	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for	aature cor	los from the List of Plan Chara	cterist	ic Cod	les in t	he instructions:		
b	If the plan provides wellate benealts, effect the applicable wellate t	eature cod	ics from the blot of Fran Ondia.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Par	t V Compliance Questions								
10	During the plan year:		0000		Yes	No	Amount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510,3-1027 (See instructions and DOL's Voluntary Fid.	uciary Cor	rection Program)	10a		×			
	Were there any nonexempt transactions with any party-in-interes on line 10a.)	t? (Do not	include transactions reported	10b		x			
	Was the plan covered by a fidelity bond?			10c	Х		10000		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		х			
-	Were any fees or commissions paid to any brokers, agents, or of	her persor	ns by an insurance carrier,						
	insurance service, or other organization that provides some or all	l of the bei	nefits under the plan? (See	10e		x			
00	instructions.)			10f		×			
	Did the plan have any participant loans? (If "Yes," enter amount			10g	-	X			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See Insti	Uctions and 29 CFR	10h	4	х			
_	If 10h was answered "Yes." check the box if you either provided	the require	ed notice or one of the						
	exceptions to providing the notice applied under 29 CFR 2520.10	01-3	***************************************	101					
Par	t VI Pension Funding Compliance						······································		
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) Yes No									
11	1a Enter the unpeid minimum required contribution for current year from Schedule SB (Form 5500) line 39								
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
	(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	a If a walver 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								
-	If you completed line 12a, complete lines 3, 9, and 10 of Schedu	ile MB (Fo	orm 5500), and skip to line 13		-		1		
	b Enter the minimum required contribution for this plan year	*********				12b			

	Form 5500-SF 2013 Pa	age 3 - 1		
				
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 result (enti- negative amount)		12d	
е	Will the minimum funding amount reported on line 12d be met by the funding dea	adline?	У	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 employer this ye	ear	13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?			Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the plan(s)	10	
1	3c(1) Name of plan(s):	1	3c(2) EIN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			*
				EIN

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