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).

Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

		<u>t Identification Informatio</u>								
For calend	ar plan year 2014 or	fiscal plan year beginning 01/01/	<u>/2014</u>	and ending 12/3	31/2014					
A This re	turn/report is for:	X a single-employer plan		r plan (not multiemployer) (ployer information in accord	_					
	·	a one-participant plan	a foreign plan	•		,				
B This ret	urn/report is	the first return/report	the final return/repo	rt						
	·	an amended return/report	a short plan year re	turn/report (less than 12 mo	1 12 months)					
C Check	box if filing under:	X Form 5558	automatic extensio	n	DFVC pro	ogram				
		special extension (enter des	scription)							
Part II	Basic Plan Inf	ormation—enter all requested i	information							
1a Name	of plan				1b Three-digit					
FMM VENT	URES RETIREMENT	T PLAN			plan numbe	r 001				
				•	(PN) 1c Effective da					
						7/01/2008				
2a Plan s		address; include room or suite num	nber (employer, if for a sing	le-employer plan)		entification Number 7-1428382				
14725 N E - 2	20TH ST., SUITE D-9	24			-	elephone number 3-257-9249				
BELLEVUE,		94			2d Business co	de (see instructions)				
3a Plan a	dministrator's name	and address XSame as Plan Spo	insor.		3b Administrate					
4					Alw					
name	, EIN, and the plan n	he plan sponsor has changed sinc number from the last return/report.	e the last return/report file	d for this plan, enter the	4b EIN					
name a Spons	, EIN, and the plan n or's name	number from the last return/report.		·	4c PN	17				
a Spons 5a Total	, EIN, and the plan nor's name	ts at the beginning of the plan year	r		4c PN 5a					
a Spons 5a Total b Total c Numb	, EIN, and the plan n or's name number of participan number of participan er of participants wit	ts at the beginning of the plan year ts at the end of the plan year haccount balances as of the end of	rof the plan year (defined be	enefit plans do not	4c PN 5a 5b	11				
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b .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot will be a second of the plan cannot	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Yes	□ □ No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	∐No ∐	Not dete	mined
Par	III Financial Information	I							
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End o		
	Total plan assets	7a	2099	992	_			2028	327
	Total plan liabilities	7b	0000		_			0000	
	Net plan assets (subtract line 7b from line 7a)	7c	2099	992	-			2028	327
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from: 1) Employers	8a(1)							
	2) Participants	8a(2)	109	965					
	3) Others (including rollovers)	8a(3)	65	551					
-	Other income (loss)	8b							
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						175	516
	Benefits paid (including direct rollovers and insurance premiums								
t	o provide benefits)	8d	246	581					
_ e (Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u> (Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						246	
	Net income (loss) (subtract line 8h from line 8c)	8i						-7'	165
_ J	Fransfers to (from) the plan (see instructions)	8j							
b	2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructio	ns:	
10	During the plan year:				Yes	No	1	mount	
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 Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X			
D	on line 10a.)	`	•	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ				10000
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 instructions.)	of the ber	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instr	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 2520.101			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Yes	No
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>		
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day		e letter ru /ear	ıling

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benetia Security Administration Pension Benefit Gueranty 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 5600-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

	rt Identification Information	······································	and and a	enus mas s			
For calendar plan year 2014 o	r tiscat plan year beginning 01/0 X a single-employer plan	1/2014		12/31/2014			
A This return/report is for:	plan (not multiemployer) (loyer information in accord						
	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/report					
	an amended return/report	a short plan year reti	urn/report (less than 12 mo	onths)			
C Check box if filling under:	X Form 5558	automatic extension	i	☐ DFVC pro	gram		
	special extension (enter desc	cription)					
Part II Basic Plan In	formation—enter all requested in	nformation					
1a Name of plan				1b Three-digit			
FMM VENTURES RETIREMEN	ITPLAN			plan number (PN)	001		
				1c Effective dat 07/01/2008	e of plan		
2a Plan sponsor's name and FMM VENTURES, LLC	address; include room or suite numb	ber (employer, if for a singl	le-employer plan)	2b Employer Ide	entification Number		
* 192194 - Edite 7 Frank Strong processor				(EIN) 37-142 2C Sponsor's te			
يس تعريبون وين - مينين و وشاه بلد شد د بد ساست. د	۵ ش ۵			1	38) 257-9249		
14725 N.E. 20TH ST., SUITE D	-94		1	2d Business co	de (see instructions)		
BELLEVUE, WA 98007			 	541910			
3a Plan administrator's name	and address X Same as Plan Spor	rsor.		3b Administrato	r's EIN		
				3C Administrate	r's telephone number		
	the plan sponsor has changed since number from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN 4c PN			
***************************************	nts at the beginning of the plan year.			5a	17		
	nts at the end of the plan year			5b	11		
	th account balances as of the end of			 			
complete this item)	***************************************	FARESHE PROLES 44 4 X X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Kaperer (4 corr) (2 2 2 corr) (2 4 corr) Kaperer (2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5c	8		
d(1) Total number of active	participants at the beginning of the p	olan year	***************************************	5d(1)	9		
d(2) Total number of active	participants at the end of the plan ye	9 8 7	** XX (******************	5d(2)	8		
Number of participants that less than 100% vested	t terminated employment during the	plan year with accrued be	nefits that were	5e	0		
	te or incomplete filing of this retui			use is established.			
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the instruit and signed by an enrolled actuary,	uctions, I declare that I hav	e examined this return/rep	port, including, if ap	plicable, a Schedule		
belief, it is true, correct, and co	mpete.	10/2/15	× DAN FRI	UMIN			
HERE							
Signature of plai	ı administrator	Date	Enter name of individu	ual signing as plan	administrator		
SIGN HERE							
Signature or em	ployer/plan sponsor n name, if applicable) and address (i	Date	Enter name of individe	uel signing as empl	loyer or plan sponsor one number (optional)		
PERSON SIMILAR INCLEMENT	il ugue'n ghhicarie) ann anness f	include room of suite name	per) (optional)	Preparer s releptiv	ine number (ontional)		

_	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indece	ndent qualified public accounta	nt (IC	PA)			<u> </u>	Yes ∐ No Yes ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann	ente comun not use Fo	m 5500-SF and must instead	i use	Form	6500.			163 [] 140
C	If the plan is a defined benefit plan, is it covered under the PBGC in							Not	determined
På	Financial Information		 						
7	Pian Assets and Liabilities		(a) Beginning of Yea	7	\neg		(b) En	d of Ye	107
	Total plan assets	7a	209992		十		02827		
	Total plan liabilities	7b			╅		-		02027
	Net plan assets (subtract line 7b from line 7a)	7c	209892		+			2	02827
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		+-		(b)	Total	
	Contributions received or receivable from:	N. A. S. S. S.	(a) Asilouit		+-		(11)	1000	
	(1) Employers	Ba(1)					- 0		(6)
	(2) Participants	Ba(2)	10969	5					
	(3) Others (including rollovers)	. 8a(3)	855	1	T:				
b	Other income (loss)								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1				17516
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	24681	·			6	×.	
е	Certain deemed and/or corrective distributions (see instructions)	. 8e					• • •		i.
f	Administrative service providers (salaries, fees, commissions)	. 8f			Т				
9	Other expenses	_							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1							24681
	Net income (loss) (subtract line 8h from line 8c)								-7165
T	Transfers to (from) the plan (see instructions)					,			
02	Plan Characteristics	1 9	<u> </u>						
b	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for								·
_		·							
10	V Compliance Questions	·		_					
	During the plan year:				Yes	No		Amo	ount
a	During the plan year: Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Con	rection Program)	10a	Yes	No X		Amo	ount
a	During the plan year: Was there a failure to transmit to the plan any participant contribu	uciary Con 17 (Do not	rection Program)include transactions reported	10a	Yes			Amo	punt
a b	During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fidewer there any nonexempt transactions with any party-in-interest	uciary Con 17 (Do not	rection Program)include transactions reported		Yes	х		Amo	10000
a b	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fiditivers there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond?	uciary Con	rection Program)include transactions reported	10b		х		Amo	
b c	During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	t? (Do not fidelity bo her person of the ben	rection Program)	10b 10c		x		Amo	
b c	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all	t? (Do not fidelity bo her person of the ben	rection Program)	10b 10c		x x		Amo	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.)	t? (Do not fidelity bother person of the ben	rection Program)	10b 10c 10d		x x x		Amo	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plantary or the plantary plantary plantary that plantary is plantary to the plantary plantary that plantary is plantary to the plantary plantary that plantary is plantary to the plantary that plantary that plantary that plantary the plantary that plantary that plantary the plantary that plantary th	try (Do not fidelity bother person of the bental is of year (See Instru	rection Program)	10b 10c 10d 10e		x x x		Amo	
b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution. 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan Did the plan have any participant losns? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period?	try (Do not fidelity bother person of the bental in?	rection Program)	10b 10c 10d 10e 10f 10g		x x x x x		Amo	
b c d d e e e e e e e e e e e e e e e e e	During the plan year: Was there a failure to transmit to the plan any participant contribution of the plan and DOL's Voluntary Fide Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant losns? (If "Yes," enter amount a lifthis is an individual account plan, was there a blackout period? 2520.101-3.)	try (Do not fidelity bother person of the bental in?	rection Program)	10b 10c 10d 10e 10f 10g		x x x x x		Amo	
b c d d e e e e e e e e e e e e e e e e e	During the plan year: Was there a failure to transmit to the plan any participant contributions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.) Has the plan falled to provide any benefit when due under the plan bid the plan have any participant losns? (If "Yes," enter amount a lif this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	incenter? (If "	rection Program)	10b 10c 10d 10e 10f 10g 10h	X	x x x x x x x x x x	3 (Form		10000
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6 d d e e e e e e e e e e e e e e e e e	During the plan year: Was there a failure to transmit to the plan any participant contributions there are any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan bid the plan have any participant losns? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 28 CFR 2520.101-3.) Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below).	incomplete in the requirements? (If "	rection Program)	10b 10c 10d 10e 10f 10g 10h 10i	Schedin	X X X X X X 11a 302 of	ERISA?.		Yes No

	Form 5500-SF 2014	Page 3 - 1						
if	you completed line 12a, complete lines 3, 9, and 10 of Sch	edule MB (Form 5500), and skip to line 13	•					
<u>b</u>	Enter the minimum required contribution for this plan year		*******	12b		· · · · · · · · · · · · · · · · · · ·		
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, negative amount)			12d				
8	Will the minimum funding amount reported on line 12d be me				Ye	s 🗍	No	N/A
Part	VII Plan Terminations and Transfers of Asse	nts						
13a	Has a resolution to terminate the plan been adopted in any plan y	687 ·····	*********		(es)	No		
	if "Yes," enter the amount of any plan assets that reverted to			13a	Π		····	
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferr which assets or liabilities were transferred. (See instructions.	red from this plan to another plan(s). Identify	the plan(s) t	0				
1	3c(1) Name of plan(s):		13	lc(2) E	N(s)		13c(3) PN(s)
Serie	Vili Trust Information (optional)			····				
14a					14b Trust's EIN			
			*					
			1					