## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**HERE** 

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## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Informatior	1						
For calend	dar plan year 2015 or f	iscal plan year beginning 01/01/	2015		and ending 1	2/31/2	015		
A This re	eturn/report is for:	a single-employer plan     a one-participant plan	lis		an (not multiemployer) ployer information in a				
<b>B</b> This re	turn/report is	the first return/report an amended return/report	the	e final return/report	n/report (less than 12 m	nonths	)		
C Check	box if filing under:	X Form 5558  special extension (enter desc	ш	utomatic extension			DFVC prog	ram	
Part II	Basic Plan Inf	ormation—enter all requested ir	nformation	on					
1a Name FMM VEN							Three-digit plan number (PN) •	001 f plan	
							07/0	1/2008	
Mailir	ng address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.0		(if foreign, one instru	uctions)	2b	Employer Identi (EIN) 37-1	fication Number 428382	
	URES, LLC	ce, country, and ZIP or foreign pos	tai code	(ii foreign, see instit	actions)	2c	Sponsor's telep	hone number 57-9249	
4725 N.E.	20TH ST., SUITE D-9	4				2d	·	see instructions)	
BELLEVUE	, WA 98007						5419	910	
3a Plan	administrator's name a	and address XSame as Plan Spon	sor.			3b	Administrator's	EIN	
						3с	Administrator's t	elephone number	
name	e, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	the last	return/report filed fo	r this plan, enter the		EIN		
_	sor's name					4c	1	11	
5a Total number of participants at the beginning of the plan year									
Total number of participants at the end of the plan year      Number of participants with account balances as of the end of the plan year (defined benefit plans do not					5b				
		account balances as of the end of		• '	•	5		7 8	
d(1) Total number of active participants at the beginning of the plan year						5d(1)			
<b>d(2)</b> To	tal number of active p	articipants at the end of the plan ye	ear			5d	(2)	2	
		t terminated employment during the	. ,			5	е	0	
		or incomplete filing of this retur							
SB or Sch		ther penalties set forth in the instru and signed by an enrolled actuary, aplete.							
SIGN		d/valid electronic signature.		10/13/2016	DAN FRUMIN				

Date

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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b Are you claiming a waiver of the ar under 29 CFR 2520.104-46? (See If you answered "No" to either li	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) 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.							∑ Yes ☐ No			
C If the plan is a defined benefit plan,		surance p	rogram (see ERISA se	ection 4	021)?		Yes	No	∐ N	lot dete	ermined
Part III   Financial Information	n	1									
7 Plan Assets and Liabilities			(a) Beginning					(b) Eı	nd of		
a Total plan assets		7a		202	2827					209	9782
b Total plan liabilities		7b		200	007					200	700
C Net plan assets (subtract line 7b fro		7c	(-) A		2827			4.	\ <b>T</b> = 1		9782
8 Income, Expenses, and Transfers a Contributions received or receivable			(a) Amou	ınt				a)	) Tota	aı	
(1) Employers		8a(1)									
(2) Participants		8a(2)		12	2850						
(3) Others (including rollovers)		8a(3)			400						
<b>b</b> Other income (loss)		8b		1	589						
C Total income (add lines 8a(1), 8a(2	, , , , , , , , , , , , , , , , , , ,	8c								14	1839
<b>d</b> Benefits paid (including direct rollow to provide benefits)	·	8d		6	6127						
e Certain deemed and/or corrective of		8e		1	757						
<b>f</b> Administrative service providers (se	alaries, fees, commissions)	8f									
g Other expenses		8g									
h Total expenses (add lines 8d, 8e, 8	f, and 8g)	8h								7	7884
i Net income (loss) (subtract line 8h	from line 8c)	8i								6	8955
j Transfers to (from) the plan (see in	structions)	8j									
Part IV Plan Characteristic	s										
9a If the plan provides pension benef	its, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Co	des in t	he inst	ructio	ns:	
B If the plan provides welfare benefi	ts. enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instru	uction	ıs:	
Part V Compliance Question	ns										
10 During the plan year:					Yes	No	N/A		Α	mount	<u>t</u>
Was there a failure to transmit to described in 29 CFR 2510.3-102 Program)	? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
<b>b</b> Were there any nonexempt trans-						.,					
reported on line 10a.)				10b		X					
C Was the plan covered by a fidelit	y bond?			10c	X						10000
d Did the plan have a loss, whether by fraud or dishonesty?				10d		X					
• Were any fees or commissions paragraph, insurance service, or other the plan? (See instructions.)	r organization that provides som	ne or all of	the benefits under	10e		X					
f Has the plan failed to provide any						X					
	·			10f		X					
<ul><li><b>g</b> Did the plan have any participant</li><li><b>h</b> If this is an individual account pla</li></ul>				10g		^					
2520.101-3.)				10h		X					
i If 10h was answered "Yes," check exceptions to providing the notice				10i							
j Did the plan trust incur unrelated				10i							
Part VI Pension Funding Cor	mpliance			٠.٠,	1			1			
11 Is this a defined benefit plan subjection 5500) and line 11a below)	ect to minimum funding requirem								T	☐ Ye	s No
11a Enter the unpaid minimum require							11a				
12 Is this a defined contribution plan	·		, ,					RISA?		Ye	s X No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal	
b	Enter th	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	s $\square$ No	
		," enter the amount of any plan assets that reverted to the employer this year		13a		<u> П</u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co			Yes X	No
С	If durin	PBGC?  ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>	
		assets or liabilities were transferred. (See instructions.)  lame of plan(s):	13c(2)	FIN(e)		13c(3) F	PN(e)
	100(1)	uno oi piuntoj.	130(2)	LII4(3)		130(3)	· <b>V</b> (3)
Dant		Turnet hafe amount on					
Part	Name o	Trust Information		14h 1	Γrust's Ell	N	
ı <del>T</del> a	Name 0	ii iiust		140	TUSES EII	14	
14c	Name	of trustee or custodian				s or custodia e number	an's
					tolophon	o mambon	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	s	No	
					esign-		
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ased safe arbor	∐ ADF test	P/ACP
450					ethod		
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Ye	S	No	
	2(a)(2)	(ii))?		□ Ra	atio		
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comun with any other plans under the permissive aggregation rules?		Ye	s	No	
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	S	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

## 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

2015

This Form is Open to Public Inspection

For calendar plan year 2015	or fiscal plan year beginning 01/01/	2015	and ending 12	/31/2015							
A This return/report is for:		ver) (Filers checking this box must attach a n accordance with the form instructions)									
	a one-participant plan	a foreign plan			,						
B This return/report is	the first return/report	the final return/repor	t								
	an amended return/report	a short plan year return/report (less than 12 months)									
C Check box if filing under	8	automatic extension		DFVC program							
	special extension (enter de										
November 1 and 1 a	Information—enter all requested	Information		1b Three-digit							
1a Name of plan FMM VENTURES RETIREM	ENT PLAN			plan number (PN) ▶ 001							
				1c Effective da 07/01/2008							
Mailing address (include	mployer, if for a single-employer plane e room, apt., suite no. and street, or l	P.O. Box)		2b Employer Id (EIN) 37-14	entification Number 28382						
City or town, state or pre FMM VENTURES, LLC	ovince, country, and ZIP or foreign p	ostal code (if foreign, see in	structions)		elephone number 88) 257-9249						
				2d Business co	de (see instructions)						
14725 N.E. 20TH ST., SUITE	D-94			541910							
BELLEVUE, WA 98007											
	ne and address X Same as Plan Sp	onsor	***************************************	3b Administrator's EIN							
	of the plan sponsor has changed sin		for this plan, enter the	4b EIN							
name, EIN, and the pla a Sponsor's name	n number from the last return/report.			4c PN							
5a Total number of particip	pants at the beginning of the plan year	ır		5a	11						
b Total number of particip	pants at the end of the plan year			5b	7						
C Number of participants	with account balances as of the end	of the plan year (defined be	nefit plans do not	5c	7						
d(1) Total number of activ	e participants at the beginning of the	plan year		5d(1)	8						
d(2) Total number of activ	ve participants at the end of the plan	year		5d(2)	2						
e Number of participants than 100% vested	that terminated employment during t	the plan year with accrued b	enefits that were less	5e	0						
Caution: A penalty for the	late or incomplete filing of this ret	urn/report will be assesse	d unless reasonable ca	use is established							
SB or Schedule MB complet belief, it is true, correct, and	nd other penalties set forth in the inst ed and signed by an enrolled actuary complete.	, as well as the electronic v	ersion of this return/repo	rt, and to the best of	f my knowledge and						
SIGN X		10/13/16	X DAN F	RUMIN							
HERE	lan administrator	Date	Enter name of individ	tual signing as plan	administrator						
SIGN											
HERE	mployer/plan sponsor	Date	Enter name of individ	fual signing as empl	loyer or plan sponsor						
	irm name, if applicable) and address	(include room or suite numb	er)	Preparer's telepho	one number						

	Form 5500-SF 2015		Page 2								
b	Were all of the plan's assets during the plan year invested in eligit 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 cannuf the plan is a defined benefit plan, is it covered under the PBGC in	an Indepen and conditi not use For	dent qualified public a ons.) m 5500-SF and mus	account	tant (IC ad use	PA)	5500.		-		No No
	Financial information		(111				,	<u> </u>	<u> </u>		
7 7	Pian Assets and Liabilities		(a) Beginnin	a of Va		$\top$		(b) E	nd of Y	/02z	
<u>'</u>	Total plan assets	. 7a	(a) Dogimini	2028		1		(2) 2		20978	2
	Total plan liabilities		·- ·- · · · · · · · · · · · · · · · · ·		-	丁					· · · · · · · · · · · · · · · · · · ·
_	Net plan assets (subtract line 7b from line 7a)			2028	27	T				20978	2
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(t	) Tota	i	
а	Contributions received or receivable from:					T					
	(1) Employers	. 8a(1)		128	50						
	(2) Participants				00	+					
<u> </u>	(3) Others (including rollovers)			158		+			<del></del>		
	Other income (loss)	. 8c				-		<u> </u>		14839	)
	Benefits paid (Including direct rollovers and insurance premiums	- 00						<del></del>			
	to provide benefits)	. 8d		612			•	<del></del>		-	
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		17	57			·		<del></del>	
_ <u>f</u>	Administrative service providers (salaries, fees, commissions)	1				٠,				***********	<u>-</u>
	Other expenses		<u> </u>	#4 T			: :			700	
	Total expenses (add lines 8d, 8e, 8f, and 8g)			<u>. 1311 +</u>						788- 695	
	Net income (loss) (subtract line 8h from line 8c)		<u> </u>	2		+				095	· · · · · · · · · · · · · · · · · · ·
	Transfers to (from) the plan (see instructions)	· 8j									
9a	tive Plan Characteristics  If the plan provides pension benefits, enter the applicable pension	fastura cor	toe from the Liet of Pl	an Cha	ractori	etic Co	viae in	the inet	ruction	<del></del>	
Ja	2E 2G 2J 2K 2T 3D	i leature cot	169 HOM DIE FISCOTT	an one			ACO III	are mo	a dodoi i	<b>J</b> .	
В	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Char	acterist	ic Coc	les in th	ne instr	uctions		
	Compliance Questions										
10	During the plan year:				Yes	No	N/A		An	ount	
	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary Fi	duciary Correction	10a		х					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х					
	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 by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х					
8	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10e		х					
f				10f		Х					
a	Did the plan have any participant loans? (If "Yes," enter amount a			10g		X		<b></b> -			
	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See Instruc	ations and 29 CFR	10h		x					
ı	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	notice or one of the	101						····	
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	Pension Funding Compliance			<del>.</del>				-			-
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								[	Yes	No
11a	Enter the unpaid minimum required contribution for all years from										
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the	ne Cod	e or se	ction 3	02 of E	RISA?	[	Yes	No No

Form 5500-SF 2015 Page 3 - 1					
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver		nter the Day		e letter rui 'ear	ling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13					
<b>b</b> Enter the minimum required contribution for this plan year		12b			
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 (enter a minus sign to the left negative amount)	3	12d			
e 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?			X Yes	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?				Yes X	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plan(s) to				
13c(1) Name of plan(s):	13c(2) E	EIN(s)		13c(3) P	N(s)
Part VIII Trust Information					
14a Name of trust		14b Tri	ust's EIN		
14c Name of trustee or custodian			rustee's o lephone n		an's
Part IX IRS Compliance Questions					
15a Is the plan a 401(k) plan?		Yes		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	mployer	Des base hart met	ed safe or	ADP test	IACP
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "currer testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	(m)-	Yes	***	Пио	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	Rati pero	o entage		rage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combin this plan with any other plans under the permissive aggregation rules?		Yes		No	
17a Has the plan been timely amended for all required tax law changes?		Yes		No	N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	. Enter the ap	plicable	code	_(See ins	struction
17c if the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan to advisory letter, enter the date of that favorable letter and the letter's serial nur		to a favo	orable IRS	opinion o	or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter	r the date of t	he plan's	last favor	rable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) had made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	as been ands)?	Yes		No	
19 Were in-service distributions made during the plan year?		Yes		No	
If "Yes," enter amount		19			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wheth retired), as required under section 401(a)(9)?		Yes		No	□ N/A