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

2012

This Form is Open to Public Inspection

			Complete all entries in a	ccordance with the instru	ictions to the Form 550	10-SF.				
	art I		Identification Information	<u> </u>						
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012			
Α .	This ret	urn/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-particip	ant plan		
В .	This retu	urn/report is:	the first return/report	the final return/report						
			an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	m		
			special extension (enter desc	cription)						
Pa	art II	Basic Plan Info	rmation—enter all requested in	formation						
1a	Name o	of plan				1b	Three-digit			
DOYE	ENZ, IN	C. 401(K) PLAN					plan number	004		
						4	(PN) FEFFECTIVE date of	001		
						10	plan 2010			
2a	Plan sp	onsor's name and add	dress; include room or suite numb	per (employer, if for a single	e-employer plan)	2b	Employer Identif	ication Number		
DOY	ENZ, IN	C.					(EIN) 51-065	54434		
						2c	Sponsor's teleph			
1124	5 SE 6T	H STREET, SUITE 12 WA 98004	20				206-905			
DELL	EVUE,	WA 96004				2d	Business code (s			
3a	Plan ad	dministrator's name an	d address X Same as Plan Spon	sor Name Same as Pla	an Sponsor Address	3b	Administrator's E			
			<u></u>	Ш	•					
						3с	Administrator's t	elephone number		
4	If the n	ame and/or EIN of the	plan sponsor has changed since	the last return/report filed t	for this plan, enter the	4h	EIN			
			nber from the last return/report.		, , , , , , , , , , , , , , , , , , , ,					
		or's name				4c	PN			
			at the beginning of the plan year.			5a		62		
b			at the end of the plan year			5b		18		
С			account balances as of the end of		•	5c		17		
6a		,	during the plan year invested in					X Yes No		
b			the annual examination and repo							
			(See instructions on waiver eligil					X Yes No		
	If you	answered "No" to ei	ther line 6a or line 6b, the plan	cannot use Form 5500-SF	and must instead use	Form	5500.			
			or incomplete filing of this retur							
			ner penalties set forth in the instrund signed by an enrolled actuary,							
		rue, correct, and comp		as well as the electronic ve	rsion of this return/repor	ı, and ı	to the best of my	knowledge and		
	·				<u> </u>					
SIG		Filed with authorized/	valid electronic signature.	07/18/2013	ASHUTOSH TIWARY	RY				
ПЕГ	\L	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ıning as plan adm	ninistrator		
SIG										
HEF		Signature of employ		Date	Enter name of individ	lual sig	ning as employe	r or plan sponsor		
Pre	parer's ı	name (including firm na	ame, if applicable) and address; i	nclude room or suite number	er (optional)	Prep	arer's telephone	number (optional)		

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Dor	t III Financial Information		<u> </u>							
<u> </u>			(a) Beginning of Ves		1		(h) End of Voor			
	Plan Assets and Liabilities	7-	(a) Beginning of Yea				(b) End of Year			
	Total plan assets	7a 7b	22010	15		302201				
	Net plan assets (subtract line 7b from line 7a)	76 7c	22010)5	-		302201			
	· · · · · · · · · · · · · · · · · · ·									
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total			
	(1) Employers	8a(1)								
	(2) Participants)3								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	3841	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					147520			
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6306	9						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	235	5						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					65424			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					82096			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Coc	les in t	he instructions:			
Part	Part V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
а	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		Х				
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		500000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X	300000			
е	Were any fees or commissions paid to any brokers, agents, or oth			100						
J	insurance service or other organization that provides some or all cinstructions.)	of the bene	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 a	s of year e	end.)	10g		Χ				
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	ne require	d notice or one of the	10i						
Part	1 1 5 11									
11	Is this a defined benefit plan subject to minimum funding requirem									
11a	5500) and line 11a below)									
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 applic	able.)							
	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									
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (For	m 5500), and skip to line 13.		- 1		Т			
b	Enter the minimum required contribution for this plan year					12b				

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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 resunegative amount)			12d						
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?)			
	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 PBGC?						e control Yes X			
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_			
13c(1) Name of plan(s):						s)	13c(3) PN(s)			
Part	VIII Trust Information (optional)						•			
14a 1						14b Trust's EIN				

Form 5500-SF

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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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accord	ance with the instruc	tions to the Form 5500	-SF.	•
Part I	Annual Report le	dentification Information				
For calenda	ar plan year 2012 or fisc	cal plan year beginning 0	L/01/2012	and ending	12/31/20	12
	difficeport is for.			an (not multiemployer)	a one-partic	cipant plan
B This ret	urn/report is:	그 그	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check b	box if filing under:	Form 5558	automatic extension		☐ DFVC prog	ram
		special extension (enter description	1)			
Part II	Basic Plan Infor	mation—enter all requested informa	tion			
1a Name	· · · · · · · · · · · · · · · · · · ·				1b Three-digit	
Dove	nz, Inc. 401(k) Plan			plan number	0.01
-	,	,			(PN) •	001
					1c Effective date 04/30/201	•
0- 0						
	•	ress; include room or suite number (en	nployer, if for a single-	employer plan)	2b Employer Iden (EIN) 51-06	tification Number
роўе	nz, Inc.				2c Sponsor's tele	
					(206) 905	
1124	5 SE 6th Stree	t, Suite 120			2d Business code	
		,	T-77	98004	541519	(dde meddenene)
Bello 3a Plan ad		d address X Same as Plan Sponsor Na		Sponsor Address	3b Administrator's	EIN
ou i iaii a	diffilliation a flatfic dife	address Modified as Figure periods in	anio Dodino do Fian	openeer radioes		
				*	3c Administrator's	telephone number
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b EIN	
		ber from the last return/report.			4c PN	
	or's name	at the beginning of the plan year			5a	62
	•	at the end of the plan year		ŀ	5b	18
		ccount balances as of the end of the p				
				i	5c	17
6a Were	all of the plan's assets	during the plan year invested in eligible	e assets? (See instruc	tions.)		X Yes No
		the annual examination and report of a				
under	29 CFR 2520.104-46?	(See instructions on waiver eligibility a	nd conditions.)			X Yes No
		her line 6a or line 6b, the plan canno				
		r incomplete filing of this return/rep				
Under pena	alties of perjury and oth	er penalties set forth in the instructions	, I declare that I have	examined this return/rep	ort, including, if appli	cable, a Schedule
	edule MB completed and true, correct, and compl	d signed by an enrolled actuary, as we	ii as the electronic ver	sion of this return/report,	, and to the best of m	y knowledge and
Delici, it is i	trac, correct, and compr	oto.				
SIGN		·	7/11/2013	Ashutosh Tiwar	У	
SIGN HERE	Signature of plan ad	ministrator		<u> </u>		Iministrator
HERE	Signature of plan ad		Date	Enter name of individu	ual signing as plan ac	lministrator
	This	7	Date 7/11/2013	Enter name of individu Ashutosh Tiwar	- ual signing as plan ac Y	
HERE SIGN HERE	Signature of employ	zer/plan sponsor	Date 7/11/2013 Date	Enter name of individu Ashutosh Tiwar Enter name of individu	- ual signing as plan ac Y	er or plan sponsor
HERE SIGN HERE	Signature of employ	7	Date 7/11/2013 Date	Enter name of individu Ashutosh Tiwar Enter name of individu	ual signing as plan ac Y ual signing as employ	er or plan sponsor
HERE SIGN HERE	Signature of employ	zer/plan sponsor	Date 7/11/2013 Date	Enter name of individu Ashutosh Tiwar Enter name of individu	ual signing as plan ac Y ual signing as employ	er or plan sponsor
HERE SIGN HERE	Signature of employ	zer/plan sponsor	Date 7/11/2013 Date	Enter name of individu Ashutosh Tiwar Enter name of individu	ual signing as plan ac Y ual signing as employ	er or plan sponsor
HERE SIGN HERE	Signature of employ	zer/plan sponsor	Date 7/11/2013 Date	Enter name of individu Ashutosh Tiwar Enter name of individu	ual signing as plan ac Y ual signing as employ	er or plan sponsor

Pa	rt III Financial Information										
7	Plan Assets and Liabilities	High Nation	(a) Beginning of Yea	er			(b) End	of Year			
a	Total plan assets	7a		0,10	5		(S) Ella		02,201		
<u>b</u>	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	22	0.10	5			3	02,201		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	220,105					(b) Total		
	Contributions received or receivable from:		(a) Amount		+		(13)	Otal			
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	10	9,10	3						
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	3	8,41	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	47,520		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6	3,06	9						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		2,35	5						
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							65,424		
i	Net income (loss) (subtract line 8h from line 8c)	8i							82,096		
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	·					annight and the second				
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	c Cod	les in t	he instruct	ions:			
Par	t V Compliance Questions										
10				Т	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	163	Х		Amount			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a	·····	X					
C				10c	Х			<u></u>	00,000		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	-	Х					
f	Has the plan failed to provide any benefit when due under the pla			10f		Х					
	•			1			<u> </u>				
g h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g 10h		X					
	If 10h was answered "Yes," check the box if you either provided the	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the				X					
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3	***************************************	10i			<u> </u>				
Part								1			
11	1 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 X No										
<u>11a</u>	Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding			or se	ction (302 of	ERISA?	Yes	X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			otion -	ond -	ntor !!	L data af	ho lotter	uline		
	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										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule					126	<u> </u>				
<u>b</u>	b Enter the minimum required contribution for this plan year										

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	Enter the a	mount contributed by the employer to the plan for this plan year	12c		
d	Subtract the	e amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a nount).	12d		
е	Will the min	nimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plar	n Terminations and Transfers of Assets			
13a	Has a resolu	ution to terminate the plan been adopted in any plan year?	XY	'es No	
	If "Yes," en	ter the amount of any plan assets that reverted to the employer this year	13a		0
b		e plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the co C?	ontrol		Yes X No
С		is plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to ts or liabilities were transferred. (See instructions.))		
1	3c(1) Name	of plan(s):	c(2) Ell	N(s)	13c(3) PN(s)
Part	VIII Trus	st Information (optional)			
14a	Name of trus	14b Trust's EIN			