Foi	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be file	This form is required to be filed under sections 104 and 4065 of the Employee Retirement							
	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the	of the Internal This Form is Oper					
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 5	Public Inspection m 5500-SF.					
Part I		dentification Information								
For calend	ar plan year 2017 or fisc	cal plan year beginning 08/01/2			2/31/2017					
A This ret	turn/report is for:	X a single-employer plan	list of participating en			king this box must attach a vith the form instructions.)				
<b>B</b> This ret	urn/report is	a one-participant plan	a foreign plan							
		the first return/report	the final return/report							
_		an amended return/report	X a short plan year retur	n/report (less than 12 m	onths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
	-	special extension (enter descr	. ,							
Part II	Basic Plan Infor	mation—enter all requested inf	formation		-					
1a Name	•				1b Thre	e-digit number				
DARE DEVS	\$ 401(K) PLAN		(PN)							
			1c Effec	tive date of plan						
2a Blan s	noncoria nomo (omploy		2h Empl	08/01/2017						
Mailing	g address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O				b Employer Identification Number (EIN) 82-2481856				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DARE DEVS, INC.					2c Sponsor's telephone number 425-750-3366					
						2d Business code (see instructions)				
	500 188TH ST SW, SUITE 490 YNWOOD, WA 98037				541990					
3a Plan a	dministrator's name and	d address 🗙 Same as Plan Spor	nsor.		<b>3b</b> Administrator's EIN					
					<b>3c</b> Admi	inistrator's telephone number				
4 If the	nome and/or EIN of the	plan sponsor or the plan name ha	a changed since the last r	aturn/raport filed for						
		sor's name, EIN, the plan name a	5	•	4b EIN					
<b>a</b> Spons <b>c</b> Plan N	or's name Iame				<b>4d</b> PN					
	-									
5a Total	number of participants a	at the beginning of the plan year			5a	7				
		at the end of the plan year ccount balances as of the end of t			5b	7				
				•	5c	6				
• • •	•	icipants at the beginning of the pla			5d(1)	7				
• •		ticipants at the end of the plan yea erminated employment during the			5d(2)	6				
than	100% vested	. , , , , , , , , , , , , , , , , , , ,			5e	0				
Under pen SB or Sche	alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, includi	ng, if applicable, a Schedule				
SIGN		alid electronic signature.	07/05/2018	DYLAN MCDANNIEL						
HERE	Signature of plan ad	Ŭ	Date	Enter name of individ	ual signing	as plan administrator				
SIGN		valid electronic signature.	07/05/2018	DYLAN MCDANNIEL		•				
HERE	Signature of employ	· · ·	Date	Enter name of individ	ual signing	as employer or plan sponsor				
For Paperw	ork Reduction Act Notice	see the Instructions for Form 5500	LSE			Form 5500-SF (2017)				

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	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							X Yes 🗌 No		
	If you answered "No" to either line 6a or line 6b, the plan cann		,							
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not determined		
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this p	lan yea	r			(See instructions.)		
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year		
а	Total plan assets	7a		0				2300		
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		0				2300		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) <sup>-</sup>	Fotal		
а	Contributions received or receivable from:	- (1)								
	(1) Employers	8a(1)		1147						
	(2) Participants	8a(2)		1147	-					
	B) Others (including rollovers)									
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c		0	-			2300		
-	Benefits paid (including direct rollovers and insurance premiums	<u> </u>						2000		
	to provide benefits)	8d								
e	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						2300		
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:		
Par	rt V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	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 F	Fiduciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		х				
С	Was the plan covered by a fidelity bond?			10c	x			50000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or oth									

Х

Х

Х

Х

10e

10f

10g

10h

10i

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)....

 ${f f}$  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.) .....

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

2520.101-3.) .....

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.....

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Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)	) to				
1	3c(1	) Name of plan(s): 13c(2	) EIN(s	5)	130	: <b>(3)</b> F	'N(s)

Fo	rm 5500-SF	Short Form Annua	Return/Report	of Small Employe	e	OMB Nos. 1210-0110 1210-0089			
Depa	artment of the Treasury	Benefit Plan				2017			
	mal Revenue Service	This form is required to be Retirement Income Security	This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a						
	Department of Labor Benefits Security Administration	the Ir	iternal Revenue Code (tl	he Code).	This Form is Open to Fubi				
Pension	Benefit Guaranty Corporation	<ul> <li>Complete all entries in ac</li> </ul>	cordance with the inst	tructions to the Form 5500	500-SF.				
Part I	Annual Report I	dentification Information							
For calen	dar plan year 2017 or fisc	al plan year beginning	08/01/2017	and ending	12/31/203				
	eturn/report is for: eturn/report is:	<ul> <li>x a single-employer plan</li> <li>a one-participant plan</li> <li>x the first return/report</li> <li>an amended return/report</li> </ul>	a list of participating a foreign plan the final return/repo	r plan (not multiemployer) (F g employer information in ac ort eturn/report (less than 12 mo	cordance with th	is box must attach e form instructions.)			
C Check	box if filing under:	Form 5558	automatic extensio	n	DFVC p	orogram			
• Oneor	box in hinning under.	special extension (enter descr	iption)		-				
Dent II	Denia Dian Info	mation enter all requested							
Part II 1a Nam		mation enter all requested	monnation		1b Three-digi	t			
	E DEVS 401 (K) PL	AN			plan numb (PN) ►	001			
					1c Effective of				
					08/01/2	Contraction of the second s			
Mail	ing Address (include roor	yer, if for a single-employer plan) n, apt., suite no. and street, or P.(	). Box)	ostructions)		Identification Number 2-2481856			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DARE DEVS, INC.				2c Sponsor's telephone number (425) 750-3366				
		승규는 것이 많이 많다.			2d Business code (see instructions)				
350	0 188th St SW, S	uite 490							
	Lynwood WA 98037								
3a Plar	administrator's name an	d address X Same as Plan Sp	onsor		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
4 If th	e name and/or EIN of the	plan sponsor or the plan name h	as changed since the las	st return/report filed for	4b EIN				
this	plan, enter the plan spon	sor's name, EIN, the plan name a	nd the plan number from	n the last return/report.					
	nsor's name				4d PN				
c Plar	Name								
5a Tota	al number of participants	at the beginning of the plan year			5a	7			
		at the end of the plan year			5b	7			
c Nur	nber of participants with a	account balances as of the end of	the plan year (only defin	ed contribution plans	5c	6			
		icipants at the beginning of the pl			5d(1)	7			
					5d(2)	6			
		ticipants at the end of the plan yea erminated employment during the							
	than 100% vested		······································		5e	0			
Caution	: A penalty for the late	or incomplete filing of this retu	rn/report will be assess	sed unless reasonable cau	se is establishe	əd.			
Under p SB or S	enalties of periury and of	her penalties set forth in the instrund signed by an enrolled actuary,	uctions. I declare that I h	ave examined this return/rep	ort, including, if	applicable, a Schedule			
	io ano, concor, and com								
SIGN	Oliverative of Contract	Linen	Date .	Enter name of individua	l signing as plar	administrator			
HERE	Signature of pran adm	nistrator	71518		I Signing as plan				
SIGN	H. T.			Enter name of individua					
HERE	Signature of employer	r/pian sponsor	Date	Line name of mulvidue	a organing as crin	all of plan oportion			

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a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b 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.									
If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section 4021)?	Yes No Not determined						
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year (See instructions.)									
Part III Financial Information									
Plan Assets and Liabilities (a) Beginning of Year (b) End of Year									
<b>a</b> Total plan assets									
	Are you claiming a waiver of the annual examination and report of an under 29 CFR 2520.104-46? (See instructions on waiver eligibility an <b>If you answered "No" to either line 6a or line 6b, the plan canno</b> If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the <b>art III Financial Information</b> Plan Assets and Liabilities	Are you claiming a waiver of the annual examination and report of an independ under 29 CFR 2520.104-46? (See instructions on waiver eligibility and condition <b>If you answered "No" to either line 6a or line 6b, the plan cannot use Forr</b> If the plan is a defined benefit plan, is it covered under the PBGC insurance pro- If "Yes" is checked, enter the My PAA confirmation number from the PBGC pre- art III Financial Information Plan Assets and Liabilities	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 Fo         If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?         If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year         art III       Financial Information         Plan Assets and Liabilities       (a) Beginning of Year						

u		10	0	2,500
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	0	2,300
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1,147	
	(2) Participants	8a(2)	1,147	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	6	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		2,300
d	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		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i	Net income (loss) (subtract line 8h from line 8c)	8i		2,300
j	Transfers to (from) the plan (see instructions)	8j		

## 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:

2E 2F 2G 2J 2K 2T 3D 3H

**b** If the plan provides welfare 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:		Yes	No	N/A	Amount
а	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)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	х			50,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
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.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
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	10i				

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Part	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)		nedule S	8B	Tes	s 🗴 No	
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?								
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 DayYear								
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter t	ne minimum required contribution for this plan year.	•••••	12b				
C Enter the amount contributed by the employer to the plan for the plan year								
<b>d</b> 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)								
е	Will the	e 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 i	resolution to terminate the plan been adopted in any plan year?			Yes	X N	0	
	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 control of the PBGC?							No	
С	<b>C</b> 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:	13c(1) Name of plan(s): 13c(2) E					13c(3)	PN(s)	