Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

2018

This Form is Open to **Public Inspection**

3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year. 5b 5b 56 c Number of participants at the end of the plan year. 5c 35 d(1) Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item). d(2) Total number of active participants at the end of the plan year. 5c 35 d(2) 1 28 d(2) Total number of active participants at the end of the plan year with accrued benefits that were less than 100% vested . Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Linder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and belief. It is true, correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator Filed with authorized/valid electronic signature. 10/11/2019 AKSHAY AGGARWAL	Part I Annual Report Identification Information									
A This return/report is for: a one-participant plan a foreign plan be first return/report destinate return/	For calend	lar plan year 2018 or f	fiscal plan year beginning 01/01/20)18	and ending 1	2/31/2018				
B This return/report is	A This re	turn/report is for:	X a single-employer plan							
In the return/report In a short plan year return/report (less than 12 months)	R This ret	urn/renort is	a one-participant plan	a foreign plan						
C Check box if filing under:	D 11110 100	diri/report is	the first return/report	the final return/report						
Part II Basic Plan Information — enter all requested information Ta Name of plan Ta Name of pl			an amended return/report	a short plan year return	n/report (less than 12 m	months)				
Part II Basic Plan Information—enter all requested information 1a Name of plan DVS VENTURES 401(K) PLAN 10 Three-digit plan number (PN) 001 1c Effective date of plan 01401/2016 2a Plan sponsor's name (employer, if for a single-employer plan) 01401/2016 2a Plan sponsor's name (employer, if for a single-employer plan) 01401/2016 2b Employer Identification Number (EIN) 45-4122107 2c Sponsor's telephone number (2005-04-0781 2d Business code (see instructions) 2d Business code (see instructions) 2d Business code (see instructions) 84-1990 2d Business code (see inst	C Check	box if filing under:				DFVC program				
18 Three-digit plan number 001										
plan number			ormation—enter all requested info	ormation		T				
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DVS VENTURES, LLC 2c Sponsor's telephone number 206-504-0781 2d Business code (see instructions) Sufficient with a service of the plan sponsor. 3b Administrator's EIN 3c Administrator's EIN 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. a sponsor's name. Plan Name 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year C Plan Name 5a Total number of participants at the beginning of the plan year C Plan Name 5b Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6c Number of participants with account balances as of the end of the plan year with accrued benefits that were less than 100% vested. 6c Number of participants with account balances as of the plan year with accrued benefits that were less than 100% vested. 6c Number of participants with account balances as of the plan year with accrued benefits that were less than 100% vested. 6c Number of participants with account balances as of the plan year with accrued benefits that were less than 100% vested. 6c Number of participants with account balances as of the instructions, i declare that I have examined this return/report, and to the best of my knowledge and spilled with authorized/wald electronic signature. 8c Number of participants with administrator 10/11/2019 AKSHAY AGGARWAL		•				_				
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d(2) Total number of active participants at the end of the plan year						5c 35				
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than 100% vested						. 5d(2)	5d(2) 48			
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SIGN Filed with authorized/valid electronic signature. 10/11/2019 AKSHAY AGGARWAL		Signature of plan	administrator	Date Enter name of individual signing as plan administrator						
	SIGN	Filed with authorized	d/valid electronic signature.	10/11/2019	AKSHAY AGGARWAL					

Date

Enter name of individual signing as employer or plan sponsor

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_	 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) 								
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	ot use Fo	orm 5500-SF and mus program (see ERISA se	t instea ection 4	ad use 021)?	Form	5500.] Yes	Not determined	
	If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	ian yea	r			(See instructions.)	
Pa -	rt III Financial Information		ı						
7	Plan Assets and Liabilities		(a) Beginning		-		(b) En	d of Year	
	Total plan assets	7a 	4	407248			577318		
	Total plan liabilities	7b	1	407249			577318		
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c		407248			(b) Total		
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	ıt			(D)	Total	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	20	200554					
	(3) Others (including rollovers)	8a(3)	!	91465					
<u>b</u>	Other income (loss)	8b	-	50137					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						241882	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			28475					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e		43117					
f	Administrative service providers (salaries, fees, commissions)	8f		220	_				
g	Other expenses	8g							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						71812	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						170070	
	Transfers to (from) the plan (see instructions)	8j							
	t IV Plan Characteristics								
9a 	If the plan provides pension benefits, enter the applicable pension 2A 2E 3D 2G 2J 2K 2F 2T 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
Par	t 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	iduciary Correction	10a	X			6890	
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	X			30000	
d	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			
е	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	· · · · · · · · · · · · · · · · · · ·			10g		X			
h	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 exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Part	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)					
11a	Enter the 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 ERISA?		f	Yes 🛛 N	Ю	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
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 granting the waiver						
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 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 (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?		Yes 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 control 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 the plan(s) to which assets or liabilities were transferred. (See instructions.)						
13c(1) Name of plan(s): 13c(2				13c(3) PN(s)		