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).

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

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part		rt Identification Information	n							
For cale	endar plan year 2013 or	fiscal plan year beginning 04/0	01/2013	and ending 0	ng 01/27/2014					
A This	return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan					
B This	return/report is:	the first return/report	the final return/report	t						
		X an amended return/report	X a short plan year retu	rn/report (less than 12 m	onths)				
C Che	ck box if filing under:	Form 5558	automatic extension			DFVC progra	m			
	· ·	special extension (enter des	scription)			_				
Part I	I Basic Plan Inf	formation—enter all requested in	nformation							
1a Nar	ne of plan	·			1b	Three-digit				
EASTERI	N MERCHANDISE COM	MPANY, INC. PROFIT-SHARING P	PLAN			plan number				
					10	(PN)	001			
					10	Effective date of 04/01/	•			
2a Pla	n sponsor's name and a	address; include room or suite num	ber (employer, if for a single	e-emplover plan)	2b	Employer Identif				
	N MERCHANDISE CO		(,		(EIN) 91-098				
					2c	Sponsor's telep	hone number			
	COND AVENUE					206-448	3-4466			
SEATTLE	E, WA 98121				2d	Business code (
0			🗖		0 l-	42394				
3a Pla	n administrator's name	and address XSame as Plan Spor	nsor Name Same as Pla	an Sponsor Address	30	Administrator's E	=IN			
					3с	Administrator's t	elephone number			
4 If th	ne name and/or FIN of t	the plan sponsor has changed since	e the last return/report filed	for this plan enter the	4h	EIN				
		number from the last return/report.	o the last retains report mea	for this plan, enter the	76	LIIN				
a Spo	onsor's name				4c	PN				
5a To	tal number of participan	its at the beginning of the plan year	· ·		5a		9			
		its at the end of the plan year			5b		0			
		h account balances as of the end o		•	5с		0			
6a W	ere all of the plan's ass	ets during the plan year invested in	eligible assets? (See instru	ctions.)			X Yes No			
b Are	e you claiming a waiver	of the annual examination and repo	ort of an independent qualif	ied public accountant (IQ	PA)					
		6? (See instructions on waiver eliging either line 6a or line 6b, the plan					X Yes No			
	ou answered No to	either line oa or line ob, the plan	i cannot use rorm 5500-51		COLL	1 5500.				
						IVaa DNa 🔽	Not determed			
C If th	ne plan is a defined ben	nefit plan, is it covered under the PB				Yes No X	Not determined			
	•		BGC insurance program (see	e ERISA section 4021)? .			Not determined			
Caution Under p	n: A penalty for the lat	nefit plan, is it covered under the PB e or incomplete filing of this retu other penalties set forth in the instru	GGC insurance program (sec urn/report will be assessed uctions, I declare that I have	e ERISA section 4021)? . I unless reasonable cau e examined this return/rep	use is	established.	able, a Schedule			
Caution Under p SB or S	n: A penalty for the lat	e or incomplete filing of this retu other penalties set forth in the instruand signed by an enrolled actuary,	GGC insurance program (sec urn/report will be assessed uctions, I declare that I have	e ERISA section 4021)? . I unless reasonable cau e examined this return/rep	use is	established.	able, a Schedule			
Caution Under p SB or S belief, it	n: A penalty for the lat enalties of perjury and chedule MB completed is true, correct, and co	e or incomplete filing of this retu other penalties set forth in the instru- and signed by an enrolled actuary, mplete.	Irn/report will be assessed uctions, I declare that I have, as well as the electronic ve	e ERISA section 4021)? . I unless reasonable cau e examined this return/reportersion of this return/report	use is	established.	able, a Schedule			
Caution Under p SB or S belief, it	n: A penalty for the lat enalties of perjury and chedule MB completed is true, correct, and co	e or incomplete filing of this retu other penalties set forth in the instruand signed by an enrolled actuary,	GGC insurance program (sec urn/report will be assessed uctions, I declare that I have	e ERISA section 4021)? . I unless reasonable cau e examined this return/rep	use is	established.	able, a Schedule			
Caution Under p SB or S belief, it	n: A penalty for the late renalties of perjury and chedule MB completed is true, correct, and co	e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, implete. ed/valid electronic signature.	arn/report will be assessed uctions, I declare that I have, as well as the electronic versions of the control o	e ERISA section 4021)? . d unless reasonable cause examined this return/reportersion of this return of this return of the retur	use is port, ir	established. Including, if applicate to the best of my	able, a Schedule knowledge and			
Cautior Under p SB or S belief, it SIGN HERE	n: A penalty for the late renalties of perjury and chedule MB completed is true, correct, and co	e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, implete.	arn/report will be assessed actions, I declare that I have, as well as the electronic ve	e ERISA section 4021)? . d unless reasonable cau e examined this return/repersion of this return/report ALLEN KLEIN	use is port, ir	established. Including, if applicate to the best of my	able, a Schedule knowledge and			
Caution Under p SB or S belief, it SIGN HERE SIGN HERE	n: A penalty for the late penalties of perjury and chedule MB completed is true, correct, and co Filed with authorize Signature of plant Filed with authorize Signature of emp	e or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, implete. Ed/valid electronic signature. Ed/valid electronic signature. Ed/valid electronic signature.	arr/report will be assessed uctions, I declare that I have, as well as the electronic versions of the control o	e ERISA section 4021)? . d unless reasonable cause examined this return/reportersion of this return of individual called the section of the s	ual sigual sigual	established. Including, if applicate to the best of my gning as plan admagning as employe	able, a Schedule knowledge and ninistrator			
Caution Under p SB or S belief, it SIGN HERE SIGN HERE	n: A penalty for the late penalties of perjury and chedule MB completed is true, correct, and co Filed with authorize Signature of plant Filed with authorize Signature of emp	e or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, implete. ed/valid electronic signature. ed/valid electronic signature.	arr/report will be assessed uctions, I declare that I have, as well as the electronic versions of the control o	e ERISA section 4021)? . d unless reasonable cause examined this return/reportersion of this return of individual called the section of the s	ual sigual sigual	established. Including, if applicate to the best of my gning as plan admagning as employe	able, a Schedule knowledge and ninistrator			
Caution Under p SB or S belief, it SIGN HERE SIGN HERE	n: A penalty for the late penalties of perjury and chedule MB completed is true, correct, and co Filed with authorize Signature of plant Filed with authorize Signature of emp	e or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, implete. Ed/valid electronic signature. Ed/valid electronic signature. Ed/valid electronic signature.	arr/report will be assessed uctions, I declare that I have, as well as the electronic versions of the control o	e ERISA section 4021)? . d unless reasonable cause examined this return/reportersion of this return of individual called the section of the s	ual sigual sigual	established. Including, if applicate to the best of my gning as plan admagning as employe	able, a Schedule knowledge and ninistrator			
Caution Under p SB or S belief, it SIGN HERE SIGN HERE	n: A penalty for the late penalties of perjury and chedule MB completed is true, correct, and co Filed with authorize Signature of plant Filed with authorize Signature of emp	e or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, implete. Ed/valid electronic signature. Ed/valid electronic signature. Ed/valid electronic signature.	arr/report will be assessed uctions, I declare that I have, as well as the electronic versions of the control o	e ERISA section 4021)? . d unless reasonable cause examined this return/reportersion of this return of individual called the section of the s	ual sigual sigual	established. Including, if applicate to the best of my gning as plan admagning as employe	able, a Schedule knowledge and ninistrator			
Caution Under p SB or S belief, it SIGN HERE SIGN HERE	n: A penalty for the late penalties of perjury and chedule MB completed is true, correct, and co Filed with authorize Signature of plant Filed with authorize Signature of emp	e or incomplete filing of this return other penalties set forth in the instruction and signed by an enrolled actuary, implete. Ed/valid electronic signature. Ed/valid electronic signature. Ed/valid electronic signature.	arr/report will be assessed uctions, I declare that I have, as well as the electronic versions of the control o	e ERISA section 4021)? . d unless reasonable cause examined this return/reportersion of this return of individual called the section of the s	ual sigual sigual	established. Including, if applicate to the best of my gning as plan admagning as employe	able, a Schedule knowledge and ninistrator			

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Pa	t III Financial Information				1					
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ar	_		(b) Er	d of Y	ear	
a	Total plan assets	7a	30638	3					(
<u>b</u>	Total plan liabilities	7b	30638	3					()
С	Net plan assets (subtract line 7b from line 7a)	7c							()
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b	Total		
а	Contributions received or receivable from:		2024.0	0						
	(1) Employers	8a(1)	20216	2						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b	-17443	3						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							27729)
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	33327	4						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	83	8						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						;	334112	2
i	Net income (loss) (subtract line 8h from line 8c)	8i						-;	30638	3
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	-,								
	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the insti	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Part V Compliance Questions										
10	During the plan year:				Yes	No		Λm	ount	
a		tions within	n the time period described in		100			AIII	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		Х				
	on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					200000
d	<u> </u>			100						200000
	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.)			10e		Χ				
f				10f		Χ				
	· · · · · · · · · · · · · · · · · · ·					X				
g				10g						
h	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		X				
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			55		- = -				<u> </u>
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter th		of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Duy				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	. 1	
raye	J		

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)					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No X	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	es 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 under the of the PBGC?	control		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
	(3c(1) Name of plan(s):	1 3c(2) El	N(s)	13c(3) F	N(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

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

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

2013

This Form is Open to Public Inspection

Part I	Annual Report Identification Inform	nation							
For ca	endar plan year 2013 or fiscal plan year beginnir	04/01/20	13 and ending	01/27/2014					
A Th	s return/report is for: X a single-employer p	olan a mu	ultiple-employer plan (not multiem	nployer) a one-participant plan					
B Th	s return/report is: the first return/repo	ort X the f	final return/report						
	an amended return	/report X a sh	ort plan year return/report (less t	han 12 months)					
C Ch	eck box if filing under: Form 5558	auto	matic extension	DFVC program					
	special extension (enter description)							
Part II		ested information							
1a N	ame of plan			1b Three-digit					
EAS'	TERN MERCHANDISE COMPANY	, INC. PROF	'IT-SHARING	plan number (PN) 001					
PLA				1c Effective date of plan					
				04/01/1992					
2 a P	an sponsor's name and address; include room	or suite number (employ	ver, if for a single-employer plan)	2b Employer Identification Number					
EAST	ERN MERCHANDISE COMPANY, INC.		37 300 370	(EIN)					
2701	SECOND AVENUE			91-0987855					
SEAT	TLE WA	98121		2c Sponsor's telephone number					
				206-448-4466					
				2d Business code (see instructions)					
				423940					
3a P	an administrator's name and address X Same	as Plan Sponsor Name	X Same as Plan Sponsor Address	3b Administrator's EIN					
		ac i iaii oponeei itame	carrie as Francesco Address						
				3c Administrator's telephone number					
				,					
4 If	the name and/or EIN of the plan sponsor has c	hanged since the last i	return/report filed for this plan	4b EIN					
200	enter the name, EIN, and the plan number from the	manifer—the complete and the complete complete and the complete co	ctarm oper med for the plan,						
	oonsor's name			4c PN					
5а т	otal number of participants at the beginning of the	ne plan vear		5a 9					
	otal number of participants at the end of the plan			5b					
	umber of participants with account balances as								
C	omplete this item)			5c					
	ere all of the plan's assets during the plan year			X Yes No					
b A	e you claiming a waiver of the annual examinat	ion and report of an in	dependent qualified public account	tant (IQPA)					
uı	nder 29 CFR 2520.104-46? (See instructions or	n waiver eligibility and co	onditions.)	X Yes No					
If	you answered "No" to either line 6a or line 6b	, the plan cannot use	Form 5500-SF and must instead	use Form 5500.					
C If	the plan is a defined benefit plan, is it covered under the	PBGC insurance program	(see ERISA section 4021)?	Yes No X Not determined					
Cautio	n: A penalty for the late or incomplete filing or	f this return/report will	be assessed unless reasonable of	cause is established.					
	penalties of perjury and other penalties set forth in the chedule MB completed and signed by an enrolled ac								
belief, i	is true correct, and complete		end of this return/report, and to	the best of my knowledge and					
	I Vila & In 1								
SIGN	1-11ch the		ALLEN KLEIN						
HERE	\ \								
	Signature of plan administrator	Date	Enter name of individual sign	ning as plan administrator					
	1 1110	7							
SIGN	1-11leng Ch		ALLEN KLEIN						
HERE	, (
	Signature of employer/plan sponsor	Date		ning as employer or plan sponsor					
Prepare	r's name (including firm name, if applicable) an	d address; include room	or suite number (optional)	Preparer's telephone number (optional)					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF (2013) v. 130118

Part	III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year			(b)	End of Year
а	Total plan assets	7a	306383				
b	Total plan liabilities	7b	306383		sterioresticost	0000004760000	
С	Net plan assets (subtract line 7b from line 7a)	7c					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from:						
	(1) Employers	8a(1)	202162				
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	-174433				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					27729
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	333274				
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	838				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					334112
i_	Net income (loss) (subtract line 8h from line 8c)	8i					-306383
	Transfers to (from) the plan (see instructions)	8j					
Part	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT						
9a	If the plan provides pension benefits, enter the applicable pens	sion feat	ure codes from the List of Plan Char	acter	istic C	odes	in the instructions:
	2E3D						
b	If the plan provides welfare benefits, enter the applicable welfa	are featu	re codes from the List of Plan Chara	cteris	tic Co	des in	the instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant cont	ributions	within the time period described in				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Co	orrection Program)	10a		X	
b	Were there any nonexempt transactions with any party-in-inter	est? (Do	not include transactions reported				
	on line 10a.)			10b		X	
C	Was the plan covered by a fidelity bond?			10c	X		200000
d	Did the plan have a loss, whether or not reimbursed by the pla	n's fideli	ty bond, that was caused by fraud				
	or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or or						
	insurance service or other organization that provides some or a						
	instructions.)					X	
	Has the plan failed to provide any benefit when due under the p					X	
	Did the plan have any participant loans? (If "Yes," enter amount			10g		X	
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 provide						
Par	exceptions to providing the notice applied under 29 CFR 2520.	101-3.	· · · · · · · · · · · · · · · · · · ·	101			
11	9 1		7 /15 IIV II :	-1-4-	Cabar	lula Ci	
11	Is this a defined benefit plan subject to minimum funding requi		17 10				
11a	(Form 5500) and line 11a below)					- 1	Yes X No
12	Enter the unpaid minimum required contribution for current year					1	Vac V N
12	Is this a defined contribution plan subject to the minimum funding requi (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e bel			UIEKI	SA!	.	Yes X No
	If a waiver of the minimum funding standard for a prior year is			ıction	e and	lenter	the date of the letter
a	ruling granting the waiver.					cite	
14	you completed line 12a, complete lines 3, 9, and 10 of Sched				Day		Year
	Enter the minimum required contribution for this plan year				121	h	
	year year				1 4	~	

	Form 5500-SF 2013	Page 3 -		
C	Enter the amount contributed by the employer to the	e 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	12d	
е		12d be met by the funding deadline?	. Yes	No X 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
			13a	0
b	Were all the plan assets distributed to participants or benef	ficiaries, transferred to another plan, or brought under the control		X Yes No
C	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See instr	e transferred from this plan to another plan(s), identify the plan	(s) to	
1	3c(1) Name of plan(s):	13c(2)	EIN(s)	13c(3) PN(s)

Part	VIII Trust Information (optional)			
14a I	Name of trust	14b Trus	t's EIN	