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

2013

This Form is Open to Public Inspection

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an amended return/report	C Check box if filing under:	an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program	an amended return/report a short plan year return/report (less than 12 months)			cum/report is for.			an (not muitiemployer)		a one-partici	ран рын
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dar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 eturn/report is for:	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for:	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 A This return/report is for:	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 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	For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 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 f			•		tions to the Form 5500-	-SF.		

Form 5500-SF 2013 Page **2**

Do	rt III Financial Information									
Pa			()5 : : ()				<i>(</i>) =			
_	Plan Assets and Liabilities Total plan assets	7-	(a) Beginning of Yea				(b) En	d of Y	ear ()
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b		0						
	Net plan assets (subtract line 7b from line 7a)	7.5 7.c	23622							
8	Income, Expenses, and Transfers for this Plan Year	70					(h)	Tatal		
	Contributions received or receivable from:		(a) Amount				(0)	Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	998	9						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9989	(
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24621	6						
е_	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							246216	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-2	236227	7
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cteristi	c Cod	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		Χ				
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				
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				
—е	or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			X				
	instructions.)			10e		X				
	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g				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 provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Г	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						ERISA?	Т Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								-	
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 the Day	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					- 47			-	
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	. 1	
гаус	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)	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?	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 confidence 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) to which assets or liabilities were transferred. (See instructions.)	:0			
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Tr	ust'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 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 section 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

D	art I	Annual Report	Identification Information	ance with the motio	ctions to the Form 550	0-31.	L	
-		dar plan year 2013 or fis		01/01/2013	and ending	12	2/31/2013	
_		eturn/report is for:			plan (not multiemployer)		a one-partici	pant plan
		eturn/report is:		the final return/report	, ,	L	_ ~ o.,e pa	ount plan
_		otanii oport ici		•	ırn/report (less than 12 m	onths)		
C i	Chack	box if filing under:		automatic extension	minoport (1000 than 12	,۔ان ا	DFVC progra	am
•	Cileci	t box ii iiiiiig under.	special extension (enter description			L	T pr vo brogre	
<u></u>		Dania Dian Info	<u> </u>					
	art II Nan	i Basic Pian Into ne of plan	rmation enter all requested inform	nation		1h	Three-digit	
		•					plan number	
	DM	Management Group	, Inc. 401(k) Profit Shari	ng Plan			(PN) ►	002
						16	Effective date of 01/01/2007	or pian
2a			dress; include room or suite number (er	nployer, if for a single	e-employer plan)	2b		ification Number
	DM	Management Group	, Inc.				(EIN) 26-02	
						2c	Sponsor's telep	
	226	313 76th Avenue S	outh			<u> </u>	(206) 574-	
						2d	Business code 561110	(see instructions)
	Ken		WA 98032 nd address X Same as Plan Sponsor	Nama C Same as	Plan Sponsor Address	3h	Administrator's	EINI
Ja	гіан	auministrator s name ar	id address [K] Same as Fian Sponsor	Name Same as	rian oponsor Address	35	Auministrators	CIIN
						30	A dministratoria	talanhana numbar
						30	Auministrators	telephone number
4			plan sponsor has changed since the la	st return/report filed	for this plan, enter the	4b	EIN	
_			nber from the last return/report.			4-	D)	
_		nsor's name	at the beginning of the plan year			4c 5a	T	2
b		• •	at the beginning of the plan year at the end of the plan year			5b		0
c			account balances as of the end of the pl			 		
						5c		0
6a		·	during the plan year invested in eligible	•			***************************************	X Yes No
b			the annual examination and report of ar (See instructions on waiver eligibility ar	1				X Yes ☐ No
			her line 6a or line 6b, the plan canno		and must instagal use			⊠ les □lvo
С	-		t plan, is it covered under the PBGC ins					Not determined
			· · · · · · · · · · · · · · · · · · ·					
_			or incomplete filing of this return/rep					icable a Schodule
			her penalties set forth in the instructions nd signed by an enrolled actuary, as we					
bel	ief, it	is true, correct, and com	plete.					
S	IGN	Suls	~	2-17-14	Susan Lynns			
1175	ERE	Signature of plan adm	inistrator	Date	Enter name of individua	al signi	ng as plan admi	inistrator
	IGN	Sul		2-111-14	Susan Lynns			
50.7030	ERE	Signature of employer	/plan sponsor	Date	Enter name of individua	al signi	ng as employer	or plan sponsor
Pre	epare		name, if applicable) and address; include	e room or suite numb	per (optional)	Prepa	rer's telephone	number (optional)
ĺ								
1								
1								

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P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	•			(b) End of	Year
a	Total plan assets	. 7a	236,22				· /	0
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	236,22	27				0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal
а	Contributions received or receivable from:	- 411		_				
	(1) Employers	8a(1)		0				
	(2) Participants	8a(2)		0				
<u>_</u>	(3) Others (including rollovers)	8a(3)	0.00	0				
<u>b</u>	Other income (loss)	8b	9,98	89				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-			9,989
	to provide benefits)	. 8d	246,23	16				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	. 8f		0				
g	Other expenses	. 8g		0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						246,216
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						(236,227)
<u>_i</u> _	Transfers to (from) the plan (see instructions)	. 8j		0				
P	art IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe	eature code	es from the List of Plan Charac	teristi	c Code	es in t	he instruction	ns:
	2E 2G 2J 3D							
b	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:							
P	art V Compliance Questions							
10	During the plan year:				Yes	No	А	mount
-	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduce			10a		x		
k	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		x		
	Was the plan covered by a fidelity bond?	•••••	•••••••••••••••••	10c		x		
	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	•	10d		x		
	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	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		
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		х		
ŀ	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х		
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				
Pa	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Yes X No
11	a Enter the unpaid minimum required contribution for current year fr	rom Sched	ule SB (Form 5500) line 39	••••••		11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of the Code	or se	ction 3	02 of I	ERISA?	Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, as applica	able.)					
_ a	If a waiver of the minimum funding standard for a prior year is being ranting the waiver	-				_	ne date of th	e letter ruling Year
ŀ	Construction of the Alberta delication of th							
<u> </u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forn	n 5500), and skip to line 13.					
	Enter the minimum required contribution for this plan year		•	••••••	•••••	12b		

	Form 5500-SF 2013 Pa	age 3-			
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 minegative 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?	••••••	X Y	es 🔲 N	0
	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 anothor of the PBGC?			[:	X Yes No
С	If during this plan year, any assets or liabilities were transferred from this plan to anothe which assets or liabilities were transferred. (See instructions.)	er plan(s), identify the plan(s) to)		
1	13c(1) Name of plan(s):	130	(2) EIN((s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	•			
14a	Name of trust		14b ⊤	rust's EIN	