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

Pension B	senetit Guaranty Corporation	 Complete all entries in accord 	ance with the instruc	ctions to the Form 5500	0-SF.		
Part I		dentification Information					
For calend	lar plan year 2013 or fisc	cal plan year beginning 01/01/2013		and ending 1	2/31/2	013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl	lan (not multiemployer)	Ī	a one-partici	pant plan
	turn/report is:	the first return/report	the final return/report		•		
		an amended return/report	short plan year retur	n/report (less than 12 mo	onths)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	1)				
Part II	Basic Plan Infor	mation—enter all requested informa	tion				
1a Name	of plan				1b	Three-digit	
DMS MANA	GEMENT USA INC 401	K PLAN				plan number	
						(PN) ▶	001
					1c	Effective date o	
20.01					-	10/01	
	sponsor's name and add AGEMENT USA INC	lress; include room or suite number (en	nployer, it for a single-	employer plan)			fication Number 95602
					2c	Sponsor's telep	
	IUE OF THE AMERICAS (, NY 10020	S, ROCKEF			24		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Zu	81299	(see instructions)
3a Plan a	administrator's name and	d address XSame as Plan Sponsor Na	ame Same as Plar	n Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
							·
		plan sponsor has changed since the la	st return/report filed for	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since the laber from the last return/report.	st return/report filed fo	or this plan, enter the	4b 4c		
name a Spons	e, EIN, and the plan num sor's name		· 	·	4c		1
a Spons 5a Total	e, EIN, and the plan num sor's name number of participants a	ber from the last return/report.					1 2
a Spons5a Totalb Totalc Numb	e, EIN, and the plan num sor's name number of participants a number of participants a per of participants with a	at the beginning of the plan year	an year (defined bene	efit plans do not	4c 5a 5b		2
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End of	Voor		
	Total plan assets	7a	(a) Beginning of Tea				(b) Ella O	2521	2	
	Total plan liabilities	7b							_	
	Net plan assets (subtract line 7b from line 7a)	3				2521	2			
	Income, Expenses, and Transfers for this Plan Year									
	Contributions received or receivable from:		(a) Amount				(b) Tot	aı		
	(1) Employers	8a(1)	649	7						
	(2) Participants	8a(2)	485	0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	158	2						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1292	9	
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							0	
i	Net income (loss) (subtract line 8h from line 8c)	8i						1292	9	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics				•					
9a	If the plan provides pension benefits, enter the applicable pension 3D 2E 2F 2G 2J 2K	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instruction	ns:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruction	is:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		mount		
a		tions withi	n the time period described in			X		mount		
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidule Were there any nonexempt transactions with any party-in-interest			10a		^				
_	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 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	of the ben	efits under the plan? (See			X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)		10h		X					
i	'									
Part										
11	Is this a defined benefit plan subject to minimum funding requirem							☐ Yes	· 🔽	No
110	5500) and line 11a below)							<u> </u>	^	. 10
	Enter the unpaid minimum required contribution for current year fr		,			11a	EDICAC	□ va-	, 	NI~
12	Is this a defined contribution plan subject to the minimum funding	-		e or se	ction	302 of	ERISA?	Yes	· ^	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir			ctions	and a	enter th	e date of the	letter ri	ıling	
	granting the waiver.		Mon		and t	Day		ear	am iy	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			I	40.	1			
b	Enter the minimum required contribution for this plan year					12b	ĺ			

Page	3 -		1
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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 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?	Y	es 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 coof the PBGC?	ontrol 		Yes X 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.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	



Before printing the attached filing, change the following setting in Adobe Reader:



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Form 5500-SF Department of the Treasury	Short Form Annual	Short Form Annual Return/Report of Small Employee Benefit Plan	OMB Nos, 1210-0110 1210-0089
Internal Revenue Service	This form is required to be	This form is required to be filed under sections 104 and 4065 of the Employee	2013
Department of Labor Employee Benefits Security Administration	Retirement Income Security Act the Inte	Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).	This Form is Open to Public
Pension Benefit Guaranty Corporation	 Complete all entries in acc 	Complete all entries in accordance with the instructions to the Form 5500-SF.	Inspection
Part I Annual Report Id	Annual Report Identification Information		
For calendar plan year 2013 or fiscal plan year beginning	I 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 final return/report	
	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
	a propriet outcome (outcome)		

6a 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 (IOPA)	ဂ	b	1	4		3a	7.	<u>ـ</u>	2a -		0	1a	Part		C
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	Number of participants with a complete this item)	Total number of participants a	name, EIN, and the plan num Sponsor's name	If the name and/or EIN of the		3a Plan administrator's name and address	New York		Plan sponsor's name and addr dms Management USA		dms Management USA	1a Name of plan	Ξ		Check box if filing under:
	ccount balances as of the end	at the beginning of the plan yea at the end of the plan year	name, EIN, and the plan number from the last return/report. Sponsor's name	plan sponsor has changed sin		d address 🏻 Same as Plan Sponsor Name	Allericas, Rocker	333333333333333333333333333333333333333	ress; indude room or suite nur		Inc 401k Plan		Basic Plan Information—enter all requested information	special extension (enter description)	Form 5558
	Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	Total number of participants at the beginning of the plan year		If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the		oonsor Name Same as Plan Sponsor Address	NY 10020		Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) dms Management USA Inc				d information	escription)	automatic extension
	-		4c	4b	ဒင	3b	2d	2c	2b	1c		16			
			PN	EIN	Administrator's	Administrator's EIN	Business code (812990	Sponsor's telephone number (212) 618-6363	Employer Identification (EIN) 45-2995602	Effective date of plan 10/01/2011	(PN) ▶	Three-digit			DFVC program
⊠ Yes □ No	2 [2 1			Administrator's telephone number	EZ	Business code (see instructions) 812990	s telephone number 618-6363	Employer Identification Number (EIN) 45-2995602	งf plan 1	001				am

SIGN SIGN Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Preparer's telephone number (optional) Signature of plan administrator Date Kathleen Celoria Enter name of individual signing as plan administrator

	12b				b Enter the minimum required contribution for this plan year	
			n 5500), and skip to line 13.	e MB (Form	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	
enter the date of the letter ruling Day Year	d enter th Day	xtions, an th	d in this plan year, see instructi Month	ng amortized	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver. Month	,,
			ble.)	as applicat	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.	
ERISA? Yes 🛚 No		or sectio	nts of section 412 of the Code	requiremen	ls this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of	12
	11a		ıle SB (Form 5500) line 39	rom Schedu	Enter the unpa	11a
(Form Yes ☒ No	Schedule SB	complete Sch	see instructions and	ents? (If "Ye	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500) and line 11a below)] =
					_	Part
	×	10i	notice or one of the	ne required 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	l
	×	10h	and 29 CFR	(See instruc	h If this is an individual account plan, was there a blackout period? (See instructions 2520, 101-3.)	
	×	10g		s of year er	1	
	×	10f		n?	f Has the plan failed to provide any benefit when due under the plan?	
	×	10e	gents, or other persons by an insurance carrier, some or all of the benefits under the plan? (See	her persons of the benefi	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.)	
	×	10d	d, that was caused by fraud	fidelity bond	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
	×	10c			C Was the plan covered by a fidelity bond?	
	×	10b	(Do not include transactions reported	? (Do not in	b Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ĺ _
	×	10a	ction Program)	tions within uciary Сопе	a Was there a failure to transmit to the plan any participant contributions within the time period described 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	
Amount	No No	Yes			1	3
					art V Compliance Questions	Part
he instructions:	Codes in th	teristic C	codes from the List of Plan Characteristic	feature code	If the plan provides welfare benefits, enter the applicable welfare	ь
the instructions:	Codes in		es from the List of Plan Characteristic	feature code	If the plan prov 3D 2E 2F	9a
					Part IV Plan Characteristics	Pa
				<u>8</u> ;	Transfers to (from) the plan (see instructions)	-
12,929				<u>®</u>		_
0			(4	88 89	Total expenses (add lines 8d, 8e, 8f, and 8g)	_
				2	- 1	. -
				8e	1	- O
				8d	d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ا
12,929				80		ا ر
		1,582	1	86	I - I	5
				8a(3)		l
		4,850	4	8a(2)	20	
		6,497	6	8a(1)	Contributions received or receivable from: (1) Employers	n n
(b) Total			(a) Amount			œ
25,212		283	12,	7c	_	0
				7b		اح
25,212		283	12	7a		<u>.</u> ا
(b) End of Year		_	(a) Beginning of Year		Plan Assets and Liabilities	7
					Part III Financial Information	P

14a Name of trust	Part VIII	13c(1)	C If du whic	b Wer	٨. اا	13a Has	Part VII	e Vill	d Sub	C Ente	
of trust	Part VIII Trust Information (optional)	13c(1) Name of plan(s):	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.)	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a Has a resolution to terminate the plan been adopted in any plan year?	Plan Terminations and Transfers of Assets	Will the minimum funding amount reported on line 12d be met by the funding deadline?	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)	Enter the amount contributed by the employer to the plan for this plan year	Form 5500-SF 2013 130118 Page 3 -
			ie plan(s)	ınder the					of a		
14b Tn		13c(2) EI	ō	control	13a	Q			12d	12c	
ust's EIN		N(s)				es X No		Yes			
		13c(3) PN(s)		☐ Yes 🖾 No		ō		No N/A			