## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## **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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I **Annual Report Identification Information** 

For calenda	ar plan year 2014 or fi	iscal plan year beginning 10/01/	/2014	and ending 09/3	0/2015					
A This ret	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) a foreign plan									
D =0.10 0.00	and the second to									
<b>B</b> This retu	urn/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 progra	am				
		special extension (enter des	scription)							
Part II	Basic Plan Info	ormation—enter all requested i	information							
1a Name	of plan	ROFIT SHARING PLAN AND TR			<b>1b</b> Three-digit plan number					
DIVIZ GOT TV	VAILE, 1140. 40 1(11) 1		(PN) ▶	001						
			1c Effective date of plan							
<b>2a</b> Plan sp DM2 SOFTW		ddress; include room or suite num	ber (employer, if for a single	e-employer plan)	2b Employer Identification Number (EIN) 91-1473531					
7700 NE CDI	EENWOOD DR., SUI	TE 200			2c Sponsor's telep	phone number 74-6984				
	R, WA 98662	TL 200			2d Business code	(see instructions)				
3a Plan a	dministrator's name a	nd address XSame as Plan Spo	nsor.		3b Administrator's					
				-	20 Administratorio					
					<b>3c</b> Administrator's	telephone number				
		e plan sponsor has changed sinc	e the last return/report filed	for this plan, enter the	<b>4b</b> EIN					
name	, EIN, and the plan nu	ne plan sponsor has changed sinc nmber from the last return/report.	e the last return/report filed							
name, <b>a</b> Spons	, EIN, and the plan nu or's name	mber from the last return/report.		·	4c PN	53				
a Sponso	, EIN, and the plan nu or's name number of participants	mber from the last return/report.	r		4c PN 5a	53				
a Sponso 5a Total r b Total r	, EIN, and the plan nu or's name number of participants number of participants	mber from the last return/report.	T		4c PN 5a 5b	55				
a Sponso 5a Total r b Total r c Numb	, EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan years at the end of the plan year account balances as of the end of	of the plan year (defined ben	nefit plans do not	4c PN 5a 5b 5c					
name, a Sponse 5a Total r b Total r c Numb comple d(1) Total	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	s at the beginning of the plan year account balances as of the end of the plan year	of the plan year (defined ben	nefit plans do not	4c PN 5a 5b 5c 5d(1)	55 45 47				
name, a Sponse 5a Total r b Total r c Numb comple d(1) Tota d(2) Total	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	anticipants at the end of the plan year articipants at the end of the beginning of the end of the beginning of the articipants at the end of the plan y	of the plan year (defined ben plan year	nefit plans do not	4c PN 5a 5b 5c	55 45				
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name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th  Caution: A Under pena SB or Schebelief, it is to	EIN, and the plan nu or's name number of participants number of participants er of participants with ete this item)	anther from the last return/report.  Is at the beginning of the plan year  Is at the end of the plan year  account balances as of the end of the plan year  articipants at the beginning of the articipants at the end of the plan year  articipants at the beginning of the plan year  articipants at the plan year  articipants at the plan year  articipants at the beginning of the plan year  articipants at the plan y	plan year (defined ben plan year plan year with accrued ben plan year with accrued ben plan year will be assessed	nefit plans do not nefits that were I unless reasonable cause examined this return/repo	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if applic	55 45 47 47 1 cable, a Schedule				
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name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th  Caution: A Under pena SB or Schebelief, it is to	p. EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (defined ben plan year	nefit plans do not  nefits that were  I unless reasonable cause examined this return/report, are signed as a series of this return/report, and the series of the series	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if applicand to the best of my	45 47 47 1 cable, a Schedule v knowledge and				
name, a Sponse 5a Total r b Total r c Numb comple d(1) Tota d(2) Tota e Numbe less th  Caution: A Under pena SB or Sche belief, it is to SIGN HERE	p. EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year articipants at the beginning of the articipants at the end of the plan year articipants at the end of the plan year minated employment during the continuous or incomplete filing of this returned signed by an enrolled actuary applete.	plan year (defined ben plan year	nefit plans do not  nefits that were  I unless reasonable cause examined this return/report, are signed as a series of this return/report, and the series of the series	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if applicand to the best of my	45 47 47 1 sable, a Schedule v knowledge and				
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name, a Sponse 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe less th Caution: A Under pena SB or Schebelief, it is total SIGN HERE	p. EIN, and the plan number of participants number of participants er of participants with ete this item)	at the beginning of the plan year at the end of the plan year	plan year (defined ben plan year e plan year with accrued ben urn/report will be assessed uctions, I declare that I have , as well as the electronic ve	nefit plans do not  nefits that were  I unless reasonable cause e examined this return/report, ersion of this return/report,  Enter name of individua	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established. ort, including, if applicand to the best of my al signing as plan admed al signing as employed	45 47 47 1 cable, a Schedule v knowledge and ministrator				

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b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the considerable with th	an indepe and condit	ndent qualified public accountations.)	int (IQ	PA)			X Ye	
С	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not dete	ermined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	44486	559				4633	3491
	Total plan liabilities	7b	44486	850				4633	2401
	Net plan assets (subtract line 7b from line 7a)	7c		)JJ			<i>(</i> ) T		7431
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai	
	(1) Employers	8a(1)	616	895					
	(2) Participants	8a(2)	2458	365					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	-188	339					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						288	3721
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1037	772					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	1	117					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						103	8889
	Net income (loss) (subtract line 8h from line 8c)	8i				184832			
j	Transfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T  If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T 2F 2G 2D 2F 2F 2G 2D 2F 2F 2G 2D 2F 2F 2G 2D 2F 2F 2F 2G 2D 2F 2G 2D 2F 2								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	ıciary Cor	rection Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X			
C	Was the plan covered by a fidelity bond?			10c	X				464000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	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 ber	nefits under the plan? (See	10e	X				14165
f	Has the plan failed to provide any benefit when due under the plan	n?n		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X				61051
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					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s No
_11a	Enter the unpaid minimum required contribution for current year fr	om Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	Ye	s 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.	-			, and 6 	enter th Day		ne letter i Year	ruling 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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 negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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 the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I Annual Rep	ort Identification Information		Hat talk		00/20/	2015			
For calendar plan year 2014	or fiscal plan year beginning		1/2014	and ending	09/30/				
A This return/report is for:	(Filers checking the dance with the for	Filers checking this box must attach a list ance with the form instructions)							
B This return/report is	the first return/report	the fi	nal return/report						
- Tillo Total Areport	an amended return/report	a short plan year return/report (less than 12 months)							
C Check box if filing under:	Form 5558	auto	matic extension		DFVC	orogram			
	special extension (enter descr	iption)							
Part II Basic Plan	Information—enter all requested inf	ormation							
1a Name of plan DM2 SOFTWARE, INC	2. 401(k) PROFIT SHARING	PLAN	AND TRUST		1b Three-dig plan numl (PN)	per 001			
					1c Effective (				
2a Plan sponsor's name at DM2 SOFTWARE, INC	nd address; include room or suite numb	er (emplo	yer, if for a single-er	nployer plan)		Identification Number -1473531			
					1	s telephone number 4 - 6984			
7700 NE GREENWOO!	D DR., SUITE 200					code (see instructions)			
VANCOUVER	WA 98662				541519				
3a Plan administrator's na	me and address XSame as Plan Spon	sor.			<b>3b</b> Administr	ator's EIN			
					3c Administr	ator's telephone number			
						**			
4 If the name and/or EIN name, EIN, and the pl	of the plan sponsor has changed since an number from the last return/report.	the last	eturn/report filed for	this plan, enter the	4b EIN				
a Sponsor's name					4c PN				
	ipants at the beginning of the plan year					55			
c Number of participants	ipants at the end of the plan years with account balances as of the end of	f the plan	year (defined benefi	t plans do not	5c	45			
complete this item)	ive participants at the beginning of the p				5d(1)	47			
d(2) Total number of active participants at the end of the plan year					5d(2)	47			
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested			5e	1					
Continue & manufactor to	a lete or incomplete filing of this retu	rn/renori	will be assessed u	inless reasonable ca	ause is establisl	ned.			
1.1 1 -141	and other penalties set forth in the instructed and signed by an enrolled actuary,	uctions I	declare that I have eas the electronic vers	ion of this return/repo	ort, and to the be	il applicable, a Scriedule			
SIGN	with 1/2		1-23-16	Scott Burkar	d				
HEDE	plan administrator		Date	Enter name of indiv	idual signing as p	olan administrator			

Date

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

Signature of plan administrator

Signature of employer/plan sponsor

SIGN

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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	secote? (S	tee instructions )				X	Yes 1	No
<ul> <li>Were all of the plan's assets during the plan year invested in eligible</li> <li>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 If you answered "No" to either line 6a or line 6b, the plan cannot</li> </ul>	n inaepena nd condition ot use Form	ns.) 1 5500-SF and must instead u	se Fo	, rm 55		🗓	Yes []	No
c If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	gram (see ERISA section 4021	)?	.∐ Y	es N	lo   No	determined	<u> </u>
Part III Financial Information								—
7 Plan Assets and Liabilities		(a) Beginning of Year	<u> </u>		(1	) End of Y	<u>46334</u>	491
a Total plan assets	7a	4448	659				4033	174
<b>b</b> Total plan liabilities	7b	4448	CEO	_			46334	491
C Net plan assets (subtract line 7b from line 7a)	7c		033			(b) Tota		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		2011	SELUI.	(b) Total		ENT
Contributions received or receivable from:     (1) Employers	8a(1)	61	.695			North.		
(2) Participants	8a(2)	245	865			Mileto		100
(3) Others (including rollovers)	8a(3)							
b Other income (loss)	8b	-18	3839					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						288	721
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10	3772					
e Certain deemed and/or corrective distributions (see instructions)	8e		715	, 100				
f Administrative service providers (salaries, fees, commissions)	. 8f		117					
g Other expenses	. 8g		6-13	111590	103			3889
h Total expenses (add lines 8d, 8e, 8f, and 8g)			52 H	-	18483			
i Net income (loss) (subtract line 8h from line 8c)			4	YES	13 FEB.		I NEW YORK	11/1-
j Transfers to (from) the plan (see instructions)	· 8j			10.0				
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T  b If the plan provides welfare benefits, enter the applicable welfare		_						
Part V Compliance Questions				Yes	No		mount	
10 During the plan year:		the time period described in		163			in out it	
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig. Were there any nonexempt transactions with any party-in-interest.)	uuciai y Cui	rection r rogram,	10a		Х			
on line 10a.)			10b	121				
C Was the plan covered by a fidelity bond?			10c	Х			46	4000
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	's fidelity bo	and, that was caused by fraud	10d		х			
e Were any fees or commissions paid to any brokers, agents, or of the provides some or a linear granization that provides some or a	other personall of the be	ns by an insurance carrier, nefits under the plan? (See	10e	х			1	14165
instructions.)	dan?		10f		Х			
				х			6	61051
g Did the plan have any participant loans? (If Yes, either amount	<ul> <li>g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)</li> <li>h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR</li> </ul>				х	West !		
2520.101-3.)	h If this is an individual account plan, was there a blackout period? (See instituctions and 25 of 14 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		10i					
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requir	ements? (If	"Yes," see instructions and co	mplete	Sche	edule SB	(Form	Yes	∏ No
5500) and line 11a below)	ar from Sch	edule SB (Form 5500) line 39			11a			<u></u>
12 Is this a defined contribution plan subject to the minimum fund	ling require	ments of section 412 of the Coo	de or s	ection	1 302 of	ERISA?	Yes	X No

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

Day

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

granting the waiver......Month

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If v	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and ski	p to line 13.						
	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	to the state of th	enter a minus si	gn to the left	of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding d	leadline?				Yes	No	N/A	
Part						'es X N			
	Has a resolution to terminate the plan been adopted in any plan year?				Y				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?						control Yes X 1			
С	It is the same transferred from this plan	to another plan	n(s), identify	he plan(s) t	to				
	13c(1) Name of plan(s):			1:	3c(2) El	N(s)	13c	(3) PN(s)	
Par	rt VIII Trust Information (optional)				446 7				
14a	a Name of trust				14D	rust's EIN			