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).

2011

This Form is Open to Public

Inspection

OMB Nos. 1210-0110

1210-0089

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

	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	2011			
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report	the final r	eturn/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	automatic	extension		X DFVC program			
	special extension (enter description	on)			_			
Pa	art II Basic Plan Information—enter all requested information							
1a	Name of plan			1b	Three-digit			
MMI	SERVICES, INC. PROFIT SHARING PLAN				plan number			
					(PN) 001			
				10	Effective date of plan 01/01/1994			
2a	Plan sponsor's name and address; include room or suite number (el	mployer, if	for a single-employer plan)	2b	Employer Identification Number			
MMI	SERVICES, INC.				(EIN) 91-1470972			
				2c	Sponsor's telephone number			
	BOX 2768				425-369-8655			
ISSA	QUAH, WA 98027-0127			2d	Business code (see instructions) 236110			
32	Dian administrator's name and address (if same as plan appears or	ntor "Como	,"\	3h	Administrator's EIN			
	Plan administrator's name and address (if same as plan sponsor, er BERVICES, INC. P.O. BOX 276	68		30	91-1470972			
	ISSAQUAH, \	WA 98027	-0127	3с	Administrator's telephone number			
	K			41.	425-369-8655			
4	If the name and/or EIN of the plan sponsor has changed since the langer, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	5			
b	Total number of participants at the end of the plan year			5b	C			
С	Number of participants with account balances as of the end of the p	olan year (defined benefit plans do not	_				
	complete this item)			5c				
-	Were all of the plan's assets during the plan year invested in eligible		` '		X Yes No			
b	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				X Yes □ No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•					
Pa	rt III Financial Information			1				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	280412		0			
b	Total plan liabilities	7b	0					
C	Net plan assets (subtract line 7b from line 7a)	. 7c	280412		0			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	8623					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			8623			
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	287615					
е	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	. 8f	1420					
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				289035			
į	Net income (loss) (subtract line 8h from line 8c)	-			-280412			
	Transfers to (from) the plan (see instructions)	8j						

Form		

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Part IV	Plan Characteristics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	· · ·								
Part	V Compliance Questions								
0	During the plan year:		Yes	No	,	Amount			
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
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	Χ				500000		
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		Х					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
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	10i							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No		
12									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiverMor	th							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		ı				
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 negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A		
art	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			X	res No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1:	3a				0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he plar	n(s) to)		_	_		
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(s)		
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estab	ished.				
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	02/21/2013	LISA JACKA
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

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Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

		tification Information					
For c	alendar plan year 2011 or fiscal p		01/01/2	2011	and ending		12/31/2011
Ат	his return/report is for:	single-employer plan	a multiple	-employer plan	(not multiemployer)		a one-participant plan
Вт	his return/report is:	he first return/report	X the final re	eturn/report			
		n amended return/report	a short pla	n year return/re	eport (less than 12 mo	nths)	
C 0	heck box if filing under:	Form 5558	automatic	extension			DFVC program
•	·	necial extension (enter descrip	ution)				_
Pai		tion—enter all requested infor					And the state of t
	Name of plan	LIOIT -CITICS AIR TOQUESTOR INTO	manon			1b	Three-digit
	SERVICES, INC. PROP	FIT SHARING PLAN					plan number
					_		(PN)
							Effective date of plan 01/01/1994
2- 1	Plan sponsor's name and address	i - tud	/ompleyer if	for a single on	polator plan)		Employer Identification Number
	Plan sponsors name and address SERVICES, INC.	, include room or some number	(employer, ii	ioi a single-en	ipidyer plant)	213	(EIN) 91-1470972
	,					2c	Sponsor's telephone number
P.0). BOX 2768						425-369-8655
						2d	Business code (see instructions)
ISS	SAQUAH W	JA 98027-0127					236110
3a	Plan administrator's name and add	dress (if same as plan sponsor,	enter "Same	2")		3b	Administrator's EIN 91-1470972
	·		•			30	Administrator's telephone number
	O. BOX 2768 SAQUAH W	IA 98027-0127				50	425-369-8655
	If the name and/or EIN of the plan	sponsor has changed since th	e last return/	report filed for t	his plan, enter the	4b	EIN
	name, EIN, and the plan number	from the last return/report.				4-	DN
	Sponsor's name						PN 5
	Total number of participants at the				Ī	<u>5a</u>	
	Total number of participants at the				f	<u>5b</u>	0
С	Number of participants with accou	ant balances as of the end of th	e plan year (defined benefit	plans do not	5c	0
	Were all of the plan's assets duri						X Yes ☐ No
oa h	Are you claiming a waiver of the	ng the plan year invested in engannual examination and report	of an indeper	dent qualified	public accountant (IQF	PA)	
	under 29 CFR 2520.104-46? (Se	e instructions on waiver eligibili	ty and condit	ions.)		•••••	X Yes No
	If you answered "No" to either		Form 5500-	SF and must	nstead use Form 550)O	
Pa	rt III Financial Informati	on		1			
7	Plan Assets and Liabilities			(a) Be	ginning of Year	_	(b) End of Year
	Total plan assets		1		28041		
	Total plan liabilities				00047	0	
c	Net plan assets (subtract line 7b	from line 7a)	7c		28041	4_	
8	Income, Expenses, and Transfers		55,494	(a) Amount		(b) Total
а	Contributions received or receiva (1) Employers		8a(1)				
						7	
	(2) Participants					1	
h	Other income (loss)				862	3	
	Total income (add lines 8a(1), 8a						8623
c d	Benefits paid (including direct roll		1				
u	to provide benefits)		8d		28761	5	
е	Certain deemed and/or corrective		8e			_	
f	Administrative service providers	(salaries, fees, commissions)	8f		142	0	
g	Other expenses	***************************************	8g				
h	Total expenses (add lines 8d, 8e	, 8f, and 8g)	1				28903
i	Net income (loss) (subtract line 8			i i kiriyê yê.			-28041:
i	Transfers to (from) the plan (see	•					물론 모속 발생들은 학생들을 잃었다면서

	Form 5500-SF 2011 Page 2 -	·			
ıri	IV Plan Characteristics				
	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	tic Co	des in	the instructions:
	$^{\circ}$	acterist	ic Cod	es in th	ne instructions:
	The plan provides welfare benefits, office are applicable welfare feetals seeds with the later.				- 44-4-4
rt	V Compliance Questions				
	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	Х		500000
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х	
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		Х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
q	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х	
_	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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			
rt	VI Pension Funding Compliance				<u> </u>
_	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co 5500))	mplete	Sched	dule SE	Tes NO
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo	de or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver	uctions inth	, and	enter tr Day	ne date of the letter ruling Year
lf '	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3. —		•	
	Enter the minimum required contribution for this plan year			12b	
	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 le negative amount)	ft of a		12d	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No N/A
rt	VII Plan Terminations and Transfers of Assets				
Ba	Has a resolution to terminate the plan been adopted in any plan year?			X '	Yes No
		1	49-		n

Plan Terminations and Transfers of Assets Part VII 13a Has a resolution to terminate the plan been adopted in any plan year?

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control X Yes No of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

Part IV

Part V

Part VI

12

10

which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s):

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.

or
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