## 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

2012

This Form is Open to Public Inspection

CPN   DO1   1c   Effective date of plan	Par				accordance with the instr						
A This return/report is for: B This return/report is the first return/report   definal return/report	_						40/04/	2010			
B This return/report is:	For ca	alenda	r plan year 2012 or f		01/2012	and ending	12/31/	2012			
C Check box if filing under:	A Th	nis retu	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	a one-participant plan				
C Check box if filing under:	B Th	nis retu	urn/report is:	the first return/report	the final return/repor	t					
Special extension (enter description)   Part II				an amended return/report	a short plan year retu	ırn/report (less than 12 n	nonths	)			
Part II   Basic Plan Information—enter all requested information   1a Name of plan   1a Name of plan   1b Three-digit plan number (PN)   201   1c Effective date of plan number (PN)   201   1c Effective date of plan number (PN)   201   2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)   2b Employer Identification Nu (EIN) 91-1614586   2c Sponsor's telephone numl 200-2524-152   2d Business code (see instructions)   24 Business code (see instructions)   26 Business code (see instructions)   27 Business code (see instructions)   27 Business code (see instructions)   28 Business	C C	heck b	ox if filing under:	Form 5558	automatic extension			X DFVC progra	ım		
18 Name of plan THE OMNI FILTY LUCRE 401(K) RETIREMENT PLAN  29 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  20 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  20 Employer Identification Number (pln) 91-161-4586  20 Sponsor's telephone number 206-623-4152  21 Business code (see instruct 541519)  32 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  33 Administrator's telephone number (pln) 91-161-4566  36 Administrator's telephone number (pln) 91-161-4566  37 Administrator's telephone number (pln) 91-161-4566  38 Administrator's telephone number (pln) 91-161-4566  39 Administrator's telephone number (pln) 91-161-4566  30 Administrator's telephone number (pln) 91-161-4			-	special extension (enter de	escription)			_			
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2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  2b Employer Identification No (EIN) 91-1614586  2c Sponsor's telephonen under 206-523-4152  2d Business code (see instruct 541519  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  MNI DEVELOPMENT, INC.  3b Administrator's EIN 91-1614586  3c Administrator EIN 91-1614586  3c Adm			•	RETIREMENT PLAN				plan number			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  OIMMI DEVELOPMENT, INC.  2b Employer Identification Nu (EIN) 91-1614586  2c Sponsor's telephone numi 200-523-4152  2d Business code (see instructions)  3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  MNI DEVELOPMENT, INC.  3b Administrator's telephone  206-523-4152  3c Administrator's telephone  206-523-4152  3d Administrator's telephone  206-523-4152  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the  a Sponsor's name  4c PN  5a Total number of participants at the beginning of the plan year								\ /			
28 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)  OIMNI DEVELOPMENT, INC.  20 Sponsor's telephone number (2005-323-4152)  21 Business code (see instruct 541519)  32 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  MINI DEVELOPMENT, INC.  33 Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address  MINI DEVELOPMENT, INC.  44 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  3 Sponsor's name  44 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.  45 Sponsor's name  46 PN  57 Total number of participants at the beginning of the plan year.  58 Total number of participants at the end of the plan year.  59 Total number of participants at the end of the plan year.  50 Total number of participants at the end of the plan year.  50 Total number of participants at the end of the plan year.  50 Total number of participants at the end of the plan year.  50 Total number of participants at the end of the plan year (defined benefit plans do not complete this item).  51 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  52 Ves  53 Total number of participants and the plan year invested in eligible assets? (See instructions).  54 Vere all of the plan's assets during the plan year invested in eligible assets? (See instructions).  55 Development of participants with account balances are of the end of the plan year invested in eligible assets? (See instructions).  55 Development of participants with account balances are of the end of the plan year invested in eligible assets? (See instructions).  56 Development of participants with account of participants with account							1c		•		
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3a Plan administrator's name and address   Same as Plan Sponsor Name   Name as Plan Sponsor Address   Same as Plan Sponsor Address   Same as Plan Sponsor Address   Same as Plan Sponsor Address   Sc. Administrator's telephone   206-523-4152     4							2d	Business code (	see instructions)		
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Total number of participants at the beginning of the plan year	r	name,	EIN, and the plan nu								
b Total number of participants at the end of the plan year							+	PN			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)								5			
Complete this item)							5b		57		
Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  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 Sct 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 belief, it is true, correct, and complete.  SIGN HERE  Signature of plan administrator  Date  Enter name of individual signing as employer or plan signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan signature.						•	5c		40		
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were a	all of the plan's asset								
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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 belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  O7/26/2013  MOLLY REED  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 signin	l	under :	29 CFR 2520.104-46 answered "No" to e	of the annual examination and rep 6? (See instructions on waiver eliq either line 6a or line 6b, the plan	port of an independent qualit gibility and conditions.) n cannot use Form 5500-S	ied public accountant (IC	QPA) • Form	າ 5500.	X Yes No		
belief, it is true, correct, and complete.  SIGN HERE  Filed with authorized/valid electronic signature.  Signature of plan administrator  Date  Enter name of individual signing as plan administrator  Signature of employer/plan sponsor  Date  Enter name of individual signing as employer or plan s	l Cauti	inder : f you on: A	29 CFR 2520.104-46 answered "No" to e penalty for the late	of the annual examination and rep 6? (See instructions on waiver eliq either line 6a or line 6b, the plan e or incomplete filing of this ret	port of an independent qualit gibility and conditions.) n cannot use Form 5500-S urn/report will be assessed	F and must instead used unless reasonable ca	PA) Formuse is	n 5500. established.	Yes No		
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Form 5500-SF 2012 Page **2** 

Part III Financial Information											
<u>га</u>	Plan Assets and Liabilities		(a) Bosinning of Voc				(b) En	1 - 4 \	/oor		
<del>'</del>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(b) End of Year 2416636						
_ <u>a</u>	Total plan liabilities	7a 7b	167842	20	+				4100	0	
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	76 7c	1670/0	20				-	44660	_	
		76		1678420			2416636				
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b)	Tota			
	(1) Employers	8a(1)	18589	9							
	(2) Participants	8a(2)	34027	77							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	28290	00							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							80907	<b>'</b> 6	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	6269	9							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	816	61							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7086	60	
i	Net income (loss) (subtract line 8h from line 8c)	8i							7382	16	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	iction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruc	tions			
Par	t V Compliance Questions										
10					Yes	No		A			
a	During the plan year:  Was there a failure to transmit to the plan any participant contribu	tions within	n the time period described in		162	NO		АП	ount		
· ·	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			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					100	0000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				100	3000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100							
·	insurance service or other organization that provides some or all of										
	instructions.)			10e	X						8291
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
Q	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Χ					
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							
Par											
11											
11:	a Enter the amount from Schedule SB line 39										
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No						No				
12	to the desired community between plants and the minimum variating requirements and the control of the control o					110					
a	(If "Yes," complete line 12a or lines 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 instructions, and enter the date of the letter ruling										
granting the waiver											
	Enter the minimum required contribution for this plan year	•				12b					
h											

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	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?		Yes 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	