-	m 5500-SF	Short Form Annual	Return/Report Benefit Plan	t of Small Emplo	oyee	(OMB Nos. 1210-0110 1210-0089		
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R				2014			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					orm is Open to		
	enefit Guaranty Corporation	ructions to the Form 55	00-SF.	Publ	ic Inspection				
Part I	Annual Report lo	dentification Information cal plan year beginning 01/01/2014	1	and ending 12/	31/2014				
	ar plair year 2014 of fisc	X a single-employer plan		blan (not multiemployer) (king this bo	x must attach a list		
A This return/report is for: of participating employer information in accordance									
a one-participant plan a foreign plan									
B This return/report is an amended return/report a short plan year return/report (less than 12 months)									
		an amended return/report]						
C Check	box if filing under:	X Form 5558	automatic extension		ΠD	FVC progra	m		
		special extension (enter descripti	on)						
Part II		mation—enter all requested inform	nation						
1a Name OMNI DEVE		ETING, LTD. RETIREMENT PLAN			1b Thre plan	e-digit number			
					(PN)		001		
					1c Effe	ctive date of 01/01	•		
2a Plan s OMNI DEVE	ponsor's name and add	ress; include room or suite number (ETING, LTD.	employer, if for a single	e-employer plan)	2b Emp (EIN	Employer Identification Number			
					2c Spo	Sponsor's telephone number			
757 THIRD A NEW YORK,					2d Busi	212-655-5550 Business code (see instructions)			
					423990				
3a Plan administrator's name and address XSame as Plan Sponsor.				3b Administrator's EIN					
4 If the r	oomo ood/or EIN of the		loot roturn/roport filed f	ior this plan, ontor the			elephone number		
		plan sponsor has changed since the ber from the last return/report.	ast return/report med r	or this plan, enter the	4b EIN				
	or's name	t the beginning of the plan year			4C PN	[
-		t the beginning of the plan year t the end of the plan year			5a 5b		5		
C Numb	er of participants with a	ccount balances as of the end of the	plan year (defined ben	efit plans do not	50 50		2		
•	,	cipants at the beginning of the plan			5d(1)		5		
d(2) Tot	al number of active part	icipants at the end of the plan year			5d(2)		2		
		minated employment during the plar			5e				
		r incomplete filing of this return/re			se is estat	lished			
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instructio d signed by an enrolled actuary, as v	ns, I declare that I have	examined this return/rep	ort, includi	ng, if applica			
SIGN		alid electronic signature.							
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	name of individual signing as plan administrator				
SIGN									
HERE Droporor'o	Signature of employ		Date	Enter name of individu					
		me, if applicable) and address (inclu			Preparer's		number (optional)		

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							
b	b 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.)							
C	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? \Box Yes \Box No \Box Not determined							
	t III Financial Information							
7			(a) Designing of Ver		Т		(h) Find of Voor	
	Plan Assets and Liabilities	70	(a) Beginning of Yea		+		(b) End of Year 492374	
<u>a</u> b	Total plan assets Total plan liabilities	7a 7b	2010	-10	_		402014	
		7b 7c	2319	945	+		492374	
8	Net plan assets (subtract line 7b from line 7a)	70		201040				
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) Total	
a	(1) Employers	8a(1)	459	975				
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	2424	179				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					288454	
d	Benefits paid (including direct rollovers and insurance premiums		280	000				
	to provide benefits)	8d	200	000	_			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
<u> </u>	Administrative service providers (salaries, fees, commissions)	8f		25				
	Other expenses	8g		20	_		28025	
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_		260429	
÷	Net income (loss) (subtract line 8h from line 8c)	8i			_		200429	
J	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics	(t	the form the Lint of Disc Ohen		1. 0	den Se	the fraction of the sec	
9a	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{2G}$ $\frac{2G}{2J}$	reature co	des from the List of Plan Char	acteri	STIC CC	aes in	the instructions:	
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 tł	he instructions:	
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribut					х		
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		^		
D D	on line 10a.)		-	10b		x		
с	Was the plan covered by a fidelity bond?			10c	Х		100000	
d				100	~			
	or dishonesty?			10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth							
	insurance service, or other organization that provides some or all instructions.)			10e		х		
f	Has the plan failed to provide any benefit when due under the plan					Х		
				10f				
b				10g		Х		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х		
i	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							
Part	VI Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)							
11a	Enter the unpaid minimum required contribution for current year fr					11a		
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
2	If a waiver of the minimum funding standard for a prior year is bein			rtions	and	onter th	e date of the letter ruling	

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If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b Enter the minimum required contribution for this plan year		12b				
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 minus sign to the left o negative amount)	f a 	12d				
e 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?		· 🗆 ۲	′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 u of the PBGC?	nder the	control		Yes 🗙 No		
C 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.)						
13c(1) Name of plan(s):	1	3c(2) El	N(s)	13c(3) PN(s)		
Part VIII Trust Information (optional)				I		
14a Name of trust		14b ⊺⊧	ust's EIN			

Form 5500-SF	Short Form Annual	Return/Repor	t of Small Empl	ovee	OMB Nos. 1210-0110
Department of the Treasury Internal Revenue Service		-	1210-0089		
Department of Labor Employee Benefits Security Administration	This form is required to be fil Retirement Income Security Act	yee 058(a)	2014		
Pension Benefit Guaranty Corporation	of the Inter Complete all entries in accord	00 EE	This Form is Open to Public Inspection		
Annual Report	Identification Information	adrice with the mat	actions to the Form 55	00-5F.	
For calendar plan year 2014 or fise	cal plan year beginning		and ending		
A This return/report is for:	X a single-employer plan	a multiple-employe list of participating a foreign plan	er plan (not multiemploye	r) (Filers ch ccordance	necking this box must attach a with the form instructions)
B This return/report is:	the first return/report	the final return/rep	ort		
	an amended return/report] a short plan year r	eturn/report (less than 12	month	
C Check box if filing under:	X Form 5558	automatic extension	on 🖣		DFVC program
	special extension (enter descripti	•		N	
Basic Plan Info	ormation-enter all requested inform	mation			
1a Name of plan					ree-digit
Omni Development & Marketing	I, Ltd. Retirement Plan			· ·	n number
				(PN 1c Effe	N) ▶ 001 ective date of plan
		<u> </u>			1/1/1990
	ddress; include room or suite number (employer, if for a sing	gle-employ or plan)	2b Em (El	ployer Identification Number N) 13-2968878
Omni Development and Marketi	ng, Ltd.		\sim		onsor's telephone number
757 Third Avenue				212-655 2d Bus	-5550 siness code (see instructions)
New York, NY 10017				423990	siness code (see instructions)
3a Plan administrator's name a	nd address X Same as Plan Spor	nsor.			ninistrator's EIN
Same	•	ົ		3c Adr	ninistrator's telephone number
4 If the name and/or EIN of th	e plan sponsor has changed since the	st return/report file	d for this plan, enter	4b EIN	l
a Sponsor's name	number from the last return/report.				
	at the beginning of the pan yes			4C PN	
b Total number of participants				5a 5b	5
c Number of participants with	account balances as the end of the	plan year (defined be	enefit plans do not	-	2
complete this item)				5c	2
	articipants at the beginning of the plan			5d(1)	5
d(2) Total number of active particular	articipants at the end of the plan year			5d(2)	2
e Number of participants that less than 100% vested	terminated employment during the plan	n year with accrued b	enefits that were	5e	
Caution: A penalty for the	te or immomplete filing of this return	/report will be asse	ssed unless reasonabl		established.
Under penalues of perjury and the	er renalties set forth in the instructions to instructions to ignor by an enrolled actuary, as well	. I declare that I have	examined this return/ren	ort includi	na if applicable a Sabadula
belief, it is true, correct, and comp	a set of an enrolled detaily, do we		ision of this return/report,	and to the	best of my knowledge and
attest The Attest		10/15/2015	NORMAN STARK		
aignature of plan ad	linistrator	Date			
1. LEK	<u> </u>	10/15/2015	Enter name of individu	iai signing	as pian administrator
Signature of employe	r/nlan enoncor				
Y Signature of employer/plan sponsor Date Enter name of individence Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional) Optional)					as employer or plan sponsor r's telephone number (optional)
				richaic	
For Personnel Peduction Act Nation	and OMB Control Numbers, see the instru-				

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							Yes] No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							Yes	No
~	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes							determi	ned
				1					
7	Financial Information						(h) End of)		
7	Plan Assets and Liabilities	7.	(a) Beginning o		1 0 4 5		(b) End of `		92,374
<u>a</u>		7a		23	1,945				<u>92,374</u>
<u>b</u>		7b	<u> </u>		1 045	$\mathbf{+}$			02 274
	Net plan assets (subtract line 7b from line 7a)	7c			1,945		(1) – (92,374
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoun	t			(b) Tota		
a	(1) Employers	8a(1)			5,97				
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)			0				
h	Other income (loss)	8b		2	2,479				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2,410		• •	2	88,454
-	Benefits paid (including direct rollovers and insurance premiums			•				Z	00,434
4	to provide benefits)	8d		2	8,000				. 141
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f	• • •						
g		8g			25				
		8h		-					28,025
	h Total expenses (add lines 8d, 8e, 8f, and 8g) i Net income (loss) (subtract line 8h from line 8c)								60,429
i	Transfers to (from) the plan (see instructions)								00,420
	Plan Characteristics						ter for a		an an an t-thair a' thair a' t
9a	If the plan provides pension benefits, enter the applicable pension 2E, 2G, 2J	cature code	s from the List of Plan (Charact	eristic (Codes in	n the instruction	s:	
b	If the plan provides welfare benefits, enter the applicable welfare e	ature codes	from the List of Plan Cl	naracte	ristic Co	odes in	the instructions	:	
÷.	Compliance Questions								
10	During the plan year:				Yes	No	Amo	ount	
а	Was there a failure to transmit to the plan any participant entributions with in 29 CFR 2510.3-102? (See instructions and DOL's) during Fiduciary (thin the time Correction Pr	period described ogram)	10a		х			
b	Were there any nonexempt transactions with any pany in-interest?	(Do not incl	ude transactions						
	reported on line 10a.)			10b		Х			
	Was the plan covered by a fidelity bond?			10c	Х			1	00,000
d	Did the plan have a loss, whether or account pirmoursed by the plan's fire fraud or dishonesty?			10d		x			
e	Were any fees or commissions paid to provers, agents, or othe carrier, insurance service, or other chanization that provides some	or all of the	benefits under			v			
	the plan? (See instructions.) .			10e		X			
<u> </u>	Has the plan failed to provide any cenefit when due under the plan?			10f		X			
<u> </u>				10g		Х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		х			
i	If 10h was answered "Yes," check the bex if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i			· · · · · · · · · · · · · · · · · · ·		
	Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	nts? (If "Yes	s," see instructions and	complet	te Sche	dule SE		Yes X	(No
11a				· · · ·		11a		.	0
12	Is this a defined contribution plan subject to the minimum funding requirer				-			Yes 🗡	<u> </u>
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, a		the second s				łl	í	

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	Form 5500-SF 2014 Page 3 -				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-			
b	Enter the minimum required contribution for this plan year	. 12	b		
		1		<u></u>	
	Enter the amount contributed by the employer to the plan for this plan year	12	<u>c</u>		
	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)	12	a		0
	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X N/A
	Plan Terminations and Transfers of Assets	Г	_		
13a	Has a resolution to terminate the plan been adopted in any plan year?		4	Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uniter control of the PBGC?	the			Yes X No
с с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the province assets or liabilities were transferred. (See instructions.)	(s) to)		
1;	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
	\mathbf{U}				
	Trust Information (optional)			I ,,	
14a	Name of trust	14	5	Trust's EIN	
	we that is a second sec				
	•				