## 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 section 6058(a) of the Internal Revenue Code (the Code).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Complete all entries in acco	rdance wit	h the instructions to the Form 5500	)-SF.	1				
	art I Annual Report Identification Information								
For	calendar plan year 2010 or fiscal plan year beginning 01/01/20	10	and ending 1	2/31/2	2010				
Α.	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retu	n/report						
	an amended return/report	short plar	n year return/report (less than 12 mor	nths)					
C	Check box if filing under: Form 5558	automatio	extension		X DFVC program				
	special extension (enter description)	ion)							
Pa	rt II Basic Plan Information—enter all requested inform	,							
	Name of plan	nation		1h	Three-digit				
	DRNE LEASE & INVESTMENT CO. PENSION PLAN				plan number				
					(PN) ▶ 001				
				1c	Effective date of plan				
					04/15/1981				
	Plan sponsor's name and address (employer, if for single-employe	r plan)		2b	Employer Identification Number				
OSB	DRNE LEASE & INVESTMENT CO.			20	(LIIV)				
1107	36TH AVENUE EAST			20	Plan sponsor's telephone number 206-359-5454				
SEAT	TLE, WA 98112			2d	Business code (see instructions)				
532100									
3a	<b>20</b> Business code (see instructions)								
ООБ			AOT	20					
				36	206-359-5454				
<b>4</b> I	the name and/or EIN of the plan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN				
			4c						
5a	Total number of participants at the beginning of the plan year		5a	2					
b	Total number of participants at the end of the plan year			5b	2				
С	Total number of participants with account balances as of the end of		•						
	complete this item)			5c					
	Were all of the plan's assets during the plan year invested in eligi		,		Yes No				
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use I		•						
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	1892881		2081661				
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7с	1892881		2081661				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		(1)		(1)				
	(1) Employers	8a(1)		4					
	(2) Participants	8a(2)		_					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	200815						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			200815				
d	Benefits paid (including direct rollovers and insurance premiums	04	C						
е	to provide benefits)	8d 8e	0						
f	Administrative service providers (salaries, fees, commissions)		12035						
				1					
g	Other expenses (add lines 8d, 8e, 8f, and 8d)				12035				
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)				188780				
1 ;	Net income (loss) (subtract line 8h from line 8c)								
j	rianororo to (nom) the plan (see monuciono)	··· 8i	1						

Form 5500-SF 2010	Page <b>2-</b>

		•	
Part IV	Dian	(`haraci	arietice
I all IV	ı ıaıı	Ollaraci	เธาเอเเษอ

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare featu	ire codes from the l	List of Plan Charac	terist	tic Cod	des in th	he instructi	ions:	
Part	٧	Compliance Questions								
10	Du	ring the plan year:				Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar			10a		X			
b		re there any nonexempt transactions with any party-in-interest? (D line 10a.)			10b		X			
С	W	as the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
	ins	re any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	e plan? (See	10e		X			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		X			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g		X			
h		nis is an individual account plan, was there a blackout period? (See	9 CFR	10h						
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements							X Yes	s No
12		his a defined contribution plan subject to the minimum funding requ							Yes	s X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	∍.)							
		waiver of the minimum funding standard for a prior year is being ar								
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule ME			h		Day _		Year	
-		er the minimum required contribution for this plan year	•	-			12b			0
		er the amount contributed by the employer to the plan for this plan					12c			0
d	Sul	stract the amount in line 12c from the amount in line 12b. Enter the	result (enter a minu	us sign to the left o	of a	···	12d			0
		the minimum funding amount reported on line 12d be met by the fi				-		Yes	No	X N/A
Part '		Plan Terminations and Transfers of Assets	driding deadime:							Ш : ": -
									П Уаг	s X No
		s a resolution to terminate the plan been adopted during the plan ye					 13a		Yes	S NO
		'es," enter the amount of any plan assets that reverted to the emplore all the plan assets distributed to participants or beneficiaries, train								
С	of t	the PBGC?uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)							Yes	s X No
		) Name of plan(s):				130	(2) EIN	N(s)	13c(	<b>3)</b> PN(s)
		,					. ,	(-)		-, (-,
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed i	ınlass razsonahlı	2 (21)	eo ie	ostabli	shad		
Under SB or	r pe Scl	nalties of perjury and other penalties set forth in the instructions, I can be set with the instructions and signed by an enrolled actuary, as well as a true, correct, and complete.	declare that I have e	examined this retur	rn/rep	ort, in	cluding	, if applica	,	
9101	F	iled with authorized/valid electronic signature.	08/02/2013	SCOTT OSBORN	E					
SIGN	T	Signature of plan administrator	Date	Enter name of inc	dividu	ıal sinı	ning as	plan admi	nistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

# **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the

Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

			, ,					ment to Form	5500 or	5500-SF.						
For	caler	ndar p	olan year 2010	or fiscal plan y	ear	beginning 0°	1/01/2010			and	dending	12/31/2	2010			
				nearest dollar. ,000 will be ass	sess	ed for late filing o	of this repo	rt unless reas	onable ca	use is esta	blished.					
		of pla		STMENT CO. P	ENS	SION PLAN					ee-digit number	(PN)	<b>)</b>		001	
			or's name as s ASE & INVES		a of	Form 5500 or 55	00-SF			<b>D</b> Empl 91-0883	oyer Ider 371	ntification	n Numbe	er (EIN)		
Εт	уре о	f plan	: X Single	Multiple-A	П	Multiple-B	F	Prior year pl	an size: 🛚	100 or fe	wer	101-500	Мо	re than 50	00	
			asic Inforn		ш	·			<u> </u>	_						
1	rt I		valuation date		Mon	th <u>01</u> [	201/ 01	Year	2010							
2	Ass		valuation dati	e.	VIOI	un <u>01</u> L	Day <u>01</u> _	rear	2010	_						
_	<b>a</b>		ket value									2a			18	392881
	b										-	2b				392881
3				ant count break					(1) N	umber of p	articinan			2) Fundir	ng Target	
•	a					·· ries receiving pay	ment	3a	(1)11	uniber of p	artioipari	0		z) i dilali	ig raiget	0
	b											0				0
	С		active particip													
		(1)	Non-vested b	penefits				3c(1)	_							0
		(2)						- (-)	_						2	239051
		(3)										2			2	239051
	d	Tota	al									2			2	239051
4	If th	e plar	n is at-risk, ch	eck the box and	cor	mplete items (a) a	and (b)									
	а	Fund	ding target dis	regarding preso	ribe	d at-risk assumpt	tions					4a				
	b					nptions, but disre years and disre						4b				
5	Effe							The state of the s				5			6.	53 %
6	Tar	get no	ormal cost									6				
7	o the b	pest of a	th applicable law a	information supplie	y opin	nis schedule and accomion, each other assum nce under the plan.										
	IGN ERE												12/0	7/2012		
COL	N E.	SOU	THCOTE-WA	•	ture	of actuary							Dat 11-0	e 03502		
ALBI	ON A	CTU	ARIAL CONS	,, ,	int n	name of actuary					N	/lost rec		llment nu 42-0742	mber	
			PLACE SW A 98020	ī	irm	name					Telep	hone nu	mber (ir	ncluding a	area code)	
				Add	ress	of the firm				<del>-</del>						
If the			as not fully refl	ected any regu	latio	n or ruling promu	lgated und	ler the statute	in comple	eting this so	hedule,	check th	e box ar	nd see		

Page	2-	1

Pa	rt II	Begir	ning of year	carryov	er and prefunding ba	lances							
			<u> </u>	, ,	3		(a) C	Carryover balance		(b) F	refundi	ng balance	
15 Adjusted funding target attainment percentage		0											
8	Portion	used to	offset prior year's	funding red	quirement (Item 35 from pric	or year)			0			0	
9	Amoun	t remaini	ng (Item 7 minus i	tem 8)					0			0	
10	Interest	on item	9 using prior year	's actual re	eturn of%								
11	Prior ye	ar's exc	ess contributions t	o be adde	d to prefunding balance:								
	<b>a</b> Exc	ess cont	ributions (Item 38	from prior	year)								
	<b>b</b> Inte	rest on (a	a) using prior year	's effective	e rate of%							0	
	<b>C</b> Tota	al availabl	le at beginning of c	urrent plan	year to add to prefunding bala	ance						0	
	<b>d</b> Port	tion of (c)	) to be added to p	refunding b	palance								
12	Reducti	ion in bal	lances due to elec	tions or de	emed elections								
13	Balance	e at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			0			0	
P	art III	Fun	ding percenta	ages									
14	Funding	g target a	attainment percent	age							14	791.83 %	
											15	791.83 %	
	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce										16	731.28 %	
17	If the cu	ırrent val	lue of the assets of	of the plan	is less than 70 percent of the	e funding targ	jet, enter s	uch percentage			17	%	
Pa	art IV	Con	tributions an	d liquidi	ty shortfalls								
18	Contrib			•		ployees:							
(N	` '									(0	(c) Amount paid by employees		
						Totals ▶	18(b)		0	18(c)		0	
19	Discour	nted emp	loyer contribution	s – see ins	tructions for small plan with	a valuation d	ate after th	e beginning of the	e year:				
	<b>a</b> Cont	ributions	allocated toward	unpaid min	imum required contribution	from prior yea	ars		19a			0	
	<b>b</b> Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b			0	
	<b>C</b> Conti	ributions a	allocated toward m	inimum req	uired contribution for current y	year adjusted t	to valuation	date	19c			0	
20	Quarter	ly contrib	outions and liquidi	ty shortfalls	S:	· · · · · · · · · · · · · · · · · · ·							
		•	·	•								Yes X No	
	_		•								<u> </u>		
				-	ete the following table as ap		- <b>,</b>					<u> </u>	
	= 00		,	30	Liquidity shortfall as of e		of this plan	n year					
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	1	
				1									

Pa	rt V Assumptio	ns used to determine	e funding target and to	arget no	ormal cost				
21	Discount rate:								
	<b>a</b> Segment rates:	1st segment: 4.81 %	2nd segment: 6.69 %		3rd segment: 6.78 %		N/A, full yield curve used		
	<b>b</b> Applicable month	(enter code)				21b	2		
22	Weighted average ret	tirement age				22	62		
23	Mortality table(s) (see	e instructions)	Prescribed - combined	Preso	cribed - separate	Substitu	te		
Pa	rt VI Miscellane	ous items							
24	•	'	actuarial assumptions for the		•		· · <u> </u>		
25	Has a method change	e been made for the current	plan year? If "Yes," see inst	tructions re	egarding required attac	hment	Yes 🖺 No		
26	Is the plan required to	provide a Schedule of Activ	ve Participants? If "Yes," see	e instruction	ons regarding required	attachment	tYes X No		
27	, ,	ν σ,	funding rules, enter applicab			27			
Pa	rt VII Reconcilia	ation of unpaid minin	num required contribu	utions f	or prior years				
28	Unpaid minimum requ	uired contribution for all prior	years			28	0		
29	' '		ard unpaid minimum required		' '	29	0		
30	Remaining amount of	unpaid minimum required o	ontributions (item 28 minus i	item 29)		30	0		
Pa	rt VIII Minimum	required contribution	n for current vear						
31		•	structions)			31			
32	Amortization installme	, , , , , ,	,		Outstanding Bala				
					<del>-</del>	0	0		
	<b>b</b> Waiver amortizatio	on installment				0	0		
33			enter the date of the ruling le			33			
34			over/prefunding balances (ite			34	0		
			Carryover balance	е	Prefunding bala	nce	Total balance		
35	Balances used to offs	et funding requirement					0		
36	Additional cash requir	rement (item 34 minus item	35)			36	0		
37		•	contribution for current year	•		37	0		
38	Interest-adjusted exce	ess contributions for current	year (see instructions)			38	0		
39	Unpaid minimum requ	uired contribution for current	year (excess, if any, of item	36 over it	em 37)	39	0		
40	Unpaid minimum requ	uired contribution for all year	'S			40	0		

# SCHEDULE SB (Form 5500)

Depuriment of the Treasury Internal Revenue Service

Department of Labor Employee Benefic Scourty Administration

Pension Benefit Guarant: Corporation

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

) F	lie as an attachment to Form 550	0 or 5500-SF.	
For calendar plan year 2010 or fiscal plan year beginning	01/01/2010	and ending	12/31/2010
Round off amounts to nearest dollar.			
Caution: A penalty of \$1,000 will be assessed for late	filing of this report unless reasonab	le cause is established.	
A Name of plan		B Three-digit plan number (PN)	<b>)</b> 001
Osborne Lease & Investment Co. Pen	sion Dlan	91-08833	71
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identificat	Inn Alember (CIN)
Osborne Lease & Investment Co.	on ago-St	D Employer Identificat	ion wimber (civ)
Pinny puny puny	F Prior year plan siz	<u> </u>	
	Prior year plan siz	te: X 100 or fewer 101-5	00 More than 500
Part I Basic Information			
1 Enter the valuation date: Month 1	Day1	10	
2 Assets:			
a Market value	 	2a	1,892,531
b Actuarial value			1,892,881
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving	ng payment	0	Q
b For terminated vested participents	3b	0	0
C For active participants:			
(1) Non-vested benefits	3c(1)	, Na A a a series de la capación de la c	Ů
(2) Vested benefits	3c(2)		239,051
(3) Total active		2	239,051
d Total			239,051
4 If the plan is at-risk, check the box and complete item		T	
		, , , , , , , , , , , , , , , , , , ,	
	• • • • • • • • • • • • • • • • • • • •		
b Funding target reflecting at-risk assumptions, but at-risk for fewer than five consecutive years and			
5 Effective interest rate			6.53 %
6 Target normal cost			G
Statement by Enrolled Actuary			
To the best of my knowledge, the information supplied in this schrolute an accordance with applicable law and regulations, in my opinion, each other combination, offer my best estimate of anticipated experience under the pl	assumption is re-sonabir (baking into accoun	tachments, if any, is complete and accur t the experience of the plan and ressons	ate. Each prescribed accumption was applied in bla espectations) and such other assumptions, in
SIGN Color South	Ste-Wal		12/07/2012
Signature of actuary			Date
Colin E. Southcote-Want			11-03502
Type or print name of actu	uary	Most re	ecent enrollment number
Albion Actuarial Consulting, Inc.		,···- <b>(</b>	206) 542-7421
10616 237th Place SW Firm name			number (including area code)
Edmonds	WA 98020	·	
Address of the firm		varience.	
If the actuary has not fully reflected any regulation or ruling p	on at utate and rehaul heterolumon	moleting this schodule check	the hov and see
instructions		inhimating a un invitentual niteru	NIE DOG WILL WAY

Dano	2	
race	A	i

P	art II   Begin	ning of year carryov	er and prefunding ba	lances				mendations	
L					(a) C	arryover balance	(b) Pre	fund	ing balance
7			cable adjustments (Item 13			0			Ċ
8		<u> </u>	quirement (Item 35 from pric		***************************************	:0			· ·
9			***************************************		······································	Ö			
10			turn of 4.43%					*****	
11		s contributions to be added							
			year)						
	b Interest on (a)	using prior year's effective	rate of6.24 %	****************					C
			year to add to prefunding bala	i i				************	C
	d Portion of (c)	to be added to prefunding b	alance						C
12	Reduction in bala	nces due to elections or de	emed elections	111(11321))		0			C
13	Balance at beginn	ning of current year (item 9	+ item 10 + Item 17d - item	12)		Ó		****	C
		Ing percentages					4		
		***************************************	***************************************					14	791.83 %
			<b>0</b>			4-0-1		15	791.83 %
	Prior year's fundir	ng percentage for purposes	of determining whether car	ryover/prefui	nding baland	ces may be used to redu	ice ,	16	731.26 %
17			s less than 70 percent of the					7	%
		ributions and liquidi							
L.			ear by employer(s) and emp	davae:				-	
	(a) Date	(b) Amount paid by	(c) Amount paid by	/a) D	ute T	(b) Amount paid by	(c)	Amoi.	int paid by
(N	IM-DD-YYYY)	employer(s)	employees	(MM-DD-		employer(s)			loyees
<b></b>								**************************************	
								<u> </u>	
				Totals ▶	18(b)		0 18(c)		0
19	Discounted emplo	yer contributions - see inst	ructions for small plan with	a valuation o	late after the	e beginning of the year:			* 181, Joseph 201
	a Contributions a	llocated toward unpaid min	mum required contribution t	rom prior ye	ars	19a			
	<b>b</b> Contributions m	nade to avoid restrictions ac	ljusted to valuation date	\$4,,,8144,489 <b>333</b> 4001		19b			(
	C Contributions all	ocated toward minimum requ	ired contribution for current y	ear adjusted	to valuation	date19c			C
20	Quarterly contribu	tions and liquidity shortfells							
	a Did the plan ha	ve a "funding shortfall" for t	he prior year?	************		*****************************			Yes 🖫 No
			ailments for the current yea					-	Yes No
			ete the following table as ap						
			Liquidity shortfall as of e		r of this plar	ı year		**********	
de de constant	(1) 1st		(2) 2nd			3rd	(4)	40	h
					***************************************				

Pi	art V Assumptio	ns used to determine	funding target and t	arget no	rmal cost				
21	Discount rate:								
	a Segment rates:	1st segment: 4 . 81 %	2nd segment: 6.69 %		3rd segment: 6.78 %		N/A, full yield curve used		
	<b>b</b> Applicable month	(enter code)	1{{\frac{1}{2}}{{\frac{1}{2}}}{{\fra		*********************	21b	2		
22	Weighted average ret	tirement age	942417797441414955998185744255442553842231	1 6 8 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	************************	22	62		
23		200000	escribed - combined	777	ibed - separate	Substitut	ie		
Pa	irt VI Miscellane	ous items							
24	Has a change been mattachment	nade in the non-prescribed ac	uarial assumptions for the	_	-		a hand found		
25	Has a method change	s been made for the current pl	an year? If "Yes," see insi	tructions re	garding required attac	hment	Yes 🗓 No		
26	is the plan required to	provide a Schedule of Active	Participants? If "Yes," se	e instructio	ns regarding required	attachment	Yes 🛛 No		
27		or (and is using) alternative fu				27			
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contrib	utions fo	r prior years	1 1			
28	Unpaid minimum requ	ired contribution for all prior y	ears		************************	28	G		
29	9 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)						O		
30	Remaining amount of	C							
Pa		required contribution				<u> </u>			
31		djusted, if applicable (see instr				31			
32	Amortization installments: Outstanding Balance						Installment		
	Net shortfall amortization installment								
	b Waiver amortization installment								
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval  (Month Day) and the waived amount					33	A. A. B. Martin and C. M. C. M		
34		nent before reflecting carryove				34			
			Carryover balance	9	Prefunding balo	nce	Total balance		
35	Balances used to offse	et funding requirement		0		ŋ	Ö		
36		ement (item 34 minus item 35	} }		**********************	36			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)			valuation date	37	O			
38	Interest-adjusted excess contributions for current year (see instructions)				**************************************	38			
39		ired contribution for current ye		XXXXX	****	39			
40		ired contribution for all years .		·· <del>···································</del>		40	C		
			***************************************						

# OSBORNE LEASE & INVESTMENT CO. PENSION PLAN

2010 Schedule SB, Line 22 Description of Weighted Average Retirement Age

All participants are past normal retirement date, and are assumed to retire immediately. The weighted average retirement age is determined by weighting the ages by funding target.

EIN: 91-0883371, 001

#### OSBORNE LEASE & INVESTMENT CO. PENSION PLAN

2010 Schedule SB, Part V Summary of Plan Provisions

Effective Date:

April 15, 1981

Plan Year:

January 1 through December 31

Conditions of Eligibility:

1 year of service and attainment of age 21

Effective Date of Participation:

The first day of the Plan Year in which such requirements are satisfied, if such requirements are satisfied in the first six months of the Plan Year, or as of the first day of the next succeeding Plan Year, if such requirements are satisfied in the last 6 months of the Plan Year.

Normal Retirement Date:

First day of the month coincident with or next following attainment of age 55, or the fifth anniversary of entering the plan, if later.

Normal Retirement Benefits:

A benefit payable for the life of the participant, and

is guaranteed for a minimum of 15 years.

Benefit Formula:

80% of average compensation, but not less than

\$833.33 per month

Accrued Benefit:

Fractional rule based on Plan Years of Service

Vesting:

100% upon entering the plan

Death Benefit:

The greater of the Policy proceeds or the present

value of the Vested Accrued Benefit

Early Retirement Benefit:

None

Disability Benefit:

Actuarial equivalent of Vested Accrued Benefit

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

## **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 section 6058(a) of the Internal Revenue Code (the Code).

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

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For		1/01/2	010 and ending		12/31/2010			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	n/report	rt					
	an amended return/report	short plar	year return/report (less than 12 mo	nths)				
С	Check box if filing under: Form 5558	extension		X DFVC program				
	special extension (enter description							
Pá	art II Basic Plan Information—enter all requested information	ation						
	Name of plan	ation		1b	Three-digit			
	Osborne Lease & Investment Co. Pension P	lan			plan number			
				4 -	(PN) 001			
				10	C Effective date of plan 04/15/1981			
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number			
	Plan sponsor's name and address (employer, if for single-employer Osborne Lease $\&$ Investment Co.	,			(EIN) 91-0883371			
				2c	<b>2c</b> Plan sponsor's telephone number			
	1107 36th Avenue East			2d	(206)359-5454  Business code (see instructions)			
	Seattle		WA 98112		532100			
3a	Plan administrator's name and address (if same as Plan sponsor, each SAME $$	nter "Sam	<b>e</b> ")	3b	Administrator's EIN			
	SAME			30	Administrator's telephone number			
				30	Administrator's telephone number			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	DN			
	Total number of participants at the beginning of the plan year	5a	FIN ,					
_	Total number of participants at the end of the plan year	5b						
C	Total number of participants with account balances as of the end of	30	4					
	complete this item)	5c						
	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				X Yes □ No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo		,					
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	1,892,88	31	2,081,6			
b	Total plan liabilities	. 7b						
C	Net plan assets (subtract line 7b from line 7a)	7c	1,892,88	31	1 2,081,66			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	90(4)						
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
b	(3) Others (including rollovers)  Other income (loss)	8a(3) 8b	200,81	5				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	200,01		200,815			
d	Benefits paid (including direct rollovers and insurance premiums				200,020			
-	to provide benefits)	. 8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f	12,03	5				
g	Other expenses	. 8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			12,035			
į	Net income (loss) (subtract line 8h from line 8c)	. 8i			188,780			
j	Transfers to (from) the plan (see instructions)	8j						

Form	EEOO	CE	201	0

Page 2-	

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

1A 3D

<b>b</b> 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										
10	Du	ring 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)						Х					
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						Х					
C	W	as the plan covered by a fidelity bond?			10c		Х					
d	Dic or (	the plan have a loss, whether or not reimbursed by the plan's fidelity	y bond, that was o	caused by fraud	10d		Х					
е	ins	ere any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the l tructions.)	benefits under the	plan? (See	10e		Х					
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Х					
q	Dic	I the plan have any participant loans? (If "Yes," enter amount as of ye	ear end )		10g		Х					
h	If th	nis is an individual account plan, was there a blackout period? (See in 20.101-3.)	nstructions and 29	CFR	10g	-	Λ					
i		Oh was answered "Yes," check the box if you either provided the requestions to providing the notice applied under 29 CFR 2520.101-3			10i							
Part	VI	Pension Funding Compliance										
11		nis a defined benefit plan subject to minimum funding requirements?							X Yes	☐ No		
12		this a defined contribution plan subject to the minimum funding requir							Yes	X No		
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	)							_		
а		waiver of the minimum funding standard for a prior year is being amount										
16	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB (			n		Day .		Year			
		er the minimum required contribution for this plan year		-		Г	12b			0		
b						"  -	12c			0		
d		er the amount contributed by the employer to the plan for this plan ye otract the amount in line 12c from the amount in line 12b. Enter the re				"  -						
u		pative amount)					12d			0		
е	Wil	the minimum funding amount reported on line 12d be met by the fur	nding deadline?				[	Yes [	No 2	N/A		
Part		Plan Terminations and Transfers of Assets										
		s a resolution to terminate the plan been adopted during the plan yea	ar or any prior year	r?					☐ Yes	X No		
···		(es," enter the amount of any plan assets that reverted to the employ				Г	13a					
b	We	re all the plan assets distributed to participants or beneficiaries, trans	sferred to another	plan, or brought u	ınder	the co			Yes	X No		
С												
13c(1) Name of plan(s):						130	(2) EI	N(s)	13c(3)	PN(s)		
Caut	ion:	A penalty for the late or incomplete filing of this return/report w	ill he assessed !	ınless reasonabl	e can	se is	establ	ished.				
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.												
010		Noth Comment	4/29/13	Scott Osbo	rne							
	SIGN / COVIDED TO THE					f individual signing as plan administrator						
		Organism of prair administrator	21-0/12	Scott Osbo		a, oig	g de	pian daili				
SIG												
	Signature of employer/plan sponsor Date Enter name o					of individual signing as employer or plan sponsor						