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

2011

This Form is Open to Public Inspection

	Complete all entries in accordance	rdance wit	h the instructions to the Form 5500	0-SF.		
Pa	art I Annual Report Identification Information					
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1	2/31/2	2011	
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	oant 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)		
C	Check box if filing under: Form 5558	automatic	extension		X DFVC progra	m
	special extension (enter description)	_				
_	<u> </u>	,				
	art II Basic Plan Information—enter all requested inform	nation				
	Name of plan			1b	Three-digit plan number	
OSB	ORNE LEASE & INVESTMENT CO. PENSION PLAN				(PN)	001
				10	Effective date of	
				10	04/15	
2a	Plan sponsor's name and address; include room or suite number (employer if	for a single-employer plan)	2h	Employer Identif	
	ORNE LEASE & INVESTMENT CO.	omployon, ii	ror a orngro ornproyer planty	20	(EIN) 91-08	
				20	Sponsor's telep	hone number
1107	36TH AVENUE EAST				206-359	
	ITLE, WA 98112			2d	Business code (see instructions)
					53210	
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "Same	e")	3b	Administrator's I	ΞIN
OSB	ORNE LEASE & INVESTMENT CO. 1107 36TH A		AŚT			83371
	SEATTLE, V	VA 98112		3с		elephone number
_	Kalendari da			41.	206-359	9-5454
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name			4c	PN	
	Total number of participants at the beginning of the plan year			5a	T	
b	Total number of participants at the end of the plan year					
				5b		
С	Number of participants with account balances as of the end of the complete this item)		•	5c		
62	Were all of the plan's assets during the plan year invested in eligit					X Yes No
b	Are you claiming a waiver of the annual examination and report of		,			<u> </u>
	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 F	orm 5500-	SF and must instead use Form 550	00.		
Pa	rt III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year
а	Total plan assets	7a	2081661			2154910
b	Total plan liabilities	7b				
С	Net plan assets (subtract line 7b from line 7a)		2081661			2154910
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from:		(a) Amount		(6) 1	Otai
_	(1) Employers	8a(1)				
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)		54			
b	Other income (loss)		92755			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					92809
d	Benefits paid (including direct rollovers and insurance premiums	00				
u	to provide benefits)	8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	19560			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					19560
i	Net income (loss) (subtract line 8h from line 8c)					73249
i	Transfers to (from) the plan (see instructions)					
		··· 8j				

Form	5500.	SF.	201

Page 2 -	1	
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Part IV	Plan	Charact	aristics
railiv	ı Fiaii	Charact	ensucs

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- **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	During the plan year:		Yes	No		Amo	ount	
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		X				
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						
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		<u> </u>		-			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					X	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						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 instruction granting the waiver							
lf y	ou 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
С	Enter the amount contributed by the employer to the plan for this plan year			12c				C
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				C
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	۷o X	N/A
art	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 this year	1	3a				-	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	ınder	the co	ntrol		П	Yes	X 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.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	c(2) Ell	V(s)		13c(3)	PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable							
	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r							

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.

SIGN	Filed with authorized/valid electronic signature.	08/02/2013	SCOTT OSBORNE
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

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty 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).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

								▶ File as	an attachme	ent to Form	5500 or	<u> </u>	٠ ٥ ٢.							
Fo	r caler	ndar p	lan	year 201	1 or	fiscal pla	an ye	ar beginning 0	1/01/2011	<u> </u>			and end	ding	12/31/	2011		-		
•	Rour	nd off	amo	ounts to	nea	rest doll	lar.													
•	Cauti	ion: A	per	nalty of \$	1,000	0 will be	asse	ssed for late filing of	of this report	unless reas	onable ca	use i	s establis	hed.						
	Name			2. INI\/E	STM	ENT CO	DE	NSION PLAN				В	Three-d	ligit				(001	
0.	DOM	VL LL	AGL	CHIVE	O I IVI	LIVI CO	/. I L	NOION I LAN					plan nu	mbe	r (PN)		<u> </u>			
_	Dlon	nono	\r'\\	0000000	ohov	un on lin	0.20	of Form 5500 or 55	00 SE			D	Employe	r Ido	ntification	a Niu	mbor /	EINI)		
				& INVE				01 F01111 5500 01 55	00-36						Hillication	IIIVU	iiibei (CIIN)		
												91	-0883371							
_	Tuna	f plan	. 🗸	Cinala	П	Multiple	۸ [Multiple-B		Drior voor ol		1 100	or fewer	П	101 F00	П	Mara	han E00		
	Type c			- 3 -		Multiple-	A	іминріе-в	F	Prior year pla	an size.	100	or iewer	Ш	101-500	Ш	wore	han 500		
P	art I	В	asi	c Infor	mat	ion														
1	Ent	er the	valu	uation dat	te:		M	onth <u>01</u> [Day01	Year _	2011	_								
2	Ass	ets:																		
	а	Mark	et v	alue											2a					2081661
	b	Actu	arial	value											2b					2081661
3	Fun	ding t	arge	et/particip	ant o	count bre	eakdo	own:			(1) N	lumbe	er of partic	cipar	nts		(2)	Funding	Target	
	а	For	retire	ed partici	pant	s and be	enefic	ciaries receiving pay	ment	3a					0					0
	b	For	term	inated ve	estec	l particip	ants			3b					0					0
	С	For	activ	e particip	ants	3:														
		(1)	No	n-vested	bene	efits				. 3c(1)										0
		(2)	Ves	sted bene	efits.					. 3c(2)										249466
		(3)	Tot	al active						. 3c(3)					2					249466
	d	Tota	ıl												2					249466
4	If th	e plar	n is i	n at-risk :	statu	s, check	the	box and complete li	nes (a) and	(b)		П								
	а							bed at-risk assump	` '	• ,		ш		Γ	4a					
	b		•	ŭ	·	٠.		sumptions, but disre						H						
								nsecutive years and							4b					
5	Effe	ective	inte	rest rate.											5					5.88 %
6	Tar	get no	rma	l cost											6					0
Sta	temer	nt by	Enro	olled Act	uary	,									<u> </u>					
	accorda	ance wit	h app	olicable law a	and re	gulations. I	n my c	n this schedule and accon pinion, each other assum rience under the plan.												
	SIGN	J																		
	HERI															1	2/07/2	012		
_						Sic	anatı	ire of actuary				_					Date			
СО	LIN E.	SOU	THC	OTE-WA	NT	0.,	griate	no or actuary									11-035	502		
						Type o	r nrin	t name of actuary				_			Most rec	ont d			hor	
AI I	BION A	ACTU	ARIA	AL CONS	SULT		•	it flame of actuary							IVIOSI TEC			2-7421	inei	
		2.0	417			,		m nama				_		Tolar	ohono =::				20 024-	.\
106	16 23 ⁻	7TH F	PLAC	CE SW			FII	m name						ı ele	phone nu	mbe	er (incil	laing ar	ea code	!)
ED	MOND	S, W	4 98	020																
												_								
						P	Addre	ss of the firm												
			s no	ot fully ref	lecte	ed any re	egula	tion or ruling promu	lgated unde	r the statute	in comple	eting t	this sched	dule,	check th	e bo	x and	see		П
inet	ruction	2																		

Page 2	2 -	1
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Schedule SB (Form 5500) 2011

Pa	rt II	Beginning of year	carryov	er and prefunding bal	ances							
			-			(a) (Carryover balance		(b) [Prefundi	ng balan	се
7		0 0 1 1		icable adjustments (line 13 f				0				0
8			•	funding requirement (line 35				0				0
9	Amount re	emaining (line 7 minus l	ine 8)					0				0
10				turn of%								
11	Prior year	's excess contributions	to be adde	d to prefunding balance:								
	a Prese	nt value of excess conti	ibutions (li	ne 38 from prior year)								0
				e rate of% excep								0
	C Total a	vailable at beginning of o	current plan	year to add to prefunding bala	nce							0
	d Portion of (c) to be added to prefunding balance											
12	2 Other reductions in balances due to elections or deemed elections											
13	Balance a	t beginning of current y	ear (line 9	+ line 10 + line 11d – line 12))			0				0
Pa	art III	Funding percent	ages									
14	Funding t									14	834	.44 %
	Funding target attainment percentage									15	834	.44 %
16												.83 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage										17	731	%
				·	, ranamy tary	,01, 011101 0	Justi percentage					70
	Contributi	Contributions ar		year by employer(s) and emp	alougoo:							
	(a) Date	(b) Amount		(c) Amount paid by	(a) Da	ate	(b) Amount pa	id bv	((c) Amou	nt paid b	
(M	IM-DD-YY			employees	(MM-DD-		employer(s		,	emplo		
										1		
					Totals ►	18(b)		0	18(c)			0
19		• •		structions for small plan with				·				
				nimum required contributions			<u> </u>	19a				0
	b Contrib	utions made to avoid re	strictions a	djusted to valuation date				19b				0
	C Contrib	utions allocated toward n	ninimum red	quired contribution for current y	ear adjusted t	to valuation	n date	19c				0
20	-	contributions and liquid	-									1
				the prior year?							Yes	No
	b If 20a is	"Yes," were required of	quarterly ins	stallments for the current yea	r made in a t	imely man	ner?				Yes	No
	C If 20a is	"Yes," see instructions	and comp	lete the following table as ap								
		(1) 1st	1	Liquidity shortfall as of e	nd of quarter	of this pla (3)	n year 3rd			(4) 4th		
		(1) 131		(Z) ZIIU		(3)	Jiu	1		(+) 411	1	

Pa	rt V	Assumptio	ns used to determ	nine f	unding target and tar	get ı	normal cost		
21	Disco	ount rate:							
	a S	egment rates:	1st segment: 3.37%		2nd segment: 6.04%		3rd segment: 6.49 %		N/A, full yield curve used
	b A	pplicable month	(enter code)					21b	2
22								22	63
23		ality table(s) (see			escribed - combined	_	scribed - separate	Substitu	
Pa		Miscellane	_		<u> </u>				
				ed act	uarial assumptions for the co	urrent	plan vear? If "Yes." see	instructions	s regarding required
			•				•		· · · · · · · · · · · · · · · · · · ·
25	Has a	a method change	e been made for the cur	rent pla	an year? If "Yes," see instru	ctions	regarding required attac	hment	Yes X No
26	Is the	plan required to	provide a Schedule of	Active	Participants? If "Yes," see i	nstruc	tions regarding required	attachment	Yes X No
27					nding rules, enter applicable			27	
Pa	rt VII	Reconcilia	ation of unpaid mi	inimu	m required contribut	ions	for prior years		
28	Unpa	id minimum requ	uired contributions for al	l prior	years			28	
29					l unpaid minimum required c			29	0
30	Rema	aining amount of	f unpaid minimum requir	ed con	tributions (line 28 minus line	29)		30	0
Pa	rt VIII	Minimum	required contribu	tion f	or current year				
31	Targe	et normal cost a	nd excess assets (see in	nstruct	ions):				
	a Tai	rget normal cost	(line 6)					31a	0
	b Ex	cess assets, if a	applicable, but not greate	er than	31a			31b	
32	Amor	tization installme	ents:				Outstanding Bala	nce	Installment
	a Ne	et shortfall amort	ization installment					0	0
	b W	aiver amortizatio	on installment					0	0
33					ter the date of the ruling lette			33	
34	Total	funding requirer	ment before reflecting ca	arryove	er/prefunding balances (lines	31a -	31b + 32a + 32b - 33)	34	0
		<u></u> -	_		Carryover balance		Prefunding balar	nce	Total balance
35			use to offset funding			0		0	0
36	•							36	0
37			·		ontribution for current year a				
	(line '	19c)						37	0
38			ess contributions for curr		,				
								38a	0
	b Po	ortion included in	line 38a attributable to	use of	prefunding and funding star	ndard (carryover balances	38b	
39	Unpa	id minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of line 36	over	line 37)	39	0
40	Unpa	id minimum requ	uired contributions for al	l years				40	0
Pa	rt IX	Pension f	funding relief und	er Pe	nsion Relief Act of 20	010 (see instructions)		
41	If a sh	nortfall amortizati	ion base is being amorti	ized pu	irsuant to an alternative amo	ortizati	on schedule:		
	a Sch	nedule elected		·····		····		<u></u> [2 plus 7 years 15 years
	b Elig	gible plan year(s)) for which the election i	n line 4	11a was made			200	8 2009 2010 2011
42	Amou	int of acceleratio	n adjustment					42	
43	Exces	ss installment ac	celeration amount to be	carrie	d over to future plan years			43	

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefils 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).

2011

OMB No. 1210-0110

This Form is Open to Public

v.012611

Pension Bensifit Guaranty Corporation			Inspection				
For calendar plan year 2011 or fiscal i	File as an attachn	01/2011	1 5500 or 550			10/2	1/2011
Round off amounts to nearest d		OTIEVET		and endi	ng	12/3	1/2011
	se assessed for late filing of this repor	t unless reas	onable cause	ı is establishe	ed.		
A Name of plan			В				
				plan num	•	•	001
Ochomo Topos & Training							
Osborne Lease & Invest. C Plan sponsor's name as shown on!				····			
O FIGH Sponson's Hame as slown on	ine 28 01 FORTH 0000 OF 0000-5F		D	Employer	Identificatio	n Number (E	an)
Osborne Lease & Invest	ment Co.			91-0	883371		
E Type of plan: X Single Multipl	le-A Multiple-B F	Prior year pl	an size: 🔀 1	00 or fewer	101-500	П More th	an 500
Part I Basic Information							
1 Enter the valuation date:	Month 1 Day 1	Year	2011	***************************************	***************************************		
2 Assets:							
a Market value	***************************************			**********	. 2a		2,081,66
	***************************************				2b		2,081,66
3 Funding target/participant count b	·	***************************************	(1) Numi	per of particip		/2) E	unding Target
a For retired participants and it	peneficiaries receiving payment	3a	1.7	oo. o. paraon	0	/8/1	Calculty Falget
	pants				0	CTSCS	######################################
C For active participants:							
(1) Non-vested benefits		3c(1)			-		
	4944774 3 4442 42 42 42 44 44 44 44 44 44 44 44 4	-		.12			249,46
	#21451511apsbyraaroeff, axwoo. printt caroon , ywar (x 250254255245252525				2		249,46
			:		2	98.31.19.4.2	249,46
4 If the plan is in at-risk status, chec	k the box and complete lines (a) and	(b)					
a Funding target disregarding p	rescribed at-risk assumptions	**************		**************	. 4a		
b Funding target reflecting at-ri	sk assumptions, but disregarding tran	sition rule fo	r plans that h	ave been in	4.		· · · · · · · · · · · · · · · · · · ·
	ive consecutive years and disregarding				я		
	***************************************				5		5.88 %
······································		***************************************	*****************		. 6		. :(
Itatement by Enrolled Actuary To the best of my knowledge, the Information as accordance with applicable law and regulations combination, offer my best estimate of anticipate SIGN	- 11 /	ide (taking into a	ccount the expert	if any, is complet ence of the plan :	e and accurate and ressonable	. Each prescribe expectations) a	xi assumption was applied in nd such other assumptions, in
HERE Color	20tote-	لما	F		1	2/07/20	12
S	ignature of actuary			***************************************	·····	Date	
colin E. Southcote-Want						11-0350	2
Туре	or print name of actuary				Most rece	ent enrollmer	nt number
lbion Actuarial Consult	ing, Inc.				(20	6) 542-	7421
0616 237th Place SW	Firm name			Tel	ephone nu	mber (includ	ling area code)
dmonds	nrs An	020					
	WA 98	UZU					
the actuary has not fully reflected any n		r the statute i	in completing	this schedule	e, check the	e box and se) e
	ind OMB Control Numbers, see the	instruction	s for Form S	500 or 550A	ŠF.	Schodule	SR (Form \$500) 201

Page 2 -	
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Schedule	ĆП	/Earns	ECON	204	×
Schedule	20	u-om:	bbuui	ZUI	7

P	art II Begi	nning of year ca	arryover and prefunding i	balances					
					(a) (Carryover balance	(b)	Prefund	ing balance
7			Rer applicable adjustments (line 1		: : :	0			ņ
8		-	year's funding requirement (line	1		0			0
9			8)	The state of the s		0			0
10	Interest on line	9 using prior year's a	ictual return of 9.97%	****************	-			.,	
11	Prior year's exc	ess contributions to i	pe added to prefunding balance:		:		1		
			tions (line 38 from prior year)						0
	otherwise p	rovided (see Instructi	effective rate of 6.53% exc ons)	*************					O
			ant plan year to add to prefunding b	1					0
***************************************	***************************************		unding balance						0
-			elections or deemed elections			0			0
13	Balance at begi	nning of current year	(line 9 + line 10 + line 11d - line	12)		0			0
F	<u>'art III </u>	iding percentag	es						Hangari Janai
14	Funding target	attainment percentag	B .(doest das ti sbacet e i i i i i by i i i ve ovce y (ave, i e i i i i y i vi i per » - i i i i	401 0 00 304 40 40 40 40 5 3 2 4 2 6 5 9 PM	******************	49 1 1 1 1 1 1 1 1 1	441111111111111111111111111111111111111	14	834.44 %
15			ercentage					15	834.44 %
·	current year's fi	unding requirement	urposes of determining whether o	************	*************	**************************************		16	791.83 %
17	If the ourrent va	lue of the assets of t	ne plan is less than 70 percent of	the funding tan	get, enter s	uch percentage	*****	17	%
P	art IV Cor	tributions and	liquidity shortfalls						ii 2000
18	Contributions m	ade to the plan for th	e plan year by employer(s) and e	mployees:					
/	(a) Date um-DD-YYYY)	(b) Amount paid employer(s)	by (c) Amount paid by employees	(a) D (MM-DD-		(b) Amount paid by	(int paid by
	1111-20-11111	Chiproyer(a)	Simployees	(ININI-DD	-3111)	employer(s)		Gitih	loyees
							1	*********	
						·			
				Totals •	18(b)	5 ddy.//	U 18(c)	<u> </u>	0
19	Discounted emp	loyer contributions -	see instructions for small plan wi	th a valuation o	late after th	e beginning of the year:			
	a Contributions	allocated toward unj	ald minimum required contributio	ns from prior y	ears	19a	T	adax.	0
		11	ctions adjusted to valuation date				·	ا در د به در 	0
			num required contribution for currer				:	- W	o
20	Quarterly contrib	outlons and liquidity s	hortfalls:						7.7
	a Did the plan h	nave a "funding short	fall" for the prior year?	\$054\$314010YXX5544618686					Yes X No
	-	-	terly installments for the current y					<u>.</u>	Yes No
			d complete the following table as						<u> </u>
			Liquidity shortfall as of		r of this plan	n year			
	(1) 1:	st.	(2) 2nd			3rd		(4) 4t	h
				NO.	***************************************				

P	art V Assumption	ns used to determine	funding target and targ	et normal cost				::::::		
21	Discount rate:			markining and a second a second and a second a second and				***************************************		
	a Segment rates:	1st segment: 3.37 %	2nd segment: 6.04 %	3rd segment	: 6	□N/A.	fuli yleld	CUIVe	used	
	b Applicable month ((enter code)	25104131541		21b					2
22	· · · · · · · · · · · · · · · · · · ·	~~~~	******************************		22				6	3
23	Mortality table(a) (see	nstructions) X Pri	escribed - combined	Prescribed - separate	Substit	ute				
Pa	rt VI Miscellaneo	ous items					1 11			
24			warial assumptions for the cur						X No	
25		THE RESERVE THE PROPERTY OF TH	an year? If "Yes," see instruct		day's view over the second				X No	
New Contractors			Participants? If "Yes," see in						X No	
Per-Hammer of	If the plan is eligible fo	or (and is using) alternative ful	nding rules, enter applicable c	ode and see instructions	27					_
Pa			ım required contribution			de la companya de la	**************************************	tionem magazit		Julius
28	Unpaid minimum requi	lred contributions for all prior	years		. 28				:	0
29			unpaid minimum required co		29			i in a second de la companya de la c	4.00	0
30			ntributions (line 28 minus line :		7					Ù
Pa	rt VIII Minimum r	equired contribution t	for current year							
31	Target normal cost and	d excess assets (see instruct	ions):	10.00 00.000 00.000 1		er testigati i tili i e	willi ma			-
	a Target normal cost ((line 6)	######################################		31a					0
	b Excess assets, if ap	pplicable, but not greater than	31a	www.sana.commod.ala.ho.ho.ho.us.l.ho.ho.ha.ho.sana.ha.ha.h	. 31b					0
32	32 Amortization installments: Outstanding Bal				апсе	Installment				
	a Net shortfall amortiz	zation installment	***************************************		(0
	b Weiver amortization	n installment		+511114	. (·	***************************************	0
33			ter the date of the ruling letter) and the waived amou		33					
34	Total funding requireme	ent before reflecting carryove	r/prefunding balances (lines 3	1a - 31b + 32a + 32b - 33)	34		***************************************	~		0
			Carryover balance	Prefunding bala	nce		Total bala	псе		-
35	Balances elected for us	se to offset funding	-	o						0
36	Additional cash require	ment (line 34 minus line 35).	\$\${\$\$\$\$\$\$#############################		36					0
***************************************	Contributions allocated	I toward minimum required co	ontribution for current year adj	usted to valuation date	37		***************************************			0
38		s contributions for current ye						***************************************	Sacritude Control	_
***************************************		***************************************			38a					0
		· · · · · · · · · · · · · · · · · · ·	prefunding and funding stand:	~ ,~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	38b			Thekanan an		0
39	Unpaid minimum requir	red contribution for current ye	ear (excess, if any, of line 36 o	ver line 37)	39					0
40	Unpaid minimum requir	red contributions for all years		9 E440 0 6 6 6 8 8 9 1 8 7 2 2 2 2 2 4 8 8 2 7 8 22 2 2 2 4 6 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40			***************************************		0
Pai	t IX Pension fu	ınding relief under Pe	nsion Relief Act of 201	0 (see instructions)						
41	If a shortfall amortization	n base is being amortized pu	rsuant to an alternative amort	zation schedule:		The state of the s		**************************************		-
	a Schedule elected	C+4 ANNANA+AN(4:1:445:1:446)				2 plus 7 ye	ars	15 y	ears	_
			1a was made			2009	2010		2011	*****
42			<u> </u>		42					in the same of the
-	Excess installment acceleration amount to be carried over to future plan years									

OSBORNE LEASE & INVESTMENT CO. PENSION PLAN

2011 Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Interest Rates:

Plan Rate	5.00%
Funding Rate (November 2010)	
Segment 1	3.37%
Segment 2	6.04%
Segment 3	6.49%
Minimum Present Values (November 2010)	
Segment 1	2.16%
Segment 2	4.77%
Segment 3	6.05%

Mortality Rates (static, combined):	Pre-retirement	Post-retirement
Funding	None	2011 Applicable
Plan Rate	None	71 IAM M-3
417(e) Rate	None	2011 Applicable

Salary Increases:

None

Withdrawal Rates:

None

Retirement:

Participants are assumed to retire on their normal retirement date, or immediately if already past normal retirement date.

Expense Load:

None

OSBORNE LEASE & INVESTMENT CO. PENSION PLAN

2011 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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		lance witl	n the instructions to the Form 5500-	SF.		, , , , , , , , , , , , , , , , , , ,
	art I Annual Report Identification Information				10/01/00	_
For		1/01/2	011 and ending		12/31/201	.1
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ĺ	a one-partici	oant plan
В	This return/report is: the first return/report	the final r	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 mor	ıths)		
С	Check box if filing under: Form 5558	automatic	extension	7	X DFVC progra	m
	special extension (enter description	n)		_	_	
Pa	art II Basic Plan Information—enter all requested informa					
_	Name of plan			1b	Three-digit	
	Osborne Lease & Investment Co. Pension Pl	lan		1	plan number	
			L		(PN) •	001
					Effective date of 04/15/1983	
22	Plan sponsor's name and address; include room or suite number (en	malayar if	for a single employer plan)			
Za	Osborne Lease & Investment Co.	ripioyer, ii	for a single-employer plan)		Employer Identi (EIN) 91-088	
			-		Sponsor's telep	
					(206) 359-	5454
	1107 36th Avenue East		Γ	2d [Business code (see instructions)
	Seattle		WA 98112		532100	
3a	Plan administrator's name and address (if same as plan sponsor, en SAME	iter "Same	.")	3b /	Administrator's l	EIN
	DAME		-	30	Administrator's t	elephone number
				JC /	Administrator 5	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
•	name, EIN, and the plan number from the last return/report.			4c	DN	
	Sponsor's name			<u>4с і</u> 5а	I	
	5a Total number of participants at the beginning of the plan year					
	D Total number of participants at the end of the plan yearC Number of participants with account balances as of the end of the plan year (defined benefit plans do not					
С	complete this item)			5с		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			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
Ps	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5500	<i>)</i>		
7	Plan Assets and Liabilities		(a) Beginning of Year	Г	(b) End	of Voor
' а	Total plan assets	7a	2,081,661		(b) Liid	2,154,910
b	Total plan liabilities	7b	<u> </u>			
С	Net plan assets (subtract line 7b from line 7a)	7c	2,081,661			2,154,910
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or receivable from:		, , ,		1-2/	
	(1) Employers	8a(1)		Į.		
	(2) Participants	8a(2)	0	Į.		
	(3) Others (including rollovers)	8a(3)	54	4		
b	Other income (loss)	8b	92,755	$ldsymbol{oxed}$		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		ㄴ		92,809
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0			
е	Certain deemed and/or corrective distributions (see instructions)	8e	0			
f	Administrative service providers (salaries, fees, commissions)	8f	19,560			
g	Other expenses	8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				19,560
i	Net income (loss) (subtract line 8h from line 8c)	8i				73,249
j	Transfers to (from) the plan (see instructions)	8j				
		٥J				

Form	5500	-SF	20	11

Page	2	-	Γ

		orm 5500-SF 2011 Page 2 -						
Par	t IV	Plan Characteristics						
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char A 3D	acteri	stic Co	odes in	the instruct	ions:	
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	des in th	he instructio	ins:	
Parl	V	Compliance Questions						
10	Duri	ng the plan year:		Yes	No		Amount	
а	Was 29 (there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ne 10a.)	10b		Х			
C	Was	s the plan covered by a fidelity bond?	10c		Х			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		Х			
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х			
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h					
i		h was answered "Yes," check the box if you either provided the required notice or one of the options to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI	Pension Funding Compliance						
11	Is thi 5500	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com)))	plete	Sched	lule SB	(Form	X Yes	No
12 a	(If "Y If a w gran	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver. Monompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	ctions	, and e	enter th	e date of th	_	
b		r the minimum required contribution for this plan year			12b			0
C		r the amount contributed by the employer to the plan for this plan year		1	12c			0
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left titve amount)	of a	Γ	12d			0
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No X	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?	<u></u>		Y	es X No)	
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?					Yes	X No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th The assets or liabilities were transferred (See instructions.)	ne pla	n(s) to)			
	-	Name of plan(s):		13	c(2) El	N(s)	13c(3)	PN(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.

SIGN	Met O-	7/29/13	Scott Osborne
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	HUM Qu	7/29/13	Scott Osborne
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor