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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calend	dar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018					
A This re	eturn/report is for:	a single-employer plan		a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
		a one-participant plan	a foreign plan							
B This ret	curn/report is	X the first return/report	the final return/report							
		an amended return/report	a short plan year retur							
C Check	box if filing under:	Form 5558	automatic extension	[DFVC progr	ram				
		special extension (enter desc	. ,							
Part II	Basic Plan Info	rmation—enter all requested in	formation							
1a Name		·			1b Three-dig	qit				
	ORNE PLLC 401(K) PI	LAN			plan num	•				
					1c Effective	date of plan 01/01/2018				
2a Plan s	chonsor's name (emple	yer, if for a single-employer plan)			2h Employe					
Mailin	g address (include roor	m, apt., suite no. and street, or P.0			(EIN)	r Identification Number 45-0941202				
•		e, country, and ZIP or foreign pos	tal code (if foreign, see inst	ructions)	2c Sponsor	's telephone number				
CORY OSB	ORNE PLLC					125-774-8600				
					2d Business	s code (see instructions)				
	AVENUE WEST				621210					
LYMNVVOOL	D, WA 98037									
3 0 Disc.		. d . dd			2h Administrati	nakawa FINI				
3a Plan a	administrator's name ar	nd address X Same as Plan Spo	nsor.		3b Administrator's EIN					
					3c Administrator's telephone number					
4 If the	name and/or FIN of the	e plan sponsor or the plan name h	as changed since the last r	return/report filed for	4b EIN					
this p	lan, enter the plan spor	nsor's name, EIN, the plan name								
•	sor's name				4d PN					
C Plan N	Name									
5a Total	number of participants	at the beginning of the plan year.			5a	0				
b Total	number of participants	at the end of the plan year			5b	4				
		account balances as of the end of		•	5c	3				
d(1) Tot	tal number of active pa	rticipants at the beginning of the p	lan year		5d(1)	0				
d(2) To	tal number of active pa	rticipants at the end of the plan ye	ar		5d(2)	4				
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	0				
Caution: /	A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau	ıse is establisi	hed.				
Under pen SB or Sch	alties of perjury and otl	her penalties set forth in the instrund signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/rep	oort, including,	if applicable, a Schedule				
SIGN		/valid electronic signature.	05/02/2019	CORY OSBORNE						
HERE				Enter name of individual signing as plan administrator						
	Signature of plan a	dministrator	Date	Enter name of individu	ual sign <mark>ing as</mark> p	olan administrator				
SIGN	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as p	olan administrator				
SIGN HERE	Signature of plan a Signature of emplo		Date Date			employer or plan sponsor				

Form 5500-SF (2018) Page **2**

_								
С	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) E	nd of Year
а	Total plan assets	7a						23642
b	Total plan liabilities	7b						1657
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7с		0				21985
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(k) Total
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		3742				
	(2) Participants	8a(2)	,	12827				
	(3) Others (including rollovers)	8a(3)		7976				
b	Other income (loss)	8b		-2290				
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						22255
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f_	Administrative service providers (salaries, fees, commissions)	8f		270				
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						270
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i						21985
	Transfers to (from) the plan (see instructions)	8j						
_	t IV Plan Characteristics			01		<i>i</i> : 0		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the in	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
C	Was the plan covered by a fidelity bond?			10c		X		
d						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.)					X		
f	Has the plan failed to provide any benefit when due under the plan?					X		
9	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X		
h	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				

Form 5500-SF (2018)	Page 3- 1

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con (Form 5500) and line 11a below)			В		es 🗌 No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod ERISA?	e or section	n 302 of		Y	es X No
	(If "Yes," complete line 12a or lines 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 instrugranting the waiver		d enter t Day		of the letter Year	ruling
lf :	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			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	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?			X Yes	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 control of the PBGC?				Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the plan(s)	to			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)

- Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of the Treasury Internal Revenue Service

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).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

A This return/report is		Identification Information			
A This return/report is for: s one-participant plan s oreal program s oreal participant plan s oreal participant plan plan return/report s oreal participant plan plan return/report s oreal participants at the end of the plan year. C Check box if filing under: Form 5558 submitted plan plan participants at the end of the plan year. S or Check box if filing under: DFVC program DFVC progra	For calendar plan year 2018 or fi				
B This return/report is	A This return/report is for:	a single-employer plan			
General reduniveport General reducive Gene		a one-participant plan	a foreign plan	•	
C Check box if filing under: Part Basic Plan Information—enter all requested information 18 Name of plan 10 Throe-digit plan number of plan 10 Cory Osborne PLLC 401 (k) Plan 10 Cory Osborne PLLC 401 (k) Plan 10 Effective date of plan 10 (10/12/2018 10 Effective date of plan 10/12/2018 10 Effective date of plan 10/12/2018 10/12/	B This return/report is	X the first return/report	the final return/report	44	
Sertific Basic Plan Information—enter all requested information 11 Name of plan 12 Name of plan 13 Name of plan 14 Name of plan 15 Name of plan 15 Name of plan 16 Name of plan 16 Name of plan 17 Name of plan 17 Name of plan 18 Name of pla		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)
Part Basic Plan Information—enter all requested information 1a Name of plan Cory Osborne PLLC 401 (k) Plan 1b Three-digit plan number (PN) 1c Effective data of plan 01/01/2013 1c Effective data of plan 01/01/2013 1c Effective data of plan 01/01/2013 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include norm, apt, suite no. and street, or P.O. Box) City or fow, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2b Employer determination Number (EN) 45-0941202 2c Sponsor's telephone number 425-774-8600 2d Business code (see instructions) 3a Administrator's name and address Same se Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 2d P	C Check box if filing under:	별	J		DFVC program
18 Name of plan Cory Osborne PLLC 401 (k) Plan 29 Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) Cory Osborne PLLC 20 Sponsor's latephone number Cory Osborne PLLC 18730 332rd Avenue West Lynniwood WA 98037 30 Plan administrator's name and address Same as Plan Sponsor. 30 Administrator's EIN 31 Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's name c Plan Name 5 Total number of participants at the beginning of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants at the beginning of the plan year C Number of participants at the beginning of the plan year C Number of participants at the end of the plan year C Number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with account balances as of the end of the plan year C Number of participants with other principants at the end of the plan year C Number of participants with other principants at the end of the plan year C Number of participants who terminated employment during the plan year with accound benefits that were less than 100% vested. S Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Court Osborne Stranger of plan administrator Date Species Stranger of employer/plan sponsor		special extension (enter descript	ion)		
Cory Osborne PLLC 401 (k) Plan	Part II Basic Plan Info	ormation—enter all requested infon	nation		
Cory Osborne PLLC Same as Plan Sponsor's name (employer, if for a single-employer plan) Cory Osborne PLLC Same as Plan Sponsor. Same as Plan Sponsor is name and/or EIN of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. Same as Plan Sponsor's name Plan Name Same as Plan Sponsor's name Same a		C 401(k) Plan	and the second s		plan number
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) Cory or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Cory Osborne PLLC 18730 33rd Avenue West Lymnwood WA 98037 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) d(1) Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item) 5b Total number of active participants at the beginning of the plan year (only defined contribution plans complete this item) 5c 3 d(1) Total number of active participants at the end of the plan year (only defined contribution plans than 100% vested. 6c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 5c 3 d(1) Total number of active participants at the end of the plan year (only defined contribution plans complete this item) 5c 3 d(1) Total number of active participants at the end of the plan year (only defined contribution plans complete this item) 5c 3 d(1) Total number of active participants at the end of the plan year (only defined contribution plans complete this item) 5c 3 d(1) Total number of active participants at the end of the plan year (only defined contribution plans complete this item) 5c 3 d(1) Total number of active participants at the end of the plan year (only defined contribution plans complete this item) 5c 3 d(1) Total number of active participants a					(11)
Malling address (include room, apt, suite no. and street, or P.O. Box) Clty or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Cory Osborne PLLC 18730 33rd Avenue West Lymwood WA 98037 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filled for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year. 5b Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6c Number of participants at the beginning of the plan year. 5c Sd(1) 6d(2) Total number of active participants at the beginning of the plan year. 6d(1) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the beginning of the plan year. 6d(2) Total number of active participants at the dend of the plan year. 6d(2) Total number of active participants at the dend of the plan year. 6d(3) Total number of active participants at the end of the plan year. 6d(4) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(3) Total number of active participants at the end of the plan year with accrued benefits that were less benefits that were less benefits that were less benefits and the property of the plan year with accrued benefits that were less benefits and the plan year with accrued benefits that were less benefits and the plan year with accrued benefits that were less benefits and the plan year with accrued benefits that were less benefits and the plan year with accrued benefits that were less benefits and the plan year with accrued benefits that were less benefit					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 425-774-8600 2d Business code (see instructions) 3a Plan administrator's name and address S Same as Plan Sponsor. 3b Administrator's telephone number 621210 3c Administrator's telephone number 621210 4d If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4d PN 5a Total number of participants at the beginning of the plan year. 5a Total number of participants at the send of the plan year. 5b - 4 C Number of participants with account balances as of the end of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(2) 4 Number of participants who terminated employment during the plan year. 5d(2) 4 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perity and other passities set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule Meg-cyarighted any single set forth in the instructions, of declare that I have examined this return/report, and to the best of my knowledge and better it is true. 5d(2) 5e			lox)		
2d Business code (see instructions) 18730 33rd Avenue West Lymnwood WA 98037 621210 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name. EIN, the plan name and the plan number from the last return/report. 2 Sponsor's name 2 Plan Name 5a Ob Total number of participants at the beginning of the plan year. 5 Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 6 Under penalties of perticipants at the end of the plan year. 6 Number of participants with account balances as the end of the plan year with accrued benefits that were less than 100% vested. 8 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 9 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 9 Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 10 Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 10 Corry Osborne 10 Signature of employer/plan sponsor 10 Date 5724/Pl 11 Enter name of individual signing as plan administrator 12 Signature of employer/plan sponsor	City or town, state or province	ce, country, and ZIP or foreign postal	code (if foreign, see inst	ructions)	
Lynnwood WA 98037 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year. 5 D Total number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). 5c 3 d(1) Total number of active participants at the beginning of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of participants with account balances as of the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of active participants at the end of the plan year. 6d(2) Total number of participants who terminated employment during the plan year with account benefits that were less than 100% vested. 6aution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 1. Under penalties of perjury and other pagalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB- gropfielder and sarries by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB- gropfielder and sarries by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or Schedule MB- gropfielder and sarries by an enrolled actuary, as well as the electronic version of this return/report, including, if applicable, a Schedule SB or S	Cory Osborne PLLO				
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a	18730 33rd Avenue	e West		. "	2d Business code (see instructions)
3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a	_	470			
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a					621210
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a 0 b Total number of participants at the beginning of the plan year	3a Plan administrator's name a	nd address 🛛 Same as Plan Sponso	r.		3b Administrator's EIN
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year					3c Administrator's telephone number
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year					
this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name C Plan Name 5a Total number of participants at the beginning of the plan year	4 If the name and/or FIN of the	e olan sponsor or the plan name has	changed since the last re	eturn/report filed for	4b EIN
5a Total number of participants at the beginning of the plan year	this plan, enter the plan spo				
b Total number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 panalties 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 spheroly 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, sonotic and complete the set of the plan year. Cory Osborne Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	· · · · · · · · · · · · · · · · · · ·				TO FIN
b Total number of participants at the end of the plan year. c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year. d(2) Total number of active participants at the end of the plan year. e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 panalties 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 spheroly 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, sonotic and complete the set of the plan year. Cory Osborne Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	•				1
d(1) Total number of active participants at the beginning of the plan year					50
d(2) Total number of active participants at the end of the plan year					3
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested. 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 spined 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 Cory Osborne Sign Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor			*		
than 100% vested	· · ·	· ·			50
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 spined 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 Cory Osborne Sign Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	than 100% vested				·
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, sometic and complete Sign Cory Osborne Sign 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	Under penalties of periury and ot	her penalties set forth in the instructio	ns. I declare that I have	examined this return/re	port, including, if applicable, a Schedule
Signi Cory Osborne Cory Osborne Date 5/249 Enter name of individual signing as plan administrator Signi Here Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	SB or Schedule MB-consoleted at	nd signed by an enrolled actuary, as v	vell as the electronic ver	sion of this return/repor	t, and to the best of my knowledge and
Signature of employer/plan sponsor Date Date Date Date Date Date Date Date	SIGN		<u> </u>	Cory Osborne	
Sign: HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	HERE Signature of plan a	dministrator	Date 5/2/19	Enter name of individ	ual signing as plan administrator
Signature of employer/plan sponsor Date Enter name of individual signing as employer of plan sponsor	SIGN				
	Signature of emplo			Enter name of individ	

ac	ıе	2

Form	5500	-SF	(2018)

b	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan canr If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	an indepe and cond not use Fo nsurance	endent qualified public a itions.) orm 5500-SF and mus program (see ERISA se	accoun it inste	tant (I ad us 1021)	QPA) e Forn	n 5500 .	X Y	etermined
D ₂	rt III Financial Information			•				-	
7	Plan Assets and Liabilities		(a) Reginning	of Voc			(b) En	d of Vone	
' a	Total plan assets	. 7a	(a) Beginning	Oi real			(D) EII	d of Year	23,642
	Total plan liabilities	 							1,657
C	Net plan assets (subtract line 7b from line 7a)				. 0				21,985
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(h)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)	(a) / anoa.		742				
	(2) Participants	. 8a(2)		12,	827				
	(3) Others (including rollovers)	. 8a(3)		7,	976				
b	Other income (loss)	. 8b		-2,	290				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							22,255
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f			270				
<u>g</u>	Other expenses	. 8g				PER I			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							270
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i							21,985
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								.*
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2J\ 2K\ 3D$	feature co	odes from the List of Pl	an Cha	racter	istic Co	odes in the in	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acteris	stic Cod	des in the ins	tructions:	
Par	t V Compliance Questions					_			
10	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	√oluntary I	Fiduciary Correction	10a		х			
, b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or ott carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e		Х			
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		х			
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	he require	d notice or one of the	10i					