	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2010				
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	(ERISA), and section 6058(a) of the Code (the Code).							
P	ension Benefit Guaranty Corporation	0-SF.	Inspection							
	Part I Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan				
	This return/report is for:	n/report								
2		first return/report		year return/report (less than 12 mo	nths)					
C	Check box if filing under:	Form 5558		extension	,	DFVC program				
		special extension (enter descriptio	n)							
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation							
	Name of plan				1b	Three-digit				
WILB	UR ENTERPRISES, INC. PRO	FIT SHARING PLAN				plan number (PN) ▶ 001				
					1c	Effective date of plan 01/01/1990				
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number				
WILB	UR ENTERPRISES, INC.		. ,		0.	(EIN) 91-1355061				
	- 14TH AVE. S.				20	Plan sponsor's telephone number 206-762-2510				
SEAT	TLE, WA 98108					Business code (see instructions) 423990				
3a WILB	Plan administrator's name and UR ENTERPRISES, INC.	address (if same as Plan sponsor, er 8721 - 14TH	AVE. S.	?")	3b	Administrator's EIN 91-1355061				
		SEATTLE, W	/A 98108		Administrator's telephone number 206-762-2510					
		n 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					4c	PN				
5a	Total number of participants at	the beginning of the plan year			5a	6				
b	Total number of participants at	the end of the plan year			5b	6				
С	· · ·	th account balances as of the end of		· ·	5c	6				
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	le assets?	(See instructions.)		X Yes No				
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
	,	er 6a or 6b, the plan cannot use Fo								
Pa	rt III Financial Informa	ation								
7	Plan Assets and Liabilities					(b) End of Year				
a L	•		7a	907710)	1040185				
b	•	h from line 70)		907710		1040185				
<u> </u>	Income, Expenses, and Transf	b from line 7a)	7c	(a) Amount	-	(b) Total				
a	Contributions received or recei									
				40000)					
					_					
				9262						
b	· · · ·	$P_{\alpha}(2), P_{\alpha}(2), and P_{\alpha}(2)$		92020	,	132625				
c d	Benefits paid (including direct i	Ba(2), 8a(3), and 8b) ollovers and insurance premiums	8c 8d							
е	, ,	ive distributions (see instructions)								
f		s (salaries, fees, commissions)		150)					
g	Other expenses	· · · · · · · · · · · · · · · · · · ·	8g							
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			150				
i		8h from line 8c)				132475				
j	Transfers to (from) the plan (se	e instructions)	8j							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E
- **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		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)	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х						
С	Was the plan covered by a fidelity bond?	10c	Х			800)00			
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		Х						
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		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х						
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		Х						
Part	VI Pension Funding Compliance									
11										
	 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
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 d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a		12c 12d						
•	negative amount) Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/	/A			
Part										
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X	No			
154			Г	 13a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control									
~	of the PBGC?									
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
13c(1) Name of plan(s):				:(2) El	N(s)	13c(3) PN(s	s)			
Caut	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 HERE	Filed with authorized/valid electronic signature.	10/14/2011	VALERIE WILBUR
	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

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Form 5500-SF Short Form Annual Return/I Benafit	: Plan				OMB Nos. 1210-0110 1210-0089				
Department of the Treasury Mismol Revenue Service This form is required to be filed under se Retirement Income Security Act of 1974	ctions 104 a	and 4065 o ad section	f the E 6058(s	mployee	2010				
Employee Benefile Security Administration Internal Revenue C	Code (the Co	de).				rm is Ope	n		
Penalen Benefit Guaranty Corporation Complete all entries in accordance wit	ctions to t	he For	rm <u>5500-SF</u> .	to Publi	c Inspectio	<u>n</u>			
Part I Annual Report Identification Information				. <u></u>					
For calendar plan year 2010 or fiscal plan year beginning 01/01/20			ind en		12/31/2				
	le-employer	plan (not n	nultiem	iployer) (one-particip	ant plan			
	tum/report								
	-		(less ti	han 12 mont					
	atic extensi	n		I	DFVC prog	am			
Part II Basic Plan Information - enter all requested informatio									
1a Name of plan	······································		16	Three digit		1			
WILBUR ENTERPRISES, INC.				plan number	r (PN) 🕒 🕨	001	L		
PROFIT SHARING PLAN			1c	Effective dat	te of plan		<u> </u>		
					01/1990				
28 Plan sponsor's name and address (employer, if for single-employer plan)	-		2b		entification Nu	mber (E!N)			
WILBUR ENTERPRISES, INC.				<u>91-</u>	<u>1355061</u>				
			2c	•	•	's telephone number			
8721 - 14TH AVE. S.				<u> </u>	<u>-762-25</u>	62-2510			
			2d		de (see instruc	tions)			
SEATTLE WA 98108				423					
3a Plan administrator's name and address (If same as Plan sponsor, enter -	\$ame")		30	Administrate	or's EIN				
SAME									
			3C	Administrato	or's telephone	number			
A real second size the file star star second size at a line to be		al face their	4b			<u> </u>			
4 If the name and/or EIN of the plan sponsor has changed since the last return	-	r's name	40						
plan, enter the name. EIN, and the plan number from the last return/report.	Sponadi	8 Hallic	40	PN					
5a Total number of participants at the beginning of the plan year			5a		6				
b 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 the	plan year (de	fined	Γ						
benefit plans do not complete this item)	<u></u>		5c		6				
6a Were all of the plan's assets during the plan year invested in eligible asse	its? (See ina	tructions.)	•••••		🔀	Yes	No		
b Are you claiming a waiver of the annual examination and report of an inde			lic acc	cuntant	X	г	٦.		
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility			••••••			Yes	No		
If you answered "No" to either 6a or 6b, the plan cannot use Form 55 Part III Financial Information	00-SF and i	nust inste	ad use	e Form 5500)				
	· ·	(a) Be	ainair	ig of Year	(b) E	nd of Year			
	7a	10,00	_	$\frac{100,000}{07,710}$		1,040,	185		
a Total plan assets b Total plan liabilities				011120	'				
C Net plan assets (subtract line 7b from line 7a)			9	07,710		1,040,	185		
8 Income, Expenses, and Transfers for this Plan Year			(a) Amount		(b) Total				
a Contributions received or receivable from:									
(1) Employers	80(1			40,000					
(2) Participants	8a(2								
(3) Others (including rollovers)	Ba(3	1			_				
b Other income (loss) SEE STATEMENT 1				92,625			<u></u>		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		<u> </u>				<u>132,</u>	025		
d Benefits paid (including direct rollovers and insurance premiums to provide benefit					-1				
Gertain deemed and/or corrective distributions (see instructions)		<u>+</u>		150		MENT 2	2		
f Administrative service providers (salaries, fees, commissions)		-t					•		
g Other expenses h Total expenses (add lines 8d, 8e, 8f, and 8g)		+					150		
i Net income (loss) (subtract line 8h from line 8c)		<u> </u>				132,			
j Transfers to (from) the plan (see instructions)									

For Paperwork Reduction Act Notice and OMB Control Numbers, sae instructions for Form 5500-SF. 018571 07-15-10

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Form 5500-SF (2010)

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Enter name of individual signing as employer or plan sponsor

Plan Characteristics Part IV

98 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructione: 2E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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 contribu	utions within the time period described		1					
	in 29 CFR 2510.3-102? (See instructions and DOL's Volunta		<u>10a</u>		X				
b	Were there any nonexempt transactions with any party-in	-interest? (Do not include							
	transactions reported on line 10a.)		10b	<u> </u>	X				
с	Was the plan covered by a fidelity bond?		10c	X			8	0,000	
	Did the plan have a loss, whether or not reimbursed by th			l					
-	was caused by fraud or dishonesty?		10d	1_	X				
e	Were any fees or commissions paid to any brokers, agen	a, or other persons by an insurance							
_	carrier, insurance service or other organization that provid								
	the plan? (See instructions.)		10e		X				
f	Has the plan failed to provide any benefit when due unde		101		X				
g	Did the plan have any participant loans? (If "Yes," enter a		10g		X				
	If this is an individual account plan, was there a blackout								
	and 29 CFR 2520.101.3.)		10h		X				
i	If 10h was answered "Yes," check the box if you either pu	ovided the required notice or one		1					
•	of the exceptions to providing the notice applied under 2		101	1	X				
Dar	t VI Pension Funding Compliance								
11	Is this a defined banefit plan subject to minimum funding	requirements? (If "Yes," see instruction	ns and	comp	lete				
••	Schedule SB (Form 5500))						Yes		
12	Is this a defined contribution plan subject to the minimum								
	section 302 of ERISA? (if "Yes," complete 12a or 12b, 12						1 Yes		
2	If a waiver of the minimum funding standard for a prior ye	er is belog amortized in this plan year.	see ins	structi	ons. an		U		
a	ruling granting the waiver.				y		Year		
14	you completed line 129, complete lines 3, 9, and 10 of 5				·	<u> </u>			
-					12b	_			
	 b Enter the minimum required contribution for this plan year c Enter the amount contributed by the employer to the plan for this plan year 								
	C Enter the amount contributed by the employer to the plan for this plan year								
u	the left of a negative amount)								
•	Will the minimum funding amount reported on line 12d be					89	No	N/A	
	t VII Plan Terminations and Transfers of				- لسل	·····			
	Has a resolution to terminate the plan been adopted duri						Yes	X No	
199					13a				
	If "Yes," enter the amount of any plan assets that reverte Were all the plan assets distributed to participants or ber				1001				
D							∏ Yes	X No	
-	under the control of the PBGC?	ferred them this close to position oldo/e)	identi	fy tha	nian(e)	to which			
¢		letted nom this plan to another plantal	, lucini	ay the	Pitri/3)		0004.0 0.		
	Ilabilities were transferred. (See instructions.)			12010	EIN(s)	T	13c(3)	PN/s	
1	3c(1) Name of plan(s):	e. •··		ISCIE			100(0)		
			^			·			
				nabla		le establ	inhad		
	tion: A penalty for the late or incomplete filing of this r								
Under signed	cenaities of perjusy and other panalitics and forth in the instructions, i declare i by an antolied actuary, as well as the electronic version of this return/report,	hat I have examined this relum/report, including, if a and to the bost of my knowledge and belief, it is trut	pplicable, correct	s, s 5ch , and co	npiete.	or Schedule	WR combien		
	VIA MILLA	·							
SIGI	Aller Multur VALERIE WILBUR								
HER	Signature of plan administrator Dale		ndividual signing as plan administrator						
SIĜI HER									
Te se cu		Entre name of adjuid	unt die		e omnic	War or of	90 000 000	NF .	

Date

Signature of employer/plan sponsor