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).

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

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	art I		entification Information					
For	calenda	ar plan year 2012 or fiscal	plan year beginning 01/01/2012		and ending 1	2/31/	2012	
A 1	This ret	urn/report is for:	a single-employer plan a	multiple-employer pl	an (not multiemployer)		a one-particip	oant plan
B 1	This retu	urn/report is:	the first return/report the	ne final return/report				
		П	an amended return/report a :	short plan year returr	n/report (less than 12 m	onths)	
C	Check b	oox if filing under:	Form 5558 X a	utomatic extension			DFVC progra	ım
			special extension (enter description)					
Pa	rt II	<u> </u>	ation—enter all requested information					
	Name		an requested information	011		1b	Three-digit	
		TERPRISES, INC. PROFI	T SHARING PLAN				plan number	
							(PN) ▶	001
						1c	Effective date of	•
2a WILB	Plan sp UR EN	oonsor's name and addres TERPRISES, INC.	ss; include room or suite number (emp	oloyer, if for a single-	employer plan)	2b	Employer Identif	
			0704 44711 0	15.0		2c	Sponsor's telep	
		AVE. S. VA 98108	8721 - 14TH A\ SEATTLE, WA			2d	Business code (
3a	Plan ac	dministrator's name and ad	ddress XSame as Plan Sponsor Nar	me Same as Plan	Sponsor Address	3b	42399 Administrator's I	
					.,			
						3с	Administrator's t	telephone number
4		•	an sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b	EIN	
а		EIN, and the plan number or's name	r from the last return/report.			40	PN	
			he beginning of the plan year			5a	<u> </u>	6
_			he end of the plan year			5b		6
		·	ount balances as of the end of the pla			0.0		
			<u>'</u>			5c		6
6a		•	ring the plan year invested in eligible	•	•			X Yes No
b			annual examination and report of an ee instructions on waiver eligibility an					X Yes No
			r line 6a or line 6b, the plan cannot					<u></u>
Cau			ncomplete filing of this return/report					
		•	penalties set forth in the instructions,					able. a Schedule
SBc	or Sche		igned by an enrolled actuary, as well					
SIGI		Filed with authorized/valid	d electronic signature.	10/03/2013	JACK WILBUR			
HER	RE	Signature of plan admir	nistrator	Date	Enter name of individ	ual si	gning as plan adn	ninistrator
SIGI								
HER	RE	Signature of employer/	plan sponsor	Date	Enter name of individ	dividual signing as employer or plan s		
Prep	arer's i	name (including firm name	e, if applicable) and address; include i		r (optional)	Prep	parer's telephone	number (optional)

Form 5500-SF 2012 Page **2**

Pal	rt III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(h) End	of Ye	 ar		_
<u>.</u>			108916				(b) End of Year 1238953				_
	Total plan liabilities	7a 7b	100010					120	70000		_
-	Net plan assets (subtract line 7b from line 7a)	7c	108916	5				123	38953		_
8	Income, Expenses, and Transfers for this Plan Year	70			-		(b) T		10000		_
	Contributions received or receivable from:		(a) Amount				(b) To	Jlai			_
	(1) Employers	8a(1)	4000	0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	11245	6							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						15	2456		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	266	8							
q	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2668		_
ī	Net income (loss) (subtract line 8h from line 8c)	8i						14	49788		_
j	Transfers to (from) the plan (see instructions)	8j									
	rt IV Plan Characteristics	oj									_
9a	If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	tions:			_
b	2E If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ons:			_
_											_
Par						ı	Ī				
10	During the plan year:				Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Corr	ection Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	,	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	X					11000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth										
	insurance service or other organization that provides some or all										
	instructions.)					X					_
	•			10e		X					
f	Has the plan failed to provide any benefit when due under the pla			10e 10f		X					
f	Has the plan failed to provide any benefit when due under the pla	n?									
	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a	n?s of year e (See instru	nd.)ctions and 29 CFR	10f		X					
g	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the plan benefit when the plan have any participant loans?	n?s of year e (See instru	nd.)ctions and 29 CFR	10f 10g		X					
g h	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	n?s of year e (See instru	nd.)ctions and 29 CFR	10f 10g 10h		X X					
g h	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem	n?s of year e (See instrument of the required 1-3	nd.) ctions and 29 CFR I notice or one of the	10f 10g 10h 10i		X X X			Yes		
g h i Part	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	n?s of year e (See instru the required 1-3	nd.) ctions and 29 CFR I notice or one of the	10f 10g 10h 10i		X X X X dule SE			Yes		0
g h i Part 11	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	n?s of year e (See instruction in the required 1-3	nd.) ctions and 29 CFR I notice or one of the /es," see instructions and com	10f 10g 10h 10i		X X X Adule SE					
g h i Part	Has the plan failed to provide any benefit when due under the pla Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) I Enter the amount from Schedule SB line 39	n?s of year e (See instru the required 1-3	nd.) ctions and 29 CFR I notice or one of the /es," see instructions and com	10f 10g 10h 10i		X X X Adule SE			Yes	☐ No	
9 h i Part 11 11a 12	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) If Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being the standard for a prior year	n?	rd.)	10f 10g 10h 10i aplete	ction	X X X Adule SE 11a 302 of	ERISA?	ne lett	Yes ter ruli	X No	
9 h i Part 11 11a 12 a	Has the plan failed to provide any benefit when due under the plate. Did the plan have any participant loans? (If "Yes," enter amount a lift this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 let VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the amount from Schedule SB line 39	n?	nd.)	10f 10g 10h 10i aplete	ction	X X X Adule SE	ERISA?		Yes ter ruli	X No	
9 h i Part 11 11a 12 a	Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount a If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 If VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) If Enter the amount from Schedule SB line 39. Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below. If a waiver of the minimum funding standard for a prior year is being the standard for a prior year	n?	rotions and 29 CFR I notice or one of the /es," see instructions and com Ints of section 412 of the Code Ints of section 412 of	10f 10g 10h 10i pplete	ction and	X X X Adule SE 11a 302 of	ERISA?	ne lett	Yes ter ruli	X No	

	Form 5500-SF 2012 Page 3 - 1			
	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 of a negative amount)	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?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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)

1210-0089 2012

OMB Nos. 1210-0110

Pension Benefit Guaranty Corporation

of the Internal Revenue Code (the Code). This Form is Open to Public Inspection ► Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I Annual Report Identification Information				
For calendar plan year 2012 or fiscal plan year beginning 01/01/	***************************************	nd ending	12/31/20	
사득 :	nultiple-employer plan (not	multiemploye	r) 🔲 a one-partic	ipant plan
19 - 는 1002(1970) - Table 1870 (1971 - 1971) (1971 - 1971)	final return/report			
	hort plan year return/repor	t (less than 12		
and and an	omatic extension		☐ DFVC progra	am
special extension (enter description Part II Basic Plan Information - enter all requested information		-		
1a Name of plan	"	1b Three-d	lait	
WILBUR ENTERPRISES, INC.			mber (PN) 🛌	001
PROFIT SHARING PLAN			e date of plan	001
and a summand a many			1/01/1990	
2a Plan sponsor's name and address; include room or suite number (employer, if for	or single-employer plan)		er Identification Nur	mber (EIN)
WILBUR ENTERPRISES, INC.	or oringro orinproyor plarry		1-1355061	
	Ì		r's telephone numb	er
8721 - 14TH AVE. S.		206-762		
			s code (see instruc	tions)
SEATTLE WA 98108			23990	
3a Plan administrator's name and address 🐰 Same as Plan Sponsor Name 🗴	Same as Plan Sponsor Address	3b Adminis	trator's EIN	
		3c Adminis	strator's telephone r	number
4 If the name and/or EIN of the plan sponsor has changed since the last r	eturn/report filed for this	4b EIN		
plan, enter the name, EIN, and the plan number from the last return/repo		2		
a Sponsor's name	1	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	
C Number of participants with account balances as of the end of the plants.				
benefit plans do not complete this item)		5c	6	
6a Were all of the plan's assets during the plan year invested in eligible as				Yes No
b Are you claiming a waiver of the annual examination and report of an i				
(IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibil				Yes
If you answered "No" to either line 6a or line 6b, the plan cannot u				
Caution: A penalty for the late or incomplete filing of this return/repor				
Under penalties of perjury and other penalties set forth in the instructions, Schedule SB or Schedule MB completed and signed by an enrolled actuar	r declare that I have examing v. as well as the electronic	nea this returi version of thi	n/report, including, i s return/report, and	if applicable, a to the best of
my knowledge and belief, it is true, correct, and complete.	,,			10 11.10 10.001 0.1
SIGN (10/4/13	JACK WILBU	2		
HERE Signature of plan administrator Date	Enter name of individ		s plan administrator	
SIGN HERE				
Signature of employer/plan sponsor Date	Enter name of individ	ual signing as	s employer or plan s	sponsor
Preparer's name (including firm name, if applicable) and address; include r	oom or suite number (option	onal) Prepare	er's telephone numb	ber (optional)
	7.1		li li	8 8 88

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

Form 5500-SF (2012) v.120126

Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar	(b) End of Year
a Total plan assets	7a	1,0	Contract of the Contract of th		1,238,953
b Total plan liabilities					
C Net plan assets (subtract line 7b from line 7a)		1,089,165		.65	1,238,953
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	COLUMN TWO IS NOT THE OWNER.		(b) Total
a Contributions received or receivable from:					
(1) Employers	8a(1)	0	40,0	00	
(2) Participants					
(3) Others (including rollovers)	8a(3)				
b Other income (loss) SEE STATEMENT 1	8b	1	12,4	56	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	e de la marilla de la la		S.Papilio	152,456
d Benefits paid (including direct rollovers and insurance premiums to provide					
benefits)	8d				
Certain deemed and/or corrective distributions (see instructions)	35050		25-11-2		
f Administrative service providers (salaries, fees, commissions)			2,6	68	STATEMENT 2
g Other expenses					
h Total expenses (add lines 8d, 8e, 8f, and 8g)					2,668
i Net income (loss) (subtract line 8h from line 8c)					149,788
Transfers to (from) the plan (see instructions)					
Part IV Plan Characteristics					
Part V Compliance Questions 10 During the plan year:			Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time	period den	oribad	165	140	Amount
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc		98 9990000		х	
b Were there any nonexempt transactions with any party-in-interest? (Do not in		Tam., 108		45	
transactions reported on line 10a.)		101		Х	7 10 10000000
C Was the plan covered by a fidelity bond?					110,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor					
was caused by fraud or dishonesty?		100	ا،	X	
Were any fees or commissions paid to any brokers, agents, or other persons					
carrier, insurance service or other organization that provides some or all of the					
the plan? (See instructions.)	10 00110111	106	,	х	
f Has the plan failed to provide any benefit when due under the plan?				Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year en		100		X	
h If this is an individual account plan, was there a blackout period? (See instru					
and 29 CFR 2520.101-3.)		101	,	X	
i If 10h was answered "Yes," check the box if you either provided the required					
of the exceptions to providing the notice applied under 29 CFR 2520.101-3				X	
Part VI Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "					Yes No
Schedule SB (Form 5500) and line 11a below)				11a	T THES TING
 11a Enter the amount from Schedule SB line 39 12 Is this a defined contribution plan subject to the minimum funding requirements of sec 				-	SA? Yes X No
		tille Gode Of Sect	1011 302	OI EMIC	1 ea
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applica a If a waiver of the minimum funding standard for a prior year is being amortized.		olan year see ii	structi	one ar	nd enter the date of the letter
ruling granting the waiver.		Month	Da		Year
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form			12000000	-1	7 UUI
b Enter the minimum required contribution for this plan year			101	12b	