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

2013

This Form is Open to Public Inspection

	• •	Complete all entries in accorda	ince with the instruc	tions to the Form 550	JU-5F.			
Part		Identification Information						
For cal	endar plan year 2013 or fis	scal plan year beginning 01/01/2013		and ending	12/31/2	2013		
A This	return/report is for:	a single-employer plan	n multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
B This	return/report is:	the first return/report	he final return/report					
		an amended return/report a	short plan year return	n/report (less than 12 m	nonths)		
C Che	ck box if filing under:	Form 5558	nutomatic extension			DFVC progra	m	
		special extension (enter description))					
Part	II Basic Plan Info	rmation—enter all requested informati	ion					
1a Na	me of plan				1b	Three-digit		
WILBUR	ENTERPRISES, INC. PR	OFIT SHARING PLAN				plan number	004	
					10	(PN) ▶ Effective date o	001 f.plan	
					10	01/01/	•	
	n sponsor's name and ad ENTERPRISES, INC.	dress; include room or suite number (em	ployer, if for a single-	employer plan)	2b	Employer Identif	fication Number	
					2c	Sponsor's telep	hone number	
8721 - 1	4TH AVE. S.	8721 - 14TH A'	VE. S.			206-762		
SEATTL	E, WA 98108	SEATTLE, WA	98108		2d	Business code (
3a Pla	n administrator's name ar	nd address XSame as Plan Sponsor Na	me Same as Plan	Sponsor Address	3b	Administrator's I	ΞIN	
					30	Administrator's t	elephone number	
						Administrator 3	cicprioric riumber	
		e plan sponsor has changed since the las	st return/report filed fo	or this plan, enter the	4b	EIN		
	inie, Ein, and the pian hui onsor's name	mber from the last return/report.			4c	PN		
		at the beginning of the plan year			5a		6	
b To	tal number of participants	at the end of the plan year			5b		6	
	·	account balances as of the end of the pla	• •	•	. 5c		6	
		s during the plan year invested in eligible			- 1		X Yes No	
_		f the annual examination and report of an				-		
		? (See instructions on waiver eligibility an					X Yes No	
		ither line 6a or line 6b, the plan cannot					-	
C If t	he plan is a defined benef	it plan, is it covered under the PBGC insu	urance program (see	ERISA section 4021)?		Yes No	Not determined	
Cautio	n: A penalty for the late	or incomplete filing of this return/repo	rt will be assessed	unless reasonable ca	use is	established.		
		her penalties set forth in the instructions,						
	schedule MB completed and tis true, correct, and complete the strue, correct, and complete the structure of	nd signed by an enrolled actuary, as well plete.	as the electronic vers	sion of this return/repor	rt, and	to the best of my	knowledge and	
SIGN	Filed with authorized/	valid electronic signature.						
HERE	Signature of plan a	Signature of plan administrator Date Enter name of individu			dual signing as plan administrator			
SIGN								
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	dual sid	ning as employe	r or plan sponsor	
Prepar		name, if applicable) and address; include	room or suite numbe				number (optional)	
					1			

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Pa	rt III Financial Information										
7				or.	(b) End of Your						
	Total plan assets	(7, 23, 3, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,			(b) End of Year 1384581						
	Total plan liabilities	7b	.2000						0 100 1		
	Net plan assets (subtract line 7b from line 7a)	76 7c	123895	i3	+		1384581				
8	Income, Expenses, and Transfers for this Plan Year	70					/b) T		0.00.		
	Contributions received or receivable from:		(a) Amount				(b) To	otai			
	(1) Employers	8a(1)	4000	0							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)										
b	Other income (loss)	8b	11664	5							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	56645		
d	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	1101	7							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							11017	7	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						1	45628	3	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics	<u> </u>									
9a	If the plan provides pension benefits, enter the applicable pension 2E	feature co	des from the List of Plan Char	acteris	stic Co	odes in	the instruct	ions			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:			
Dan	(V. Compliance Overtions										
Par	•						I	_			
10	During the plan year:		0.0	1	Yes	No		Amo	unt		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X					
D		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				X					
	·			10b	X					405	000
C				10c						125	000
	or dishonesty?			10d		X					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all										
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?					Χ					
				10f 10q		Х					
h	Did the plan have any participant loans? (If "Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					X					
	2520.101-3.)					^					
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					X					
Part	VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)											
11:	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12											
-12	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	a 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.					Day		Yea	<u> </u>		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•			Т	12b					
	Enter the minimum required contribution for this plan year					140					

Page	3	-	1	
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			1				
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 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?	X	es No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	0				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control	ontrol Yes X No				
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.)							
1	13c(1) Name of plan(s):	13c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)			•			
14a	Name of trust	14b Trust's EIN					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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.

Short Form Annual Return/Report of Small Employee

2013

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation Part I Annual Report Identification Information 12/31/2013 For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending a one-participant plan a multiple-employer plan (not multiemployer) This return/report is for: a single-employer plan This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) automatic extension DFVC program Check box if filing under: Form 5558 special extension (enter description) Part II Basic Plan Information - enter all requested information 1b Three-digit 1a Name of plan plan number (PN) 001 WILBUR ENTERPRISES, INC. PROFIT SHARING PLAN 1c Effective date of plan 01/01/1990 2a Plan sponsor's name and address; include room or suite number (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 91-1355061 WILBUR ENTERPRISES, INC. 2c Sponsor's telephone number 206-762-2510 8721 - 14TH AVE. S. 2d Business code (see instructions) SEATTLE WA 98108 423990 X Same as Plan Sponsor Name X Same as Plan Sponsor Address Administrator's EIN 3a Plan administrator's name and address Administrator's telephone number 4b EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 6 5a Total number of participants at the beginning of the plan year 5_b 6 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 (defined 5c 6 benefit plans do not complete this item) X Yes 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes 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 Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Date Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF. 07-17-13

Form 5500-SF (2013) v.130118

Part III Financial Information								
7 Plan Assets and Liabilities	(a) Beginning	of Ye	ar	(b) End of Year				
a Total plan assets	7a	1,23			1,384,581			
b Total plan liabilities	•							
C Net plan assets (subtract line 7b from line 7a)	7c	1,23	8,9	53	1,384,581			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		(b) Total			
a Contributions received or receivable from:								
(1) Employers	8a(1)	4	10,0	00				
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)							
b Other income (loss) SEE STATEMENT 1	8b	11	6,6	45				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Ÿ		<u> 156,645</u>			
d Benefits paid (including direct rollovers and insurance premiums to provide								
benefits)	8d							
Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f	1	1,0	17	STATEMENT 2			
g Other expenses	89							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				11,017			
i Net income (loss) (subtract line 8h from line 8c)	8i				145,628			
Transfers to (from) the plan (see instructions)	8j							
Part IV Plan Characteristics								
9a If the plan provides pension benefits, enter the applicable pension feature	codes from	m the List of Plar	n Chara	acteris	tic Codes in the instructions:			
2E								
b If the plan provides welfare benefits, enter the applicable welfare feature of	odes from	the List of Plan	Charac	teristic	Codes in the instructions:			
								
Part V Compliance Questions			т	г				
10 During the plan year:		 	Yes	No	Amount			
a Was there a failure to transmit to the plan any participant contributions within the time			1					
in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corre		ram.) 10a		X				
b Were there any nonexempt transactions with any party-in-interest? (Do not	include	1						
transactions reported on line 10a.)			1	X	105 000			
C Was the plan covered by a fidelity bond?		10c	X		125,000			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity be				٠.,				
was caused by fraud or dishonesty?		10d	+	X				
Were any fees or commissions paid to any brokers, agents, or other person				ŀ				
carrier, insurance service, or other organization that provides some or all of	rtne bener			٠,,				
the plan? (See instructions.)		10e		X				
f Has the plan failed to provide any benefit when due under the plan?				X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year		10g	╁	 				
h If this is an individual account plan, was there a blackout period? (See instract 60 OFR 0500 101.0)	ructions	401	1	х				
and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the require	ad potion c	10h	+-		···-			
·		10i		_x_				
of the exceptions to providing the notice applied under 29 CFR 2520.101.		1 101	1		<u></u>			
11 Is this a defined benefit plan subject to minimum funding requirements? (If	"Voc " coc	inetrictions and	1 como	lete				
Schedule SB (Form 5500) and line 11a below)	103, 300	manuchons and	, comp	.010	Yes No			
11a Enter the unpaid minimum required contribution for current year from Sche	dule SR /F	orm 5500) line 3	<u></u>	11a				
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No								
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
a If a waiver of the minimum funding standard for a prior year is being amorti		plan vear, see in	struction	ons. ai	nd enter the date of the letter			
ruling granting the waiver. Month Day Year								
If you 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				