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

Part I							
i aiti	Annual Report	Identification Information					
For caler	ndar plan year 2013 or fis	scal plan year beginning 01/01/2	2013	and ending	12/31/2	2013	
A This	return/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
B This r	return/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)	
C Chec	k box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	ption)			_	
Part II	Basic Plan Info	rmation—enter all requested info	ormation				
1a Nam	e of plan	·			1b	Three-digit	
SHIPWRE	CK MERCANTILE COM	PANY, INC. PROFIT SHARING TR	UST			plan number	
					10	(PN)	001
					16	Effective date of	•
	sponsor's name and add	dress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identif	fication Number
					20	Sponsor's telep	
P.O. BOX	18229				-	850-233	
	CITY BEACH, FL 32417				2d	Business code ((see instructions)
						45322	20
3a Plan	administrator's name an	d address XSame as Plan Sponso	or Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN
					3с	Administrator's t	telephone number
4 If the	e name and/or FIN of the	plan sponsor has changed since the	no last ratura/rapart filed for	arthia plan, aptortha	46	EIN	
		nber from the last return/report.	ne last return/report liled it	or this plan, enter the	40	EIN	
nam			ne last return/report liled it	or this plan, enter the		PN	
nam a Spor	ne, EIN, and the plan nunnsor's name		· 	· 			18
nam a Spor 5a Tota	ne, EIN, and the plan nur nsor's name al number of participants	nber from the last return/report.			4c		18
nam	ne, EIN, and the plan numensor's name al number of participants al number of participants nber of participants with a	nber from the last return/report. at the beginning of the plan year	ne plan year (defined bene	efit plans do not	4c 5a		
nam a Spon 5a Tota b Tota c Num com	ne, EIN, and the plan numersor's name al number of participants al number of participants ber of participants with a	at the beginning of the plan year at the end of the plan year account balances as of the end of the	ne plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	16
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nam a Spor b Tota c Num com 6a We b Are und If yo c If the	ne, EIN, and the plan number of participants all number of participants all number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the count balances as of the end of the plan year invested in eligible the annual examination and report to (See instructions on waiver eligibile ther line 6a or line 6b, the plan can to plan, is it covered under the PBGC or incomplete filing of this return/oner penalties set forth in the instruction of signed by an enrolled actuary, as	igible assets? (See instruction of an independent qualificity and conditions.)	efit plans do not etions.)	4c 5a 5b 5c Form	PN 5500. Yes No established. ncluding, if applica	7 X Yes No X Yes No Not determined
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nam a Spor b Tota c Nun com 6a We b Are und If yo C If the Caution: Under pe SB or Sc belief, it i SIGN HERE	ne, EIN, and the plan number of participants all number of participants all number of participants with a plete this item)	at the beginning of the plan year at the end of the plan year account balances as of the end of the common of the annual examination and report of the instructions on waiver eligibility ther line 6a or line 6b, the plan cate plan, is it covered under the PBGO or incomplete filing of this return/mer penalties set forth in the instructed signed by an enrolled actuary, as olete. In the plan year invested in eligibility there is not to the plan of t	igible assets? (See instruction of an independent qualified ity and conditions.)	efit plans do not etions.)	4c 5a 5b 5c 5c Form	PN 5500. Yes No established. No	7 X Yes No X Yes No Not determined able, a Schedule knowledge and

Form 5500-SF 2013 Page **2**

Do	t III Financial Information									
_ Pa	rt III Financial Information		()5 : : ()				4.5			
<u> </u>	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En			7
_ <u>a</u>	Total plan assets	7a 	47020	-				-	457717	
<u>b</u>	Total plan liabilities	7b	47606	4					15771	7
	Net plan assets (subtract line 7b from line 7a)	7c	47626		-				457717	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total		
а	Contributions received or receivable from: (1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	-1757	7						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							-17577	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	96	7						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		0						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							967	7
ī	Net income (loss) (subtract line 8h from line 8c)	8i							-1854	1
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	٥٦								
	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Λm	ount	
a	Was there a failure to transmit to the plan any participant contribut					X		AIII	Juni	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest			10a		X				
	on line 10a.)			10b		^				
С	Was the plan covered by a fidelity bond?			10c	X					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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			100		X				
	instructions.)			10e		X				-
	, , , , , , , , , , , , , , , , , , ,			10f						
9				10g		Х				
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						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							I г	Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr					11a		-	_	
12	Is this a defined contribution plan subject to the minimum funding				•	302 of	ERISA?	l Г	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						1		-	
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		, and e	enter tl Dav	ne date d	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy				
	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 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	N o
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			
	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) P	N(s)
Part	VIII Trust Information (optional)				
	Name of trust PWRECK MERCANTILE COMPANY, INC.		rust's EIN 597009787		

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 section 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

2013

This Form is Open to Public Inspection

		Annual Danast	Identification Information					
	art I		Identification Information scal plan year beginning	01/01/2013	and ending	12	/31/2013	
			x a single-employer plan		plan (not multiemployer)		a one-particip	ant plan
252		eturn/report is for:	the first return/report	the final return/repor			a one-particip	Jant plan
Ь	THIS I	eturn/report is:		=	urn/report (less than 12 m	onthe)		
_			an amended return/report		ini/report (less than 12 h)		DEVC progra	
C	Check	box if filing under:	Form 5558	automatic extension		L	DFVC progra	un
			special extension (enter descri					
_	art II		ormation enter all requested in	nformation	-	1h T	hree-digit	T
Ia		ne of plan	Total State	2000 W MARK W		р	olan number	
	Shi	pwreck Mercantil	le Company, Inc. Profit	Sharing Trust			PN) ► Effective date o	001
						\$3,516.00 KBMS	1/01/1991	п ріан П
2a			ddress; include room or suite numbe	er (employer, if for a sing	le-employer plan)	2b	mployer Identi	ification Number
	Shi	pwreck Mercanti.	le Company, Inc.			(1	EIN) 59-28:	26897
						100000000000000000000000000000000000000	Sponsor's telep	
	P.C). Box 18229					(850) 233-	(see instructions)
TTC	Dan	ama City Beach	FL 32417				153220	(see msuucions)
			and address X Same as Plan Spo	nsor Name Same as	Plan Sponsor Address	3b A	Administrator's	EIN
						3c A	Administrator's	telephone number
4	If the	a name and/or EIN of th	ue plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4b E		
•	nam	e, EIN, and the plan nu	mber from the last return/report.	are last retain report mee	ior and plant, order are			
a	Spo	nsor's name				4c P	'n	
5a			s at the beginning of the plan year .			5a		18
b			s at the end of the plan year			5b		16
С			account balances as of the end of t	Tr. 150 USA	5	5c		7
6a			s during the plan year invested in eli					X Yes No
b			f the annual examination and report		ied public accountant (IQ	PA)		
			? (See instructions on waiver eligibil					XYes No
12			ither line 6a or line 6b, the plan ca efit plan, is it covered under the PBG					Not determined
_		The second secon						
			or incomplete filing of this return					
S	nder p B or Si	enaities of perjury and c chedule MB completed	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctions, i declare that i ha as well as the electronic	ve examined this return/repo version of this return/repo	eport, inc rt, and to	cluding, it appli o the best of m	icable, a Schedule ly knowledge and
		is true, correct, and cor						
	SIGN	J.t.	mer Drait	7-14-14	James Bradley			
55,500	HERE	Signature of plan adr	ministrator	Date	Enter name of individua	al signin	ıg as plan adm	inistrator
	SIGN	0/	no the	17-14-14	James Bradley			
	HERE	Signature of employe	er/plan sponsor	Date	Enter name of individua	al signin	ig as employer	or plan sponsor
Р	repare	r's name (including firm	name, if applicable) and address; in	nclude room or suite num	ber (optional)	Prepar	rer's telephone	number (optional)
				J				
						WARRY.		

20.00	t III Financial Information							
7	lan Assets and Liabilities		(a) Beginning of Year	•			(b) End o	f Year
а	otal plan assets	7a	476,20	51				457,717
_b _	otal plan liabilities	7b	THE RESERVE					
C 1	let plan assets (subtract line 7b from line 7a)	7c	476,20	51			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	457,717
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
	Contributions received or receivable from:	0-(4)		0				
-	1) Employers	8a(1)	The second secon	0	U3125			
	2) Participants	8a(2)						
	3) Others (including rollovers) Other income (loss)	8a(3) 8b	(17,57	71				
		8c	(17,57	,,				(17 5 5 7 7)
	otal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	0C					4	(17,577)
	provide benefits)	8d	9(67				
е (Certain deemed and/or corrective distributions (see instructions)	8e				16/20		
f /	dministrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses	8g	SALE MATERIAL SA	0				
	otal expenses (add lines 8d, 8e, 8f, and 8g)	8h		100				967
	let income (loss) (subtract line 8h from line 8c)	8i			1			(18,544)
-	ransfers to (from) the plan (see instructions)	8j				94.5		
Service and the	t IV Plan Characteristics						***	
Pai	t V Compliance Questions	ature codes	from the List of Plan Characte	eristic	Code	s in th	e instructio	ns:
10	During the plan year:				Yes	No		
а					1.00	110	,	Amount
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc			10a	100	х	,	Amount
b		ciary Correct ? (Do not in	clude transactions reported	10a 10b	100		,	Amount
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest	ciary Correct ? (Do not in	clude transactions reported	1822002	х	х		500,000
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc Were there any nonexempt transactions with any party-in-interest on line 10a.)	ciary Correct (Do not in	clude transactions reported d, that was caused by fraud	10b		х		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	ciary Correct (Do not in fidelity bonder persons of the bene	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c		x		
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all	ciary Correct (Do not in	d, that was caused by fraud by an insurance carrier, fits under the plan? (See	10b 10c 10d		x x		
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	Form 5500-SF 2013 Page 3-				
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)	1	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?		☐ Ye	es X N	0
	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 of the PBGC?		ontrol		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)
Part	VIII Trust Information (optional)			***************************************	
14a	Name of trust		14b T	rust's EIN	·
S	Chipwreck Mercantile Company, Inc.			59-7009	9787