For	m 5500-SF	Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2013			
	partment of Labor nefits Security Administration	Retirement Income Security Act of 19		ctions 6057(b) and 6058		This Form i	s Open to Public		
Pension Be	nefit Guaranty Corporation	Complete all entries in accordant	ce with the instruc	tions to the Form 5500	)-SF.	Ins	spection		
Part I		entification Information				•			
	ar plan year 2013 or fisca				<u>3/31/:</u>				
	urn/report is for:			an (not multiemployer)		a one-partici	pant plan		
<b>B</b> This ret	urn/report is:		e final return/report			,			
•				n/report (less than 12 mo	ontns	_			
C Check b	oox if filing under:		tomatic extension			DFVC progra	am		
Part II	Pacia Dian Inform	special extension (enter description)							
1a Name		nation—enter all requested informatio	n		1b	Three-digit			
	FERPRISES, INC. PROF	FIT SHARING PLAN				plan number			
					4 -	(PN) ►	001		
					10	Effective date o	f plan /1990		
2a Plan sp	oonsor's name and addre	ess; include room or suite number (emp	loyer, if for a single-	employer plan)	2b	Employer Identi			
WILBUR EN	TERPRISES, INC.			,			55061		
					2c	Sponsor's telep			
8721 - 14TH SEATTLE, W		8721 - 14TH AVE. S. SEATTLE, WA 98108			24	206-76			
02/11/22, 1		<u> </u>			zu	Business code (see instructions) 423990			
3a Plan ad	dministrator's name and	address XSame as Plan Sponsor Nam	e Same as Plan	Sponsor Address	3b	Administrator's			
		_	—		20				
					30	Administrators	telephone number		
4 If the n	ama and/or EIN of the n	lan sponsor has changed since the last	raturn/rapart filed fo	or this plan, optor the	<b>4</b> h				
		er from the last return/report.	return/report med to	i this plan, enter the	40	EIN			
a Sponso						PN			
		the beginning of the plan year			5a		6		
		the end of the plan year			5b		0		
		count balances as of the end of the plar			5c		0		
	/	uring the plan year invested in eligible a					X Yes No		
		e annual examination and report of an i							
	•	See instructions on waiver eligibility and er line 6a or line 6b, the plan cannot (	,				X Yes No		
-		plan, is it covered under the PBGC insur					Not determined		
		incomplete filing of this return/report r penalties set forth in the instructions, I					able a Schedule		
SB or Sche	dule MB completed and	signed by an enrolled actuary, as well a							
belief, it is t	rue, correct, and comple	te.							
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	ual sig	gning as plan adr	ninistrator		
SIGN									
HERE	Signature of employe		Date	Enter name of individu	_				
Preparer's	name (including firm nan	ne, if applicable) and address; include re	oom or suite number	r (optional)	Prep	parer's telephone	number (optional)		
				[					

Pa	t III Financial Information	-									
7	Assets and Liabilities (a) Beginning of Year				(b) End of Year						
а	Total plan assets	7a	1384581			0					
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7c	138458	1					0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) 1	otal			
а	Contributions received or receivable from:	80(1)									
	(1) Employers     (2) Participants	8a(1) 8a(2)									
	(2) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2616	8							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-					26168		
	Benefits paid (including direct rollovers and insurance premiums	00									
	to provide benefits)	8d	140766	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	308	4							
g	Other expenses	8g			_						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10749		
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						-13	84581		
	Transfers to (from) the plan (see instructions)	8j									
	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension $\frac{2E}{2E}$	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instrue	tions	:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	terist	ic Cod	les in t	he instruct	ions:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
С	Was the plan covered by a fidelity bond?			10c	Х					1250	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			Х					
	or dishonesty?			10d		~					
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		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g		Х					
h	If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			Х					
<u> </u>	2520.101-3.)			10h		~					
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CER 2520.10			10i		Х					
Part	exceptions to providing the notice applied under 29 CFR 2520.101-3 10i A Part VI Pension Funding Compliance										
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form										
110											
	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 11a										
12											
а	(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 amortized in this plan year, see instructions, and enter the date of the letter ruling										
	granting the waiver.			th	<u> </u>	Day		Yea	r		
-	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year					12b					

C	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 Y	′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		X Yes	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):	3c(2) El	N(s)	13c(3)	PN(s)	
Part	VIII Trust Information (optional)					
14a	Name of trust	14b Trust's EIN				

_ <b>•</b>								
Form 5500-SF		Be	urn/Report o nefit Plan				OMB No	s. 1210 0110 1210 0089
Department of the Treasury Internal Revenue Service	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)							14
Department of Labor Employee Benefits Sccurity Administration	of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500-SF.						This Form is Open to Public Inspection	
Pension Benefit Guaranty Corporation	Complete all entries Identification Infor		ce with the instr	uctions to t	ne For	m 5500-Sr.	to Public Ir	ispection
For calendar plan year 2013 or fi			/2014	а	nd end	ling 03	3/31/201	4
A This return/report is for:	X a single-employer		a multiple-employ	er plan (not	multie	mployer)	a one-participa	nt plan
B This return/report is:	the first return/rep	E E E	the final return/re	-				
C Check box if filing under: Form 5558 automatic extension								
C Check box if filing under:	Form 5558					Ļ	DFVC program	
Part II Basic Plan Info	rmation - enter all rec							
1a Name of plan					1b 1	Three-digit	A0.	
WILBUR ENTERPRIS	•					olan number (P		001
PROFIT SHARING P						Effective date o	м ріал L/1990	
2a Plan sponsor's name and addre WILBUR ENTERPRIS		ımber (employer,	if for single-employ	yer plan)	2b (	Employer Ident	ification Numb	er (EIN)
	bb, inc.				2c s	Sponsor's telep		
8721 - 14TH AVE.	s.					-762-251		<u></u>
SEATTLE	WA 98	108			2d (	Business code 42399	(see instruction 0	ns)
3a Plan administrator's name a	nd address X Same as	Plan Sponsor Name	X Same as Plan Spo	onsor Address	3b /	Administrator's	EIN	
					3c /	Administrator's	telephone nun	nber
4 If the name and/or EIN of the		ad since the las	et reture/report fi	lad for this	4b (			
plan, enter the name, EIN, an					-10			
a Sponsor's name	·				4c (	PN	,	
5a Total number of participant	s at the beginning of the	plan year			5a		6	
<b>b</b> Total number of participant				••••••	5b		0	······································
C Number of participants with					5c		0	
6a Were all of the plan's asset	s during the plan year in	ested in eliaible	e assets? (See in	structions.)				s No
b Are you claiming a waiver o								
(IQPA) under 29 CFR 2520.							🔀 Ye	s 🗌 No
If you answered "No" to e						F1		
C If the plan is a defined benefit p Caution: A penalty for the late						Yes Yes		t determined
Under penalties of perjury and o Schedule SB or Schedule MB co	ther penalties set forth in properties and signed by	the instruction	ns, I declare that	l have exami	ined th	is return/report	t, including, if a	pplicable, a the best of
my knowledge and belief, it is th		».	/ 1	1/	<b>.</b>	1.11		
HERE Signature of plan admin	<u>ull</u>	Date	124 0	<u>ach</u>	$\mathcal{N}$	111008		
			I Enterna		uuai si	gning as plan a		
SIGN HERE								
Signature of employer/	plan sponsor	Date	Enter na	me of indivi	dual sig	gning as emplo	yer or plan spo	onsor
Preparer's name (including firm	name, if applicable) and	address; includ	de room or suite i	number (opt	ional)	Preparer's tele	phone numbe	r (optional)
					Ī			
For Paperwork Reduction Act 1 318571 07-17-13	Notice and OMB Contro	ol Numbers, se	e the instruction	ns for Form	5500-	SF.	Form 5	500-SF (2013) v.130118

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Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year			ear	(b) End of Yea	ar	
а	Total plan assets	7a	1,384,581			581		0	
b	Total plan liabilities	7ь							
С	Net plan assets (subtract line 7b from line 7a)	7c	1,	38	4,5	581		0	
8	Income, Expenses, and Transfers for this Plan Year		(a) A				(b) Total		
а	Contributions received or receivable from:						<u> </u>	··	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss) SEE STATEMENT 1	8b		2	6,1	.68			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	i-				26	,168	
d	Benefits paid (including direct rollovers and insurance premiums to provide							1-20	
	benefits)	8d	1.	40	7.6	65	STATEMENT	2	
e	Certain deemed and/or corrective distributions (see instructions)	8e			<u> </u>			~	
f	Administrative service providers (salaries, fees, commissions)	8f	<u></u>		3,0	84	STATEMENT 3		
g	Other expenses	8q			- / -		<u></u>		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		1,410	749	
i	Net income (loss) (subtract line 8h from line 8c)	8i	·			-	-1,384		
j	Transfers to (from) the plan (see instructions)	8i							
Pa	Int IV Plan Characteristics								
98	If the plan provides pension benefits, enter the applicable pension feature $cc$ 2 E	des fron	n the List of P	lan	Chara	acteris	tic Codes in the instru	ctions:	
k		les from	the List of Pla	in C	harac	teristic	c Codes in the instruct	ions:	
Pa	rt V Compliance Questions						·	<u> </u>	
10	During the plan year:		<u> </u>			<u> </u>			
-					Yes	No	Amount	<u> </u>	
	Was there a failure to transmit to the plan any participant contributions within the time p								
h	_in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any party-in-interest? (Do not inc		ram.) 1	<u>0a</u>		X			
~									
	Was the plan covered by a fidelity bond?			Ъ		X			
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond?	<u></u>	1		X		125	<u>,000</u>	
	was caused by fraud or dishonesty?	i, that							
	Were any fees or commissions paid to any brokers, agents, or other persons I	<u></u>		<u>2d</u>		X			
	carrier, insurance service, or other organization that provides some or all of th	by an ins	urance						
	the pland (See instructions)		ľ						
f	Has the plan failed to provide any benefit when due under the plan?			De		<u>X</u>			
<u> </u>	Did the plan have new participant loane? (( "Vee " anter oue under the plan?	•••		ы		X			
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 instruct	<u>.)</u>	<u> 1</u>	)g		X			
••		lions							
i	_and 29 CFR 2520,101-3.) If 10h was answered "Yes," check the box if you either provided the required			<u>n  </u>		X			
•		notice or							
Pa	of the exceptions to providing the notice applied under 29 CFR 2520.101-3	•••••	<u></u>	Di		X	·		
11									
••	Is this a defined benefit plan subject to minimum funding requirements? (If "Yo Schedule SB (Form 5500) and line 11a below)	es," see i	instructions a	nd c	ompi	ete		-1	
11a						<u></u>	Yes	No	
12	Enter the unpaid minimum required contribution for current year from Schedul	e SB (Fo	rm 5500) line	39		11a			
-	Is this a defined contribution plan subject to the minimum funding requirements of section	<u>on 412 of</u>	the Code or set	tion	302 o	of ERIS/	A? Yes	X No	
а	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicab	ie.)						<u> </u>	
-	If a waiver of the minimum funding standard for a prior year is being amortized ruling granting the waiver.			insti				letter	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form		onth		Day	/	Year		
<u>b</u>	Enter the minimum required contribution for this plan year	5500}, ar	na skip to lin	<u>e 13</u>		12h			
_						12h			

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C Enter the amount contributed by the employe	er to the plan for this plan year	····	12c			
d Subtract the amount in line 12c from the amo the left of a negative amount)	ount in line 12b. Enter the result (enter a minus s	ign to	12d			
e Will the minimum funding amount reported o Part VII Plan Terminations and Tra	n line 12d be met by the funding deadline?		· · · · ·	'es	No	<u>N/A</u>
13a Has a resolution to terminate the plan been a	adopted in any plan year?	<u></u>		'es	No	
If "Yes," enter the amount of any plan assets	s that reverted to the employer this year		13a			0
b Were all the plan assets distributed to partici under the control of the PBGC?	ipants or beneficiaries, transferred to another pla	an, or brought			X Yes	
C If during this plan year, any assets or liabilitie liabilities were transferred. (See instructions.)		n(s), identify the	plan(s	) to whi	ch assets or	
13c(1) Name of plan(s):		13c(2	) EIN(s	L	13c(3)	2N(s)
Part VIII Trust Information (optional	)		<del>_</del>		l	
14a Name of trust		14b	Trust's	EIN		

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