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 6058(a) of the Internal Revenue Code (the Code).

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

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010
Α .	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		_
		short plar	year return/report (less than 12 mo	onths)	
C		·	extension	,	DFVC program
	special extension (enter description				
Do	<u>`</u>	,			
	Art II Basic Plan Information—enter all requested information Name of plan	ition		1h	Three-digit
	DRCRAFT 401(K) PLAN			10	nlan number
. 200	Store at 101(ty) Dat				(PN) ▶ 001
				1c	Effective date of plan
					01/01/2004
	Plan sponsor's name and address (employer, if for single-employer p	plan)		2b	Employer Identification Number
FLOC	DRCRAFT, INC.			20	(EIN) 91-0841622 Plan sponsor's telephone number
	RONALD E. BRALEY, LASHER HOLZAP			20	206-654-2402
	JNION ST., SUITE 2600 ITLE, WA 98101			2d	Business code (see instructions)
					442210
3a	Plan administrator's name and address (if same as Plan sponsor, en ORCRAFT, INC.	nter "Same	e") FY, I ASHER HOLZAP	3b	Administrator's EIN 91-0841622
	601 UNION S	T., SUITE	2600	30	Administrator's telephone number
	SEATTLE, WA	A 96101			206-654-2402
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN
I	name, EIN, and the plan number from the last return/report. Sponsor	's name		4c	DNI
52	Total number of portionants at the hearinging of the plan year				
	Total number of participants at the beginning of the plan year			5a 5b	33
	b Total number of participants at the end of the plan year				0
С	Total number of participants with account balances as of the end of complete this item)			5c	0
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No
b	Are you claiming a waiver of the annual examination and report of a		,		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.	
	rt III Financial Information		T	<u> </u>	
7	Plan Assets and Liabilities		(a) Beginning of Year	0	(b) End of Year
	Total plan assets	7a	18413	8	0
b	Total plan liabilities	7b	10116		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	18413	88	0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)			
	(2) Participants	8a(2)			
	(3) Others (including rollovers)	8a(3)			
h	Other income (loss)		-136	8	
b	` '	8b			-1368
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			
u	to provide benefits)	8d	17019	2	
е	Certain deemed and/or corrective distributions (see instructions)	8e			
f	Administrative service providers (salaries, fees, commissions)	8f			
g	Other expenses	8g	1257	8	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			182770
i	Net income (loss) (subtract line 8h from line 8c)	8i			-184138
i	Transfers to (from) the plan (see instructions)	Ωi			

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Part IV	Dian	('harac	torictics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 2K 3D 2T

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

D	it the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	aes in	ine instr	ructions		
art	٧	Compliance Questions							
0	Dur	ring the plan year:		Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e	X					607
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art		Pension Funding Compliance							
11	ls th	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	П No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	, 01 30	CHOIT	JUZ 01	LINIOA:			□
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			24,				
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	; [] I	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>			X	Yes	No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?	under	the co	ontrol 		X	Yes	No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl ch assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to)				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
			+						
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.			
ВВ о	r Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return to true, correct, and complete.				O, 11	,		
SIGI	N F	iled with authorized/valid electronic signature. 02/03/2011 RONALD E. BRA	LEY						

SIGN	Filed with authorized/valid electronic signature.	02/03/2011	RONALD E. BRALEY
HERE	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

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 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

2010

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information		in the mandedona to the roth 300	J-01 .					
	calendar plan year 2010 or fiscal plan year beginning		and ending		J	1000			
500	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participa	nt plan			
NAME OF THE PARTY OF	This return/report is for: first return/report X	final retu		One participa	in plan				
	an amended return/report	short plai	n year relurn/report (less than 12 moi	nths)					
С	Check box if filing under: Form 5558		extension	DFVC program					
-	special extension (enter description)					ш			
Ps	Irt II Basic Plan Information—enter all requested inform								
	Name of plan	allon		1 h	There all 11	-			
	DRCRAFT 401(K) PLAN			ID	Three-digit plan number				
1.20	51.010 1 10 ((t)) E 111				(PN))	001			
				1c	Effective date of 01/01/2				
	Plan sponsor's name and address (employer, if for single-employer DRCRAFT, INC.	plan)		2b	Employer Identif	ication Number 1622			
				2c	Plan sponsor's I	elephone number			
	RONALD E. BRALEY, LASHER HOLZAP JNION ST., SUITE 2600		-		206-65	1-2402			
	ITLE WA 98101			2d	Business code (see instructions)			
3a Plan administrator's name and address (if same as Plan sponsor, er SAME			e")	3b	Administrator's 8	EIN			
				3с	3c Administrator's telephone numbe 206-654-2402				
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN	1500.000			
name, EIN, and the plan number from the last return/report. Sponsor's name				4c	DN	145			
5a Total number of participants at the beginning of the plan year				5a	T	33			
b Total number of participants at the end of the plan year				5b	14444	0			
c	Total number of participants with account balances as of the end of complete this item)	f the plan v	ear (defined benefit plans do not	5c		0			
6a	Were all of the plan's assets during the plan year invested in eligib				-J	X Yes ∏ No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)		☐ 163 ☐ 140			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		*******	Yes No			
D-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.					
	rt III Financial Information	1		4		***			
'	Plan Assets and Liabilities		(a) Beginning of Year		(b) End				
a	Total plan assets		104130	-	1000	0			
	Net plan assets (subtract line 7b from line 7a)	7b 7c	184138	-		0			
8	Income, Expenses, and Transfers for this Plan Year	76		+					
57	Contributions received or receivable from:		(a) Amount	4-	(b) T	otal			
1,75%	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)		1					
b	Other income (loss)		-1368						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			00000	-1368			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	170192	- 5					
е	Certain deemed and/or corrective distributions (see instructions)								
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses		12578						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			1	V (married)	182770			
ì	Net income (loss) (subtract line 8h from line 8c)				TOTAL CONTRACTOR	-184138			
j	Transfers to (from) the plan (see instructions)			1	W. 1	A CONTRACTOR OF SECTION AND ADDRESS OF SECTION ADDRESS OF SECTION AND ADDRESS OF SECTION ADDRESS OF SECTION AND ADDRESS OF SECTION ADDRESS OF SE			

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Dort IV	Ulan	('harantarintia	-

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 3D 2T
- **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		-5900					
10	During the plan year:		100	Yes	No	T :	Amount	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correction Program)	10a		Х			÷
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					<u> </u>		
C	ST 1970, 1981 ST ST ST ST 1981						02-4	-
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelify bond, that was caused by frau	10c		X			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	10a	x			Tito.	607	
f	Has the plan failed to provide any benefit when due under the plan	?	10f		X		***	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g		Х			
h	2520.101-3.)		10h		Х			
1	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or one of the	10i				50.00m	N 180
Part						1		
11	Is this a defined benefit plan subject to minimum funding requirements (5500))	ents? (If "Yes," see instructions and c	omplete	Sched	lule SE	3 (Form	☐ Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding	requirements of section 412 of the Co	de or se	ction 3	302 of	FRISA?	Yes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as application	able.)						_
	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	M	onth	and e	nter th	ne date of the	e letter ruli /ear_	ng
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5500), and skip to line 1	3.				-	
	Enter the minimum required contribution for this plan year				12b			
C	Enter the amount contributed by the employer to the plan for this plan for this plan for this plan for the plan for this plan for the p	an year	••••••		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	***************************************	••••••		12d		8 118 3.	,
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?				Yes	No	N/A
Part '								-
	Has a resolution to terminate the plan been adopted during the plan				mes never as a second		X Yes	No
h	If "Yes," enter the amount of any plan assets that reverted to the er Were all the plan assets distributed to participants or beneficiaries,	nployer this year			13a			0
	of the PBGC?	***************************************					X Yes	No
	If during this plan year, any assets or liabilities were transferred fro which assets or liabilities were transferred. (See instructions.)	m this plan to another plan(s), identif	the plan	ı(s) to		i de Alexa di a	,	
13	3c(1) Name of plan(s):	- Color		13c(2) EIN(s) 13c(3) PN			PN(s)	
			1					
Cautio	on: A penalty for the late or incomplete filing of this return/repo	ort will be appeared unless account		- 202 •220	× 155 ± 155 ± 15	*************************************		
Under SB or	penalties of perjury and other penalties set forth in the instructions Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and domplete.	I declare that I have examined this r	durn/ron	ort in	aludine	. if anniinah	le, a Sche lowledge a	dule and
SIGN	x 1/3/	1 2/2/2011 RONALD E. 1	BRALEY	1997	100			
HERE		Date Enter name o	individu	al siar	nino as	plan admin	strator	-1124/35
SIGN	-							1
HERE	RE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor					nsor		