## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance witl	n the instructions to the Form 550	0-SF.					
Pa	art I Annual Report Ide	entification Information								
For	calendar plan year 2010 or fiscal	plan year beginning 01/01/2010	0	and ending 1	2/31/2	2010				
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-particip	ant plan			
В	This return/report is for:	first return/report	final retur	n/report		_				
	Ī	an amended return/report	short plan	year return/report (less than 12 mor	nths)					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progr	am			
		special extension (enter descriptio								
Dr	ert II   Pacio Blan Inform	· · · · · · · · · · · · · · · · · · ·	•							
		ation—enter all requested information	ation		1h	Three-digit	T	-		
	Name of plan CRAFTERS, INC. PROFIT SHAF	RING PLAN			10	plan number	004			
						(PN) •	001			
					1c	Effective date	of plan			
						12/31/	2000			
	Plan sponsor's name and addres CRAFTERS, INC.	ss (employer, if for single-employer	plan)		2b	Employer Ident		umber		
CUB	CRAFTERS, INC.				20	(EIN) 91-138 Plan sponsor's		number		
	SOUTH 16TH AVENUE				20	509-24	48-9491	Humber		
YAKI	MA, WA 98903				2d	Business code	(see instru	uctions)		
					01.	48810				
CUB	Plan administrator's name and a CRAFTERS, INC.	ddress (if same as Plan sponsor, er 1918 SOUTH	nter "Same I 16TH AV	e") ENUE	<b>3b</b> Administrator's EIN 91-1351852					
		YAKIMA, WA	98903		3c	<b>3c</b> Administrator's telephone number				
							48-9491			
	•	sponsor has changed since the las		port filed for this plan, enter the	4b	EIN				
	name, EIN, and the plan number	from the last return/report. Sponso	r's name		4c	PN				
5a	Total number of participants at the	he beginning of the plan year			5a			79		
		he end of the plan year			5b		74			
	·	n account balances as of the end of			30					
	·			` .	5c			54		
6a	Were all of the plan's assets du	ring the plan year invested in eligibl	le assets?	(See instructions.)			X Ye	es No		
b				ndent qualified public accountant (IQI			—   <b>V</b>			
	•			ons.)			^ Ye	es 📙 No		
Da	rt III Financial Informat		orm 5500-	SF and must instead use Form 55	00.					
		lion								
7	Plan Assets and Liabilities			(a) Beginning of Year 546340	)	(b) End	d of Year	798213		
	Total plan assets		7a							
b	•	from line 7a)	7b	546340	)			798213		
C		from line 7a)	7c							
8 a	Income, Expenses, and Transfe Contributions received or received			(a) Amount		(D)	Total			
а			8a(1)	66432	2					
	(2) Participants		8a(2)	121377	7					
	(3) Others (including rollovers)									
b	Other income (loss)		. 8b	101631						
С	Total income (add lines 8a(1), 8a	a(2), 8a(3), and 8b)	8c					289440		
d	Benefits paid (including direct ro	llovers and insurance premiums		00007	,					
	to provide benefits)		. 8d	28607	4					
е		ve distributions (see instructions)	. 8e		4					
f	Administrative service providers	(salaries, fees, commissions)	. 8f		4					
g	Other expenses		. 8g	8960	1			0750-		
h	•	e, 8f, and 8g)						37567		
į		8h from line 8c)						251873		
j	Transfers to (from) the plan (see	e instructions)	8i							

	Fo	rm 5500-SF 2010 Page <b>2-</b>								
ar	t IV	Plan Characteristics								
		lan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch = $2G$ $2J$ $2K$ $3D$	aracteri	stic Co	des in	the instru	ction	s:		
		lan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	stic Cod	des in t	the instruc	ctions	<b>S</b> :		
art	v C	Compliance Questions								
0	During	the plan year:		Yes	No		Am	ount		
а		here a failure to transmit to the plan any participant contributions within the time period described FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte e 10a.)	d 10b		X					
С	Was t	the plan covered by a fidelity bond?	10c	X					300	)00
d		e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau nonesty?	d 10d		X					
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, nce service or other organization that provides some or all of the benefits under the plan? (See ctions.)	10e		X					
f	Has th	ne plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the	e plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X					
i		was answered "Yes," check the box if you either provided the required notice or one of the tions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI F	Pension Funding Compliance								
1		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c	•			`		Yes		No
2	Is this	a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of	ERISA?		Yes	X	No
	,	s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	grantin	viver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver	onth							-
		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			401	1				
b	Enter t	the minimum required contribution for this plan year			12b					
		the amount contributed by the employer to the plan for this plan year			12c	<u> </u>				
d		nct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the leave amount)			12d		_			
е	Will the	e minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ш	No	N/	Ά
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>				Yes	X	No

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

### 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	Filed with authorized/valid electronic signature.	09/15/2011	JAMES R. RICHMOND
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

# Short Form Annual Return/Report of Small Employee Benefit Plan

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OMB Nos. 1210-0110 1210-0089

2010

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s	Form	is	Open	to	Public	
	in	en	ection	,		

Р	ension Benefit Guaranty Corporati	on	▶ Complete all entries in acc	ordance wi	th the instruction	ons to the Form 550	0-SF.	ins	spection		
			entification Information								
For	calendar plan year 2010 c		1	01/01/	2010	and ending		12/31/201	)		
Α -	This return/report is for:	X	single-employer plan	multiple-	employer plan (ı	not multiemployer)		one-participa	int plan		
В	This return/report is for:		first return/report	final retu	rn/report						
			an amended return/report	short pla	n year return/rep	oort (less than 12 moi	nths)				
C	Check box if filing under:	Х	Form 5558	automatic extension				DFVC program			
		Ī	special extension (enter descrip	otion)					••••		
Pa	rt II Basic Plan Ir	nform	nation—enter all requested infor	•							
	Name of plan			mation			1b	Three-digit			
		nc.	Profit Sharing Plan					plan number			
			_					(PN) 🕨	001		
							1c	Effective date o			
? 2	Dian annuaria nama and		/					12/31/200			
Za	Cub Crafters, I	addres	ss (employer, if for single-employ	er plan)			2b	Employer Identi			
		_					2c	(EIN) 91 - 135 Plan sponsor's t	elephone number		
	1918 South 16th	Ave	nue					509-248-9			
	Yakima		WA 98903				2d	Business code (	see instructions)		
32	Plan administrator's name	and a	ddress (if same as Plan sponsor,	ontor "Com	_ 11\		26	488100			
	Cub Crafters, I	nc.	ddress (ii saine as Flait sportsor,	enter Sam	e )		30	Administrator's I			
	1918 South 16th	Ave	nue			-	3с		elephone number		
	Yakima		WA 98903					509-248-9			
H II n	the name and/or EIN of the	ne plan umber	sponsor has changed since the from the last return/report. Spon	last return/re	port filed for this	s plan, enter the	4b	EIN			
			and the return report. Open.	JOI J HAINE			4c	PN			
Total number of participants at the beginning of the plan year							5a		79		
b	Total number of participar	nts at ti	he end of the plan year				5b		74		
C	Total number of participar	nts with	account balances as of the end	of the plan y	ear (defined be	nefit plans do not					
	complete this item)	•••••					5c		54		
ia L	Were all of the plan's ass	ets du	ring the plan year invested in elig	ible assets?	(See instruction	s.)	• • • • • • • • • • • • • • • • • • • •		X Yes No		
D	under 29 CFR 2520.104-4	of the 46? (Se	annual examination and report o ee instructions on waiver eligibility	it an indeper	ident qualified p	ublic accountant (IQF	'A)		X Yes No		
	If you answered "No" to	eithe	6a or 6b, the plan cannot use	Form 5500-	SF and must in	stead use Form 550	0.		H 163   140		
Par	t III Financial Info	rmat	ion								
<b>7</b> i	Plan Assets and Liabilities	3			(a) Beg	inning of Year		(b) End	of Year		
a ·	Total plan assets			7a		546340	)		798213		
b	Total plan liabilities			7b							
C	Net plan assets (subtract I	ine 7b	from line 7a)	7с		54634(	)		798213		
	Income, Expenses, and Tr				(a)	Amount		(b) T	otal		
	Contributions received or a			1							
						66432	-				
	•		•••••••••••••••••••••••••••••••••••••••	\		121377	7				
							4				
			/0\ 0\ /0\			101631	L				
			(2), 8a(3), and 8b)lovers and insurance premiums	8c	<u> a a . (1567) 4 s</u>		-	1,14 g 18 g 3 10014 i	289440		
- t	o provide benefits)		iovers and insurance premiums	8d		28607	,				
			e distributions (see instructions)			20007	1				
			(salaries, fees, commissions)				1		보고 있는 경기를 받는다. 보고 있는 것은 10명 1명		
						8960	<u>,                                    </u>				
_			, 8f, and 8g)					<u>. Tarang permulai Propositi P</u>	37567		
			h from line 8c)						251873		
			instructions)			<u> </u>			231073		
			MB Control Numbers, see the instruct	0]	5500 CE		15 May 1	n in orwood U-body of the	T FF00 OF (0040)		

1	Form 5500-SF 2010	F	age <b>2-</b>							
	Plan Characteristics  If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 3D	re codes from the	List of Plan Chara	acteris	tic Co	des in	the instruc	tions:		
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the	List of Plan Chara	cterist	ic Coc	des in t	he instruct	ions:		
Par	V Compliance Questions							,		
10	During the plan year:				Yes	No		Amour	nt	
а	The second secon				х					
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	10a 10b		Х						
С	Was the plan covered by a fidelity bond?			10c	Х				30000	
d		y bond, that was	caused by fraud	10d	7.	х				
е		rsons by an insur benefits under th	ance carrier, e plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?		, t	10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х				
h	_	nstructions and 2	9 CFR	10g		Х				
i	If 10h was answered "Yes," check the box if you either provided the req exceptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part										
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	(If "Yes," see ins	tructions and comp	olete S	Schedi	⊔le SB	(Form	Пү	es 🗌 No	
12	Is this a defined contribution plan subject to the minimum funding requir							ΠY	es X No	
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amogranting the waiver.	ortized in this pla	n year, see instruci Mont	tions,	and er	nter the	e date of th	e letter Year	ruling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (	(Form 5500), and	d skip to line 13.		r-					
b	Enter the minimum required contribution for this plan year					12b				
c	Enter the amount contributed by the employer to the plan for this plan ye					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the renegative amount)	•••••		•••••	·· L_	12d		<b>-</b>		
Part	Will the minimum funding amount reported on line 12d be met by the fun VII Plan Terminations and Transfers of Assets	nding deadline?	***************************************				Yes	No	∐ N/A	
								П.		
138	Has a resolution to terminate the plan been adopted during the plan year	=						Y(	s X No	
b	If "Yes," enter the amount of any plan assets that reverted to the employ Were all the plan assets distributed to participants or beneficiaries, trans					13a				
c	of the PBGC?	•••••						_ Y	es X No	
	which assets or liabilities were transferred. (See instructions.)	3 plan to another	plants), identity the	e biaii	(5) 10					
1	3c(1) Name of plan(s):				13c	(2) EIN	l(s)	13c(3) PN(s)		
Cauti	on: A penalty for the late or incomplete filing of this return/report wi	ill be assessed (	ınless reasonable	e caus	se is e	stabli	shed.	<u> </u>		
Under SB or	penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as the it is true, correct, and complete.	clare that I have i	examined this retur	n/ren	ort inc	·ludina	if applical	ole, a Sonowled	chedule ge and	
SIGN	1 2mg/ 9	14-11	James R. Ri	chmo	ond					
HERE		ate	Enter name of inc	dividua	al sign	ing as	plan admir	nistrator		
SIGN HERI										
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								sponsor		