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

	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:	final return/report							
		short plar	year return/report (less than 12 mo	onths)					
C		·	extension	,	DFVC program				
	special extension (enter description		, exteriorer						
Do									
	art II Basic Plan Information—enter all requested information—of plan	ation		1h	Three-digit				
	VEN'S INC. 401(K) PROFIT SHARING PLAN			10	nlan number				
0101	VERTOR TO THE THE STRUCTURE OF EACH				(PN) ▶ 001				
				1c	Effective date of plan				
					01/01/1998				
	Plan sponsor's name and address (employer, if for single-employer particles in Co.	plan)		2b	Employer Identification Number 91-1577175				
CRA	VENS INC.			20	(LIIV)				
	N MAGNOLIA ST			20	Plan sponsor's telephone number 509-747-6424				
SPO	KANE, WA 99202			2d	Business code (see instructions)				
					445299				
	Plan administrator's name and address (if same as Plan sponsor, en VENS INC. 115 N MAGNO		ə ")	3b	Administrator's EIN 91-1577175				
0101	SPOKANE, W			30	Administrator's telephone number				
				30	509-747-6424				
4 1	f the name and/or EIN of the plan sponsor has changed since the las	t return/re	port filed for this plan, enter the	4b	EIN				
- 1	name, EIN, and the plan number from the last return/report. Sponsor	r's name		40	DN				
	Total accept as of a certain costs at the hearing in a of the plant and			4c					
	Total number of participants at the beginning of the plan year		30						
b	Total number of participants at the end of the plan year	5b	29						
С	Total number of participants with account balances as of the end of complete this item)	. 5c	29						
6a	Sa Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	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 a	and condit	ions.)		Yes No				
D -	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 5	500.					
	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	148555	00	1689599				
b	Total plan liabilities	7b	4.40555		4000500				
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	148555	8	1689599				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	9492	24					
	(2) Participants	• • •	5656	7					
	(3) Others (including rollovers)	8a(2)							
h	```	8a(3) 8b	11760)2					
b	Other income (loss)			_	269093				
c d	Benefits paid (including direct rollovers and insurance premiums	8c							
u	to provide benefits)	8d	6505	52					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			65052				
i	Net income (loss) (subtract line 8h from line 8c)	8i			204041				
i	Transfers to (from) the plan (see instructions)	Ωi							

	F	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								_
Эа		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan	n Characte	ristic Co	odes in	the instru	ction	ns:		_
h		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan	Character	istic Co	des in	the instruc	ction	s:		
	0		3				7	.		
art	V	Compliance Questions								
0	Duri	ing the plan year:		Yes	No		An	nount		
а		s there a failure to transmit to the plan any participant contributions within the time period descrit CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		a	X					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions rep ine 10a.))	X					
С	Wa	s the plan covered by a fidelity bond?	100	X					16900	0
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by ishonesty?		d	X					_
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie urance service or other organization that provides some or all of the benefits under the plan? (Se ructions.)	e	•	X					
f	Has	the plan failed to provide any benefit when due under the plan?	10	F	Х					
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	100	,	X					_
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	101	1	X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10	i						
art	VI	Pension Funding Compliance				,				
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 0))						Yes	□ No	_ ა
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the					Ī	Yes	X No	 o
	(If "Y	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_	
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see								
lf '	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li			Day		Ye	ar		
	•	er the minimum required contribution for this plan year		Г	12b					_
		er the amount contributed by the employer to the plan for this plan year		Ť	12c					_
_	Subt	tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t			12d					_
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?	<u></u>			Yes		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?						Yes	X No	 o
		es," enter the amount of any plan assets that reverted to the employer this year		Ī	13a			-		_

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

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

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

Yes No

13c(3) PN(s)

13c(2) EIN(s)

SIGN	Filed with authorized/valid electronic signature.	09/26/2011	REBECCA L. TEMPLIN
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

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OMB Nos. 1210-0110 1210-0089

2010

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► Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information									
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
A This return/report is for:	This return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan								
This return/report is for: first return/report final return/report									
an amended return/report short plan year return/report (less than 12 months)									
C Check box if filing under: X Form 5558	รี่ '	extension	(1.13)	DFVC progra					
	J	. exterision		☐ DEVC progra	m				
special extension (enter descript			··						
Part II Basic Plan Information—enter all requested inform	nation			Three-digit					
CRAVEN'S INC. 401(K) PROFIT SHARING PLA	1a Name of plan								
CRAVEN S INC. 401(K) PROFIL SHARING PLA	IA			plan number (PN)	001				
				Effective date of					
				01/01/199	•				
2a Plan sponsor's name and address (employer, if for single-employe CRAVENS INC.	r plan)		2b Employer Identification Number						
CRAVENS INC.				(EIN) 91-157	7175 elephone number				
115 N MAGNOLIA ST			26	509-747-6					
SPOKANE WA 99202			2d	Business code (
				445299					
3a Plan administrator's name and address (if same as Plan sponsor, CRAVENS INC.	enter "Same	; ")	3b	Administrator's 8 91-1577175					
115 N MAGNOLIA ST			3с		elephone number				
SPOKANE WA 99202				509-747-64					
4 If the name and/or EIN of the plan sponsor has changed since the language EIN and the plan number from the last return/report. Sponsor	ast return/re	port filed for this plan, enter the	4b	EIN					
nome, and the plan number nom the last return report. Spons	name, EIN, and the plan number from the last return/report. Sponsor's name								
5a Total number of participants at the beginning of the plan year	4c 5a								
bTot all number of participants at the end of the plan year	5b		29						
C Total number of participants with account balances as of the end of									
complete this item)									
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
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 6a or 6b, the plan cannot use 6	and conditi	ons.)			X Yes No				
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
7 Plan Accets and Liabilities									
a Total plan assets	7_	(a) Beginning of Year		(b) End					
bTot at plan liabilities		148555	8		1689599				
C Net plan assets (subtract line 7b from line 7a)		340555	_						
8 Income, Expenses, and Transfers for this Plan Year	. 7c	148555	<u>- </u>		1689599				
a Contributions received or receivable from:	-	(a) Amount	_	(b) T	otal				
(1) Employers	8a(1)	9492	4						
(2) Participants		5656							
(3) Others (including rollovers)			7	ere ere ere ere er					
bOt her income (loss)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					269093				
d Benefits paid (including direct rollovers and insurance premiums					209093				
to provide benefits)		6505	2						
e Certain deemed and/or corrective distributions (see instructions)			-						
f Administrative service providers (salaries, fees, commissions)									
g Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)					65052				
i Net income (loss) (subtract line 8h from line 8c)	. 8i				204041				
Transfers to (from) the plan (see instructions)									

Form 5500-SF 2010 Page 2-							
Part IV Plan Characteristics							
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	teris	tic Co	des in	the instructi	ons:	
2A 2E 2F 2G 2J 2K 2T 3D 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						
10	During the plan year:		Yes	No		lmount	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in	10a		Х		mount	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	10b		х			
С	Was the plan covered by a fidelity bond?	10c	х			1	69000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		Х			
f	Has the plan failed to provide any hopefit when due under the class?	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Х			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g 10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i					
Part	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))							
12	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						
а	(If "Yes," complete 12a or 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						
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
	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)						
							N/A
Part VII Plan Terminations and Transfers of Assets							
13a	3a Has a resolution to terminate the plan been adopted during the plan year or any prior year?				X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
	of the PBGC?					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	3c(1) Name of plan(s):		130	(2) EII	V(s)	13c(3)	PN(s)

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		9.76.11	REBECCA L. TEMPLIN			
	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			