## 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).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		ordance wit	n the mstructions to the Form 5500	<i>J</i> -3F.				
	art I Annual Report Identification Information							
For	r calendar plan year 2011 or fiscal plan year beginning 01/01/2	011	and ending 1	2/31/2	2011			
A	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is: the first return/report	the final r	return/report					
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558	extension	DFVC program					
	special extension (enter descrip	otion)						
Pa	art II Basic Plan Information—enter all requested information	mation						
1a	Name of plan			1b	Three-digit			
CUB	CRAFTERS, INC. PROFIT SHARING PLAN				plan number			
				4 -	(PN) 001			
				1C	Effective date of plan 12/31/2000			
	Plan sponsor's name and address; include room or suite number	(employer, it	f for a single-employer plan)	2b	Employer Identification Number			
CUB	3 CRAFTERS, INC.				(EIN) 91-1351852			
				2c	Sponsor's telephone number			
	SOUTH 16TH AVENUE							
YAKI	IMA, WA 98903			<b>2</b> a	Business code (see instructions) 488100			
32	Plan administrator's name and address (if same as plan sponsor,	enter "Same	۵")	3h	Administrator's EIN			
	CRAFTERS, INC. 1918 SOU	ΓH 16TH AV		91-1351852				
	YAKIMA, V	VA 98903		<b>3c</b> Administrator's telephone numb 509-248-9491				
4	If the name and/or EIN of the plan sponsor has changed since th	e last return/	report filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report.		, ,					
	Sponsor's name			4c				
	Total number of participants at the beginning of the plan year		-	5a	8			
b			•	5b	8			
С	Number of participants with account balances as of the end of th complete this item)			5c	6			
6a	Were all of the plan's assets during the plan year invested in elig	gible assets?	(See instructions.)		X Yes No			
b	3							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	•	•		X Yes   No			
Do	If you answered "No" to either 6a or 6b, the plan cannot use art III Financial Information	Form 5500-	SF and must instead use Form 550	)0.				
			1 ()=		# T			
7	Plan Assets and Liabilities	7-	(a) Beginning of Year 798213		(b) End of Year 948734			
a b	•		100210					
C			798213		948734			
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		(b) Total			
а			, ,		(b) rotai			
	(1) Employers	8a(1)	78894					
	(2) Participants	8a(2)	140313					
	(3) Others (including rollovers)	8a(3)	13486					
b	Other income (loss)	8b	-37658					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			195035			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32941					
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g	11573					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			44514			
i	Net income (loss) (subtract line 8h from line 8c)	8i			150521			
j	Transfers to (from) the plan (see instructions)	8j						

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Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
- 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		1					
10	During the plan year:	_	Yes	No	1	Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X				1	00000
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		X				
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 instructions.)	10e		X				
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		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						⁄es	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	302 of	ERISA?		⁄es	X No
	(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 amortized in this plan year, see instrugranting the waiver.  Mon	nth						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	Enter the minimum required contribution for this plan year			120 12c				
	Enter the amount contributed by the employer to the plan for this plan year							
•	negative amount)			12d	<u> </u>	_		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			Y	es X No	)		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					П、	res [	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13	c(3) F	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.	•		
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned to Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returned.							

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/18/2012	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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

## 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).

OMB Nos. 1210-0110 1210-0089

2011

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	Complete all entries in accor	dance wit	h the instructions to the For	m 5500-S	SF.			
	art I Annual Report Identification Information	01/01/	0.044					
	∇:t	01/01/	<b>~</b>		12/31/2011			
Α	This return/report is for: X a single-employer plan	a multiple	e-employer plan (not multiempl	oyer)	a one-participant plan			
В	This return/report is:	the final	return/report					
	an amended return/report	a short pl	an year return/report (less than	12 mont	hs)			
С	Check box if filing under: Form 5558	automati	extension		DFVC program			
	special extension (enter description	n)						
P	art II Basic Plan Information—enter all requested inform	ation						
	Name of plan			1	<b>b</b> Three-digit			
Cul	Crafters, Inc. Profit Sharing Plan				plan number (PN)  001			
				1	C Effective date of plan			
				'	12/31/2000			
2a	Plan sponsor's name and address; include room or suite number (e	mployer, i	f for a single-employer plan)	2	b Employer Identification Number			
	b Crafters, Inc.				(EIN) 91-1351852			
19	18 South 16th Avenue			2	C Sponsor's telephone number			
37_	kima WA 98903			<u> </u>	509-248-9491			
ra	kima WA 98903			4	d Business code (see instructions) 488100			
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	è <sub>n</sub> )	3	Administrator's EIN			
Cu 19	b Crafters, Inc. 18 South 16th Avenue		•		91-1351852			
	kima WA 98903			3	Administrator's telephone number 509-248-9491			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter t	he 4	4b EIN			
	name, EIN, and the plan number from the last return/report.		repetition and plant, enter .		ENV			
	Sponsor's name		*****		C PN			
	Total number of participants at the beginning of the plan year				<b>a</b> 81			
	Total number of participants at the end of the plan year			······ <u>5</u>	<b>b</b> 89			
С	Number of participants with account balances as of the end of the p complete this item)	olan year (	defined benefit plans do not	5	67			
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes No			
	Are you claiming a waiver of the annual examination and report of a	an indeper	ndent qualified public accounta	nt (IQPA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use For	m 5500.				
7	Plan Assets and Liabilities	il Aricesi	(a) Beginning of Yea	P	(b) End of Year			
а	Total plan assets	7a		98213	948734			
	Total plan liabilities	7b			220,00			
	Net plan assets (subtract line 7b from line 7a)	7c	7:	98213	948734			
8	Income, Expenses, and Transfers for this Plan Year	ye dikebi	(a) Amount		(b) Total			
а	Contributions received or receivable from:			70004				
	(1) Employers	8a(1)		78894				
	(2) Participants	8a(2)		10313				
h	(3) Others (including rollovers)	8a(3)		13486				
	Other income (loss)	8b		37658				
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		With English	195035			
_	to provide benefits)	8d		32941				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g		11573				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			44514			
į	Net income (loss) (subtract line 8h from line 8c)	8i			150521			
J	Transfers to (from) the plan (see instructions)	8j						

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Signature of employer/plan sponsor

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Par	t IV Plan Characteristics								**
9a	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the	E List of Plan Char	acteris	tic Co	des in	the instruc	tions:	
b	2E 2F 2G 2J 2K 3D  If the plan provides welfare benefits, enter the applicable welfare feature.	ura aadaa fram tha	List of Disa Chara			! !	d		
	The plan provides wellare benefits, effer the applicable wellare leads	are codes from the	List of Plan Chara	cierisi	ic Coa	es in i	ne instruction	ons:	
Parl	V Compliance Questions						*		
10	During the plan year:		W-1.		Yes	No	T	Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Progr	am)	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)	Do not include trans	actions reported	10b		Х			-
С	Was the plan covered by a fidelity bond?			10c	Х				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		Х	7.		
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	persons by an insu ne benefits under th	rance carrier, e plan? (See	10e		х			-
f	Has the plan failed to provide any benefit when due under the plan? .		•••••	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)	***************************************	10g		X		31.44	
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)	e instructions and 2	9 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	10i					
Part	VI Pension Funding Compliance						N. M	<u> </u>	<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	s? (If "Yes," see ins	tructions and com	plete S	Sched	ule SE	3 (Form	☐ Yes	П №
12	Is this a defined contribution plan subject to the minimum funding req							Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	mortized in this pla	n year, see instruc	tions,	and e	nter th	e date of th	e letter ru	ıling
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MI	B (Form 5500), an	d skip to line 13.			Day		теаг	
	Enter the minimum required contribution for this plan year		-		Г	12b			
С	Enter the amount contributed by the employer to the plan for this plan	year	•••••		Г	12c		***	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a min	us sign to the left o	of a	[	12d			
е	Will the minimum funding amount reported on line 12d be met by the f	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?	•••••				Y	es X No		
	If "Yes," enter the amount of any plan assets that reverted to the empl	loyer this year		13	la				
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	***************************************				ntrol	-	Yes	X No
С	If during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	e plan	(s) to				
1:	Sc(1) Name of plan(s):				13c	(2) EI	N(s)	13c(3	) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report	will be accessed	unloca roaconoble			oto b l	in head		
Under SB or	penalties of perjury and other penalties set forth in the instructions, I of Schedule MB completed and signed by an enrolled actuary, as well as it is true correct, and complete.	declare that I have	examined this retu	rn/ren	ort inc	cluding	if applicat	ile, a Sch nowledge	edule and
SIGN	Kunt (no	5-11-12	James R. Ri	chmo	ond				
HERE		Date	Enter name of in			ing as	plan admin	istrator	
SIGN	<u>'</u>								
HERE		Date	Enter name of inc	dividu	al sign	ina as	employer o	r nian en	onsor

Date

Enter name of individual signing as employer or plan sponsor