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).

OMB Nos. 1210-0110

1210-0089

2011

This Form is Open to Public Inspection

	Complete all entries in accordance	rdance wit	h the instructions to the Form 5500)-SF.	,		
P	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/20	11	and ending 1.	2/31/2	2011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 mo	onths)			
C	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter descripti	1					
	art II Basic Plan Information—enter all requested inform	nation			T		
	Name of plan			1b	Three-digit plan number		
CRA	VEN DISTRIBUTORS, INC. 401(K) PLAN				(PN)	001	
				10	Effective date of		
				10	01/01/		
2a	Plan sponsor's name and address; include room or suite number (e	emplover. it	for a single-employer plan)	2h	Employer Identif		er
	VEN DISTRIBUTORS, INC.		The straining of the st		(EIN) 56-228		
				2c	Sponsor's teleph	none number	
65 P	OBINSON AVENUE				631-207		
	T PATCHOGUE, NY 11772			2d	Business code (see instruction	ns)
					45121		
3a	Plan administrator's name and address (if same as plan sponsor, e	enter "Same	2")	3b	Administrator's E		
CRA'	VEN DISTRIBUTORS, INC. 65 ROBINSO EAST PATC				56-22		
	LAST FATO	HOGUL, IN	1 11/72	3c	Administrator's to 631-207		ber
4	If the name and/or EIN of the plan sponsor has changed since the	loot roturn/	roport filed for this plan, enter the	4b		-5500	
_	name, EIN, and the plan number from the last return/report.	iasi returri	report filed for this plant, enter the	40	EIIN		
а	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			75
b	Total number of participants at the end of the plan year			5b			55
C	Number of participants with account balances as of the end of the	•	30				
·	complete this item)	. , ,	·	5c			42
6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)			,
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•			X Yes	No
_	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	470432			506559	
b	Total plan liabilities	7b	0			0	
С	Net plan assets (subtract line 7b from line 7a)	7c	470432			506559	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		07750		, ,		
	(1) Employers	8a(1)	37759				
	(2) Participants	8a(2)	65280				
	(3) Others (including rollovers)	8a(3)	0				
b	Other income (loss)	8b	-36237				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				66802	
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)		27187				
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	_			
f	Administrative service providers (salaries, fees, commissions)	8f	3488				
g	Other expenses	8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				30675	
i	Net income (loss) (subtract line 8h from line 8c)	8i				36127	
j	Transfers to (from) the plan (see instructions)	8j	0				

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Part IV	Plan Characteristics
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9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

Page **2** - 1

2E 2F 2G 2J 2K 3D 3H

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

	/ Compliance Questions						
	During the plan year:		Yes	No		Amour	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			
	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				700
	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			
	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	Χ				32
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			
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
	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					
rt \	/I Pension Funding Compliance				•		
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	nplete	Sched	ule SI	B (Form	 . Пү	es
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						es X
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	f a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver						
-	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		ı		
b I	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)							
<u>e</u>	Nill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/
rt \	/II Plan Terminations and Transfers of Assets						
а	Has a resolution to terminate the plan been adopted in any plan year?				Yes X	No	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a		·		
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						es X
	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.)	he plaı	n(s) to			_	
13	c(1) Name of plan(s):		130	c(2) E	IN(s)	130	(3) PN(
		1				$-\!\!\!\!-\!\!\!\!\!-$	
utic	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	se is	estab	lished.		

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/26/2012	RUSSELL RUVINSKY
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

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	rt I Annual Report Identification Information							
	calendar plan year 2011 or fiscal plan year beginning 0	1/01/20	011 and ending		12/31/2011			
A	his return/report is for:	a multiple-	employer plan (not multiemployer)		a one-participant plan			
В	his return/report is:	the final re	turn/report					
	· =	a short pla	n year return/report (less than 12 mo	nths)				
C (Check box if filing under: 🔲 Form 5558	automatic	extension	Γ	DFVC program			
•	special extension (enter description	on)		•				
D-	rt II Basic Plan Information—enter all requested inform		AND THE RESIDENCE OF THE PARTY					
	Name of plan	ation		1b	Three-digit			
	Craven Distributors, Inc. 401(k) Plan				plan number			
	oldvon bibolibacolo, linev ili (ii, li linev				(PN) 001			
					Effective date of plan 01/01/2006			
2-	Plan sponsor's name and address; include room or suite number (e	mployor if	for a single employer plan		Employer Identification Number			
	Craven Distributors, Inc.	inployer, ii	tor a single-employer planty		EIN) 56-2285825			
	,				Sponsor's telephone number			
				_ -	(631) 207-5500			
	65 Robinson Avenue			2d	Business code (see instructions)			
	East Patchogue		NY 11772		451211			
	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	")	3b /	Administrator's EIN			
	Same			30	Administrator's telephone number			
				Administrator's telephone number				
4	If the name and/or EIN of the plan sponsor has changed since the	last return/r	eport filed for this plan, enter the	4b EIN				
	name, EIN, and the plan number from the last return/report.			4c PN				
	Sponsor's name				75			
	Total number of participants at the beginning of the plan year			5a	55			
b	Total number of participants at the end of the plan year			5b	33			
С	Number of participants with account balances as of the end of the complete this item)	plan year (d	defined benefit plans do not	5c	42			
62	Were all of the plan's assets during the plan year invested in eligib				X Yes No			
va h	Are you claiming a waiver of the annual examination and report of	an indepen	dent qualified public accountant (IQ	PA)				
_	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 F	orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Information	F. 1837-35	(-) D		(b) End of Year			
7	Plan Assets and Liabilities		(a) Beginning of Year 470, 43	32	506, 559			
a	Total plan assets		1,0,10	0	0			
b	Total plan liabilities	I "	470,43	32	506,559			
	Net plan assets (subtract line 7b from line 7a)	. 7c						
8	Income, Expenses, and Transfers for this Plan Year	100 (March 1999)	(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)	37,75	59				
	(2) Participants	. 8a(2)	65,28	30				
	(3) Others (including rollovers)	. 8a(3)		0				
b	Other income (loss)	8b	(36,237)					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			66,802			
d	Benefits paid (including direct rollovers and insurance premiums		27,18	37				
	to provide benefits)	<u>8d</u>	21,10					
е	Certain deemed and/or corrective distributions (see instructions)		3,48	38				
f	Administrative service providers (salaries, fees, commissions)		3,40	7				
g	Other expenses	8g		٧	30,675			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				36,127			
i	Net income (loss) (subtract line 8h from line 8c)			0	50,127			
•	Transfers to (from) the plan (see instructions)	l gi	1	U				

	Form 5500-SF 2011 Page 2 -				
Par	Plan Characteristics				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char- 2E 2F 2G 2J 2K 3D 3H	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in th	ne instructions:
Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
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		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
С	Was the plan covered by a fidelity bond?	10c	Х		70,000
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	
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	Х		3,257
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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 con 5500))				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ictions nth	, and	enter tr Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		[12b	
	Enter the amount contributed by the employer to the plan for this plan year				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		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				
	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>			Yes X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	unde	r the c		☐ Yes ☒ No

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

of the PBGC?.....

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.)

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.

13c(3) PN(s)

13c(2) EIN(s)

SIGN	09/N/L	Russell Ruvinsky
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