Form 5500-SF Short Form Annual Return/Report of Small Emplo						OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ						2012			
Employee	Department of Labor Benefits Security Administration	Retirement Income Security Act o		ections 6057(b) and 6058		This Form i	s Open to Public			
	Benefit Guaranty Corporation	Complete all entries in accor	dance with the instr	uctions to the Form 550	0-SF.	113	pection			
For calen	Annual Report Id	lentification Information al plan year beginning 01/01/201	2	and ending	12/31/2	2012				
-	A This return/report is for:									
	B This return/report is: the first return/report the final return/report									
		ırn/report (less than 12 m	onths))						
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
Part II	Basic Plan Inform	mation—enter all requested inform	ation							
1a Name of plan CUB CRAFTERS, INC. PROFIT SHARING PLAN						Three-digit plan number (PN) ►	001			
					1c	Effective date o	•			
	sponsor's name and addre	ess; include room or suite number (e	employer, if for a singl	e-employer plan)	2b	Employer Identi				
	TH 16TH AVENUE				2c	Sponsor's telep 509-24				
	VA 98903				2d	Business code (48810				
	administrator's name and ERS, INC.		Name Same as Pla	an Sponsor Address	3b	Administrator's	EIN 51852			
		YAKIMA, WA	98903		3c	Administrator's t 509-248	elephone number 3-9491			
		lan sponsor has changed since the per from the last return/report.	last return/report filed	for this plan, enter the	4b EIN					
	sor's name				4c PN					
		the beginning of the plan year			5a		90			
		the end of the plan year			5b		89			
		count balances as of the end of the			5c		67			
	•	luring the plan year invested in eligit		,			🗙 Yes 🗌 No			
unde	er 29 CFR 2520.104-46? (ne annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan can	and conditions.)		·····		X Yes No			
		incomplete filing of this return/re								
Under pe SB or Sch	nalties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I hav	e examined this return/re	port, ir	ncluding, if applic				
SIGN	Filed with authorized/va	lid electronic signature.	05/14/2013	ROBERT G. ADKISS	NC					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator			
SIGN										
HERE	Signature of employe		Date	Enter name of individ	-					
Preparer	s name (including firm nar	ne, if applicable) and address; inclue	de room or suite numb	ver (optional)	Prep	parer's telephone	number (optional)			
For Paper	work Reduction Act Notice :	and OMB Control Numbers, see the ins	structions for Form 550	0-SE			Form 5500-SF (2012)			

or Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-S

Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar		(b) End of Year			
a Total plan assets	. 7a	948734				1108300		
b Total plan liabilities	. 7b							
C Net plan assets (subtract line 7b from line 7a)	. 7c	94873	948734			1108300		
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	Amount			(b) Total		
a Contributions received or receivable from:			~					
(1) Employers	. 8a(1)	91919 142046						
(2) Participants								
(3) Others (including rollovers)		1163		_				
b Other income (loss)	. 8b	12823	9	_				
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums 	. 8c			_	373842			
to provide benefits)	. 8d	20668	9					
e Certain deemed and/or corrective distributions (see instructions)	. 8e							
f Administrative service providers (salaries, fees, commissions)	. 8f							
g Other expenses	. 8g	758	7					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					214276		
i Net income (loss) (subtract line 8h from line 8c)	. 8i					159566		
j Transfers to (from) the plan (see instructions)	. 8j							
Part IV Plan Characteristics								
 9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare f 								
Part V Compliance Questions 10 During the plan year:				Yes	No	A		
a Was there a failure to transmit to the plan any participant contribu			40-	103	X	Amount		
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	t? (Do not incl	lude transactions reported	10a 10b		x			
C Was the plan covered by a fidelity bond?				Х		100000		
, , ,			10c			100000		
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		-	10d		X			
e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e		×			
f Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
g Did the plan have any participant loans? (If "Yes," enter amount a	as of vear end	.)	10g		Х			
 bit the plantate any participant ballet (in 100, only another and in 100, only another anoth	(See instructi	ons and 29 CFR	10g		X			
 If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10 	he required no	otice or one of the	10i					
Part VI Pension Funding Compliance				r				
 Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) 	nents? (If "Yes	s," see instructions and com	plete	Scheo	lule SB	(Form		
11a Enter the amount from Schedule SB line 39					11a			
12 Is this a defined contribution plan subject to the minimum funding						ERISA? Yes 🗙 No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below								
 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 ruli granting the waiver. 						e date of the letter ruling		
			th		Day_	Year		
	-	Mon	th		Day_	Year		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c						
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d						
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
Part	Part VII Plan Terminations and Transfers of Assets								
13a	Has a	Yes X No							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	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	13c(1) Name of plan(s): 13c(2) EIN(s)								
Part	VIII	Trust Information (optional)							

14a Name of trust	14b Trust's EIN

Forn	Form 5500-SF Short Form Annual Return/Report of Small Employee										
	ent of the Treasury Revenue Service	This form is required to be f	Benefit Plan	4065 of the Employee		2	012				
Depa	artment of Labor efits Security Administration	Retirement Income Security Act	of 1974 (ERISA), and section mal Revenue Code (the Cod	ons 6057(b) and 6058(a) of		open to Public				
	efit Guaranty Corporation	Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report Id	lentification Information				12/31/2012					
For calendar	plan year 2012 or fisc		01/01/2012	and ending							
A This retur	m/report is for:										
B This retur	rn/report is: [is: I the first return/report I the final return/report I an amended return/report I a short plan year return/report (less than 12 months)									
	[nths)									
C Check bo	ox if filing under:	DFVC progra	im								
	[special extension (enter descri	ption)								
Part II	Basic Plan Inform	mation—enter all requested info	ormation		41						
1a Name of	f plan					Three-digit plan number					
Cub Cra	fters, Inc. P	rofit Sharing Plan				(PN)	001				
						Effective date of					
						12/31/2000					
	onsor's name and addr fters, Inc.	ress; include room or suite numbe	r (employer, if for a single-er	mployer plan)		Employer Identi (EIN) 91-135	fication Number				
1918 So	uth 16th Aven	ue				Sponsor's telep 509-248-9					
					2d	2d Business code (see instructions)					
Yakima		WA 98903			01	488100					
3a Plan ad	ministrator's name and	l address Same as Plan Spons	or Name Same as Plan S	Sponsor Address	30	3b Administrator's EIN 91-1351852					
Cub Cra	fters, Inc.			· · · · · ·	3c	3c Administrator's telephone number					
						509-248-9491					
1918 So	outh 16th Aven	ue									
Yakima		WA 98903									
4 If the na	ame and/or EIN of the	plan sponsor has changed since t	he last return/report filed for	this plan, enter the	4b EIN						
		ber from the last return/report.			4c PN						
a Sponso		at the beginning of the plan year				5a 9					
		at the end of the plan year			5b		89				
					00						
C Numbe	er of participants with a ete this item)	ccount balances as of the end of t	the plan year (denned bener		5c		67				
6a Were	all of the plan's assets	during the plan year invested in e	ligible assets? (See instructi	ions.)			🛛 Yes 🗌 No				
h Aroun	u alaiming a waiver of	the annual examination and report	t of an independent qualified	public accountant (IQ	(PA)		X Yes 🗌 No				
under	20 CER 2520 104-46?	(See instructions on waiver eligib	ility and conditions.)			5500.					
lf you	answered "No" to eit	ther line 6a or line 6b, the plan c	annot use Form 5500-51 a	niose researable car		established.					
Caution: A	penalty for the late of	or incomplete filing of this return er penalties set forth in the instruct	tions I declare that I have e	xamined this return/re	port. ir	ncluding, if appli	cable, a Schedule				
SB or Sche	alties of perjury and off dule MB completed an rue, correct, and comp	d signed by an enrolled actuary, a	as well as the electronic vers	ion of this return/repor	t, and	to the best of m	y knowledge and				
SIGN	Haleat I.	addisson?		Robert G. Adk	isso	n					
HERE	Signature of plan a	dministrator	Date 5-7-13	Enter name of individ	lual si	gning as plan ac	Iministrator				
CICN		51		James R. Rich	mono	1					
SIGN HERE	Signature of america		Date 5-7-13	Enter name of individ	dual si	gning as employ	ver or plan sponsor				
	Signature of employ	ame, if applicable) and address; ir	nclude room or suite number		Pre	parer's telephon	e number (optional)				
Tiepurers	june (necesity in the	e e Franciska A ntonia Australia and									

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Form 5500-SF 2012

7 Plan Assets and Liabilities	t III Financial Information					(b) End of Year		
	7a		8734			1	1108300	
a Total plan assets	7a 7b							
b Total plan liabilities	75 7c	94	8734				1108300	
C Net plan assets (subtract line 7b from line 7a)	~~	(a) Amount (b) T						
 8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 				2018				
(1) Employers	8a(1)		1919					
(2) Participants	8a(2)	and the second	2046				Cond 12 March	
(3) Others (including rollovers)	8a(3)		1638	-				
b Other income (loss)	8b	12	8239	9				
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		Ser.				373842	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	668	9				
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f		750	-				
g Other expenses	8g		758	1			214276	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		18.84				214276	
i Net income (loss) (subtract line 8h from line 8c)	<u>8i</u>		1 Starte	-			133260	
j Transfers to (from) the plan (see instructions)	8j			3.0.3	338423.7A			
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension								
b If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature codes	from the List of Plan Charac	teristi	c Cod	es in the	Instructions:		
				Yes	No	Amo	unt	
a Was there a failure to transmit to the plan any participant contribu								
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	utions within t uciary Correct	the time period described in ction Program)	10a		x			
 b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not ind	clude transactions reported	10a 10b		x x			
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) 	t? (Do not ind	clude transactions reported		x				
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan base a loss, whether or not reimbursed by the plan's	t? (Do not ind	clude transactions reported	10b	x			10000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not ind s fidelity bond her persons of the benefi	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c	x	x			
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all 	t? (Do not ind s fidelity bond her persons of the benefi	I, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d	x	x x			
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan 	t? (Do not ind s fidelity bond her persons of the benefi	clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See	10b 10c 10d 10e	x	x x x			
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a b If this is an individual account plan, was there a blackout period? 	t? (Do not ind s fidelity bond her persons of the benefi an? as of year en	d.)tions and 29 CFR	10b 10c 10d 10e 10f	x	x x x x			
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a 	t? (Do not ind s fidelity bond her persons of the benefi an? (See instruc the required	d.)tions and 29 CFR	10b 10c 10d 10e 10f 10g	X	x x x x x x x			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not ind s fidelity bond her persons of the benefi an? (See instruc the required 01-3	clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.)	10b 10c 10d 10e 10f 10g 10h 10h	Schee	X X X X X X X dule SB (I	Form	10000	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	t? (Do not ind t? (Do not ind s fidelity bond her persons of the benefi an? as of year en (See instruct the required 01-3 ments? (If "Y	clude transactions reported clude transactions reported i, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and con	10b 10c 10d 10e 10f 10g 10h 10i	Schee	X X X X X X X A U U U U U U U U U U		10000	
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? e Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the pla g Did the plan have any participant loans? (If "Yes," enter amount a h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 11a Enter the amount from Schedule SB line 39. 12 Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be or anting the waiver. 	uciary Correct t? (Do not ind a fidelity bond her persons of the benefit an? as of year en (See instruct the required 01-3	clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and con ints of section 412 of the Code ble.) d in this plan year, see instru-	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	Schee	X X X X X X X A A A A A A A A A A A A A	RISA?	10000 Yes Na Yes X Na	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond?	uciary Correct t? (Do not ind a fidelity bond her persons of the benefit an? as of year en (See instruct the required 01-3	clude transactions reported clude transactions reported d, that was caused by fraud by an insurance carrier, ts under the plan? (See d.) tions and 29 CFR notice or one of the es," see instructions and con ints of section 412 of the Code ble.) d in this plan year, see instru-	10b 10c 10d 10e 10f 10g 10h 10i 10i e or se	Schee	X X X X X X X X dule SB (I 302 of EF	RISA?	10000	

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С	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)	12d					
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	N	lo	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	he contro				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to					
1	3c(1) Name of plan(s):	13c(2)	EIN((s)		13c(3)	PN(s)
Part	VIII Trust Information (optional)				6.5		

14a Name of trust	14b Trust's EIN