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

2013

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	➤ Complete all entries in acc	ordance with the instruc	ctions to the Form 5500)-SF.	IIIC	peotion		
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/2	013	and ending 12	2/31/2	013			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan		
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC program				
	J	special extension (enter descrip	otion)		ı				
Part II	Basic Plan Info	rmation—enter all requested infor	•						
1a Name		That of the all requested into	imation		1b	Three-digit			
	ERS, INC. PROFIT SH	HARING PLAN				plan number			
						(PN) ▶	001		
					1c	Effective date o	•		
22 Dian a	noncer's name and ad-	draga, include reem er quite number	· (ampleyer if for a single	omplayor plan)	2h	12/31			
CUB CRAFT		dress; include room or suite number	(employer, if for a single-	-employer plan)		Employer Identi (EIN) 91-13	fication Number 51852		
						Sponsor's telep			
1018 SOLITI	H 16TH AVENUE				20	509-24			
YAKIMA, WA					2d	Business code ((see instructions)		
						48810			
3a Plan a	dministrator's name an	nd address Same as Plan Sponso	r Name Same as Plar	n Sponsor Address	3b	Administrator's			
UB CRAFTE	RS, INC.	1918 SOUTI	H 16TH AVENUE		2-		51852		
		YAKIMA, WA	A 98903		3C	509-248	telephone number 3-9491		
		e plan sponsor has changed since th	ne last return/report filed for	or this plan, enter the	4b	EIN			
name,	, EIN, and the plan nun	e plan sponsor has changed since th mber from the last return/report.	ne last return/report filed fo	or this plan, enter the					
name, a Sponse	, EIN, and the plan nun or's name	nber from the last return/report.	· 		4c				
name, a Sponso 5a Total r	, EIN, and the plan nun or's name number of participants	nber from the last return/report.			4c 5a		102		
name, a Sponso 5a Total r b Total r	, EIN, and the plan nun or's name number of participants number of participants	at the beginning of the plan year at the end of the plan year			4c		102 118		
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities	(a) Beginning of Yea	eginning of Year			(b) End of Year					
		plan assets					(b) Ella		598422)	
	Total plan liabilities	7a 7b							700 121		
	Net plan assets (subtract line 7b from line 7a)							1.5	598422)	
8	Income, Expenses, and Transfers for this Plan Year	70				(b) Total					
	Contributions received or receivable from:		(a) Amount				(D) 1	mai			
	(1) Employers	8a(1)	11689	9							
	(2) Participants	8a(2)	17645	8							
	(3) Others (including rollovers)	8a(3)	214	6							
b	Other income (loss)	8b	24266	7							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	38170		
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	4238	2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
q	Other expenses	8g	566	6							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							48048	3	
ī	Net income (loss) (subtract line 8h from line 8c)	8i						2	190122	2	
i	Transfers to (from) the plan (see instructions)	8j									
Par	rt IV Plan Characteristics	l oj									
9a		feature co	des from the List of Plan Char	acteris	stic Co	ides in	the instruc	ions	·		
ou	2E 2F 2G 2J 2K 3D 2T	1001010 00	doo nom the Elector Flam onan	aotorio		, a o o ii i	tilo illoti do	10110			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instructi	ons:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Amo	ount		
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		X					
	Was the plan covered by a fidelity bond?			10c	X					100	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10d		X				100	000
_	or dishonesty?			100				—			
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 					V					
	instructions.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X					
h		(See instru	uctions and 29 CFR	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the			1011							
	exceptions to providing the notice applied under 29 CFR 2520.10			10i							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	П	No
112	Enter the unpaid minimum required contribution for current year fr					11a					
12	Is this a defined contribution plan subject to the minimum funding		,				ERISA?	〒	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. UI SE	, LIUII	JUZ UI	LINOM!		103		. 10
a	If a waiver of the minimum funding standard for a prior year is beir			ctions	and e	enter th	ne date of the	ne le	tter ru	lina	
	granting the waiver.	-			,	Day		Yea		9	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.		•		1				
h	Enter the minimum required contribution for this plan year				[12b					

Page	3 -		1
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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		
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			
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	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the coof the PBGC?	ontrol		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(s) to which assets or liabilities were transferred. (See instructions.))		
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	l 4b Tr	ust's EIN	

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).

Complete all entries in accordance with the instructions to the Form 5500 SE

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

Part I	Annual Report I			ccordance with the ins	a dollone to the Form of	00-31.	
	dar plan year 2013 or fis			01/01/2013	and ending		12/31/2013
	eturn/report is for:		employer plan		er plan (not multiemployer	· · · · · ·	
	eturn/report is:	the first r	eturn/report	the final return/rep		,	a one-participant plan
5 1111316	starriveport is.		ded return/report	=	eturn/report (less than 12 i	n a nth a '	
C Chook	box if filing under:	Form 55	MANAGEMENT AND SECTION OF THE SECTIO	=		nonths	1 <u></u> 1
C Check	box if fliing under:			automatic extension	on		DFVC program
Dowf II	Pagia Dian Info		xtension (enter desci				
Part II 1a Name	Basic Plan Infor	mation—e	enter all requested inf	formation	7	145	
	rafters, Inc. F	rofit S	haring Plan			מו	Three-digit plan number
							(PN) • 001
							Effective date of plan
20 Dian -							12/31/2000
Cub Cr	afters, Inc.	ress; include	room or suite numbe	er (employer, if for a sin	gle-employer plan)	2b	Employer Identification Number (EIN) 91-1351852
1918 S	outh 16th Aven	ue				2c	Sponsor's telephone number 509-248-9491
1 1		ww.	.000 800 800.000 000			2d	Business code (see instructions)
Yakima		WA	98903			<u> </u>	488100
	administrator's name and	d address 📗	Same as Plan Spons	sor Name Same as F	Plan Sponsor Address	3b	Administrator's EIN 91-1351852
Cub CI	afters, Inc.					3c	Administrator's telephone number
1918 S	outh 16th Aven	ue					509-248-9491
Yakima		WA	98903				
						1	
				the last return/report file	d for this plan, enter the	4b	EIN
name	, EIN, and the plan num			the last return/report file	d for this plan, enter the		
name a Spons	e, EIN, and the plan num or's name	ber from the	last return/report.			4c	PN
a Spons 5a Total	e, EIN, and the plan num or's name number of participants a	ber from the	last return/report.			4c 5a	PN 102
name a Spons 5a Total b Total c Numb	e, EIN, and the plan num cor's name number of participants a number of participants a per of participants with a	ber from the at the beginning the end of the count balance.	ing of the plan year the plan year ces as of the end of t	the plan year (defined b	enefit plans do not	4c 5a 5b	PN
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ı a	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	\top		(b) End	d of Yea	r
а	Total plan assets	. 7a		0830	00		(=/ =		1598422
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	11	0830	0				1598422
88	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
а		90(1)	1	1689	9				
	(1) Employers (2) Participants.	8a(1) 8a(2)		7645	_				
	(3) Others (including rollovers)	8a(3)		214	_				
b	Other income (loss)	8b	2.	4266	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							538170
	Benefits paid (including direct rollovers and insurance premiums								330170
	to provide benefits)	. 8d		4238	12				
2	Certain deemed and/or corrective distributions (see instructions)	8e							
	Administrative service providers (salaries, fees, commissions)	. 8f							
	Other expenses	. 8g		566	6				
_ <u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	······································		-				48048
-	Net income (loss) (subtract line 8h from line 8c)				-				490122
<u> </u>	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j							
9a b Par	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare fellows t V Compliance Questions								
10	During the plan year:				Yes	No		Amou	nt
a	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu					7,		741104	
b		dian's comoc	tion Program)	10a		X			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	lude transactions reported	10a 10b		X			
	on line 10a.)	? (Do not inc	lude transactions reported	10b	Х				100000
	on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	? (Do not inc	lude transactions reported	10b 10c	Х				100000
c	on line 10a.) Was the plan covered by a fidelity bond?	? (Do not inc	that was caused by fraud y an insurance carrier, s under the plan? (See	10b	Х	Х			100000
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c d e f g h i 11a 11a 12 a If	Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10: VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is being granting the waiver.	fidelity bond, mer persons bof the benefi s of year end (See instruction ne required n 1-3 ents? (If "Year om Schedule requirement as applicable ig amortized	that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and com s SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X X A X A A A A A B A B A B A B A	ERISA?	the lette	'es No
c d e f g h i 11a 11a 12 a If	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount at If this is an individual account plan, was there a blackout period? (2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10. Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below) Enter the unpaid minimum required contribution for current year from Is this a defined contribution plan subject to the minimum funding (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beingranting the waiver.	fidelity bond, mer persons bof the benefi s of year end (See instruction ne required n 1-3 ents? (If "Year om Schedule requirement as applicable ig amortized	that was caused by fraud y an insurance carrier, s under the plan? (See .) ons and 29 CFR otice or one of the s," see instructions and com s SB (Form 5500) line 39 s of section 412 of the Code e.) in this plan year, see instructions and skip to line 13.	10b 10c 10d 10e 10f 10g 10h 10i plete	Sched	X X X X X A X A A A A A B B B B B B B B	ERISA?	the lette	'es No

Form 5500-SF 2013 Page 3 -				
Enter the amount contributed by the employer to the plan for this plan year		12c		
Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a		12d		
			Yes	No
t VII Plan Terminations and Transfers of Assets				
A Has a resolution to terminate the plan been adopted in any plan year?			res X No	,
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	I	
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?	er the o	control		☐ Yes ☒ No
	lan(s)	to		
13c(1) Name of plan(s):	1:	3c(2) E	N(s)	13c(3) PN(s)
				-
	Enter the amount contributed by the employer to the plan for this plan year 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). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 und of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	Enter the amount contributed by the employer to the plan for this plan year 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). Will the minimum funding amount reported on line 12d be met by the funding deadline? VII Plan Terminations and Transfers of Assets Has a resolution to terminate the plan been adopted in any plan year? 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 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) which assets or liabilities were transferred. (See instructions.)	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust