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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ictions to the Form 5500)-SF.		
Part I	Annual Report I	dentification Information					
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/	/2013	and ending 1	2/31/2	2013	
A This ret	urn/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)		a one-particip	oant plan
B This ret	urn/report is:	the first return/report	x the final return/report	i e			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths	_	
C Check I	oox if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter descri	ription)				
Part II	Basic Plan Infor	rmation—enter all requested inf	formation				
1a Name	•				1b	Three-digit	
CRAVEN DIS	STRIBUTORS, INC. 40	1(K) PLAN				plan number (PN) ▶	001
					10	Effective date o	
					10	01/01	
	oonsor's name and add	dress; include room or suite number	er (employer, if for a single	e-employer plan)	2b	Employer Identi	fication Number
ORAVEIVEI	OTRIBOTORO, IIVO.				2c	(EIN) 56-22 Sponsor's telep	hone number
65 ROBINSO	ON AVENUE					631-20	
EAST PATC	HOGUE, NY 11772				2d	Business code (45121	see instructions)
3a Plan a	dministrator's name an	d address Same as Plan Spons	sor Name Same as Pla	ın Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
		plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b	EIN	
a Sponse		nber from the last return/report.			4c	PN	
5a Total r	number of participants	at the beginning of the plan year			5a		59
b Total r	number of participants	at the end of the plan year			5b		
A Niconala	er of participants with a						0
		account balances as of the end of	. , ,	•	5c		0
compl	ete this item)						
6a Were b Are yo	ete this item)all of the plan's assets ou claiming a waiver of	during the plan year invested in e	ligible assets? (See instru	ctions.)ed public accountant (IQF	 PA)		V Yes No
6a Were b Are younder	ete this item)all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46?	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib	eligible assets? (See instru t of an independent qualifi ility and conditions.)	ctions.)ed public accountant (IQI	PA)		0
6a Were b Are younder If you	ete this item)all of the plan's assets ou claiming a waiver of 29 CFR 2520.104-46? answered "No" to eit	during the plan year invested in e the annual examination and repor (See instructions on waiver eligib ther line 6a or line 6b, the plan o	eligible assets? (See instru t of an independent qualifi ility and conditions.)	ctions.)ed public accountant (IQF	PA) Form	5500.	0 X Yes □ No X Yes □ No
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Form 5500-SF 2013 Page **2**

Da	d III Financial Information									
Pa	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) En	d of Y		
_ <u>a</u>	Total plan assets	7a 	57661	0			0			
	Total plan liabilities	7b			-	0				
	Net plan assets (subtract line 7b from line 7a)	7c	576610							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(a) Amount				Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	1	4						
	(2) Participants	8a(2)	968	1						
	(3) Others (including rollovers)	8a(3)	6132	2						
b	Other income (loss)	8b	9670	4						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						,	167721	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	73961	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f	471	5						
g	Other expenses	8g		0						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							74433	1
i	Net income (loss) (subtract line 8h from line 8c)	8i						-	57661)
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 3H	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		Χ				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Χ				
С	Was the plan covered by a fidelity bond?			10c	Χ					70000
d	<u> </u>	fidelity bo	nd, that was caused by fraud	10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ					4770
	instructions.)			10e		X				4776
	Has the plan failed to provide any benefit when due under the plan	n?		10f		^				
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g	X					0
h	2520.101-3.)			10h		X				
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			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							<u></u>] г	Yes	No
11a	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,				2	- 0 - 01	5,	<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		and e	enter th	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juj				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -	. 1	
raye	J		

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?	X	X Yes No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	control		X Yes	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.)	:0					
1	3c(1) Name of plan(s):	3 c(2) EI	N(s)	13c(3)	PN(s)		
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust'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).

2013

OMB Nos. 1210-01

1210-00

This Form is Open to Public

Inspection

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

Part	- I was a supply of the supply of a	t Identification Information	And the same of th	Tracelogies to the Louisi Of	JON-231.	
For cale	endar plan year 2013 or	fiscal plan year beginning	01/01/2013	and ending	12/31,	/7073
A This	return/report is for:	🗓 a single-employer plan	P. Transaction of the Control of the	r plan (not multiemployer	prom. g	The same of the sa
B This	return/report is:	the first return/report	X the final return/rep		1/ La one-	-participant plan
		an amended return/report	paring	turn/report (less than 12)	manthal	
C Cher	ck box if filing under:	Form 5558	automatic extensio			
		special extension (enter descr	h-mared harmonic and the same of the same		☐ DEAC	program
Part I	Basic Plan Info	ormation—enter all requested info	ormation	and the second s	والمراكبة	والمرارات
	ne of plan		37113BUDI	and the second s	of by the	1.
CRAVE	IN DISTRIBUTORS	, INC. 401(K) PLAN			1b Three-dig	lit. har
					(PN) ▶	001
					1c Effective	date of plan
2a Plan	sponsor's name and ad	dress; include room or suite numbe	r (Amalauae if far a sine	I a manual transfer and the same and the sam	01/01/	
CRAVE	N DISTRIBUTORS	, INC.	r temployer, it for a sing	ie-employer plan)	2b Employer (EIN) 56	Identification Number - 2285825
65 RO	BINSON AVENUE				2c Sponsor's	telephone number
					631-20	
	PATCHOGUE	NY 11772			451211	code (see instructions)
la Plan	administrator's name an	d address Same as Plan Sponso	ır Name X Same as Pl	an Sponsor Address	3b Administra	tor's EIN
					3c Administra	tor's telephone number
						in a reichinitis tintibel
						į.
. If the	name and/or EIN of the	plan sponsor has changed since the	e last return/report filed	for this plan, aptor the	65-	
	∍, ≿IN, and the plan num sor's name	nber from the last return/report.	The state of the s	ror this plett, enter the	4b EIN	The second of th
AND DESCRIPTION OF THE PARTY OF	A	St the leave in the state of th	e trigger day, talkinda layaran kenganakan dala dala layar dalah sada sada sada sada sada sada dalah dalah sada		4c PN	
h Total	number of participants	at the beginning of the plan year			5a	5.0
C Numb	per of participants with a	at the end of the plan year			5b	
comp	lete this item)	coount balances as of the end of the	plan year (defined ber	efit plans do not	po,	
a Were	an or the plan's assets	during the plan year invested in elia	ible accoted /Con install	-A2 N	5c	from a
						X Yes No
-		her mile on or three up, the pian can	inor use form 5500_st	and much inclosed	F"	and a
- 11 LIC	Place a defined benefit	plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?.	Yes No	Not determined
oution: A	penalty for the late or	incomplete filing of this return/re	eport will be assessed	unless reasonable cau	ISO is actablished	Terroral Constitution of the Constitution of t
lief, it is	rue, correct, and comple	signed by an enfolled actuary, as vete.	vell as the electronic yer	sion of this return/report,	and to the best of	my knowledge and
chi			10/1/			
SN >	J. G. Vari		>09/11/114	RUSSELL RUVINS	SKY	and the second s
	Signature of plan adu	ninjstrator	géte / /	Enter name of individu	ial signing as plan	administrator
3N RE	and the state of t		100		The state of the s	a all 1914 Of OTO!
	Signature of employe	er/plan sponsor	Date	Enter name of individua	ed cinning on one	The same of the sa
parer's i	name (including firm nar	ne, if applicable) and address; inclu	de room or suite numbe	r (optional)	Preparer's telepho	oyer or plan sponsor One number (optional)
					,	(who are 1911)
				1	and make in contrasted and its massic years while	and the same and t
				1	A Property	200 m 100 m
Paperwo	rk Reduction Act Notice a	ind OMB Control Numbers, see the ins	structions for Form 5500.	SF.		Contraction of the Contraction o

my	art III Financial Information	And the party of the second	And the second second second second residence of the second secon	***********			was solvenines and the same		
	Plan Assets and Liabilities		The state of the s			- Hepopy		river on many passing party intervalve deposit on	******************
a	Total plan assets	7a	(a) Beginning of '	***************************************		(b) End of Year			ar
b	Total plan liabilities	7b	The state of the s	576	9T0		75	of all and control to the state of the South	MITTERSON CONTRACTOR CONTRACTOR
C	Net plan assets (subtract line 7b from line 7a)	7c		1	0		And the same of th	and the same of the same of the same of	
8	Income, Expenses, and Transfers for this Plan Year	10	A transmission of the state of	576	610		·	1	Manual Annah managarahan ayang
a	Contributions received or receivable from:	Small and a	(a) Amount	_		Address statements	(b) Total	managarida a managaring paraganagan and managaring a managaring and a managaring paragaring and a managaring a
************	(1) Employers	8a(1)			14				
· **********	(2) Participants	8a(2)	And the second s	9	581	ter management of			
Marjamanya.	(3) Others (including rollovers)	8a(3)	***************************************	611	322	18 17 18	**************	***	
D	Other income (loss)	8b	And the second section of the s	961	- 400				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				the disease sometime up gay	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		.d ~ ~ ~ ~
ď	Benefits paid (including direct rollovers and insurance premiums		. Person a the California to the Commission of the California described in the Califor	*********			· ··· comparation of the compara		167
e	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d	, h. 111-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7396	15			5 8 15 AT	
f	Administrative continue regulation (see instructions)	8e			O				oly #10
a	Administrative service providers (salaries, fees, commissions)	8f		47	15	Harrist		Traff#	
	Other expenses (odd fines 2d 2 2 2)	8g	and the same ship to the same to the same same and the same	******************************	0				CHEMP.
1	Total expenses (add lines 8d, Se, 8f, and 8g)	8h					A STATE OF THE PARTY OF THE PAR	7-737-44-14-14-14-14-14-14-14-14-14-14-14-14-	7443
i	Net income (loss) (subtract line 8h from line 8c)	8i				2000		and the second seconds and the second second	-5766
	Transfers to (from) the plan (see instructions)	8j							***************************************
-	t IV Plan Characteristics	THE REAL PROPERTY.	The second secon	-			- The state of the		**************************************
7 63	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 3D 3H	eature codes	from the List of Plan Cha	racter	istic C	odes ir	the instr	uctione:	Address, grander of the Salar Address
-	If the plan provides welfare benefits, enter the applicable welfare fea	amie codes II	officine List of Plan Char	acteris	tic Co	des in	the instru	ctions:	
*****	20 to					~~~~ <u>~~</u>			TO COMPANY AND A STREET OF THE STREET, AND
0	During the plan year:				Yes	No		Amoun	
0 a	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidus					· · · · · · · · · · · · · · · · · · ·		Amoun	
b	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with any party-in-interest? on line 10a.)	(Do not include	n Program)			No		Amoun	
0 a b	During the plan year: Was there a failure to transmit to the plan any participant confribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? on line 10a.) Was the plan covered by a fidelity bond?	(Do not include	n Program)de transactions reported	10a	Yes	No X		Amoun	
o a b c d	During the plan year: Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with the plan to party-in-interest? 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 fidelity bonds.	lary Correction (Do not include the control of the	de transactions reported	10a 10b		No X		Amoun	
o a b c d	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Were there any nonexempt transactions with any party-in-interest? 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 fidelity for dishonesty?	lary Correction (Do not included) delify bond, the	n Program) de transactions reported at was caused by fraud	10a	Yes	No X		Amoun	
o a b c d e	During the plan year: Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductions with the plan to the plan any party-in-interest? 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 fix or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all of instructions.)	lary Correction (Do not include the delity bond, the persons by a the benefits in the delity for the benefits in the benefit in	n Program) de transactions reported at was caused by fraud an insurance carrier, under the plan? (See	10a 10b 10c	Yes	No X		Amoun	7000
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Form 5500-SF 2013				
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Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in the dollars.	Common regarding gods and manifestations between the second was	12c	- Indiana man Martin making comm	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to e Will the minimum funding amount reported as live 10th.)	the left of a	12d	***************************************	مهوري ميزيان مريان و دور و دور المريان و
and an anti-reported on line 120 be met by the funding deadline?	*****************	120		Section of the sectio
The second second is all transfers of Assets		900000	Yes	No N/
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and amount of any plan assets that reverted to the employer this year		1	es N	C.
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C If during this plan year any assets or lightliftee	James L. L.	1	\$ \$100/600 hamelone his journey of the journey	X Yes \ \
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art VIII Trust Information (optional)				
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