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

	Complete all entries in accord	ance witi	the instructions to the Form 55	00-SF.				
Pá	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011	1	and ending	12/31/20	011			
Α .	This return/report is for: X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-participa	ant plan		
В	This return/report is:	the final re	eturn/report					
	an amended return/report	a short pla	n year return/report (less than 12 r	nonths)				
С	Check box if filing under:	automatic	extension		DFVC progran	n		
	special extension (enter descriptio	n)		_	_			
Pa	Int II Basic Plan Information—enter all requested information	ation						
	Name of plan	20011		1b -	Three-digit			
	FEE HARDWARE, INC. 401(K) PLAN			ı	plan number			
				((PN) ▶	001		
				1c	Effective date of			
22	Plan sponsor's name and address; include room or suite number (er	mployer if	for a single employer plan	2h 1	01/01/2			
DUR	FEE HARDWARE, INC.	ripioyer, ii	ioi a single-employer plan)		Employer Identification (EIN) 05-029			
					Sponsor's teleph	one number		
65 R	OLFE STREET				401-461-			
	NSTON, RI 02910			2d [Business code (s	ee instructions)		
					444130			
	Plan administrator's name and address (if same as plan sponsor, er FEE HARDWARE, INC. 65 ROLFE ST		")	3b /	Administrator's E			
DUKI	CRANSTON,			3c /	Administrator's te	_		
					401-461-			
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN			
2	name, EIN, and the plan number from the last return/report.			4c	DNI			
	Sponsor's name Total number of participants at the beginning of the plan year			-				
				- Ou		1!		
b	Total number of participants at the end of the plan year			5b				
С	Number of participants with account balances as of the end of the p complete this item)			. 5c		1		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)			X Yes No		
b	Are you claiming a waiver of the annual examination and report of a							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•			X Yes ∐ No		
Do	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 5	500.				
			(a) Bandandan at Wasa		(L) F L	. () /		
7	Plan Assets and Liabilities		(a) Beginning of Year 138789		(b) End o	133064		
a	Total plan linkilities		100703			100001		
b	Total plan liabilities	7b	138789			133064		
<u>с</u> 8	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c			(b) Ta			
а	Contributions received or receivable from:		(a) Amount		(b) To	nai		
_	(1) Employers	8a(1)	7429					
	(2) Participants	8a(2)	3788					
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-4336					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				6881		
d	Benefits paid (including direct rollovers and insurance premiums		12606					
•	to provide benefits)	8d	12000					
e f	Certain deemed and/or corrective distributions (see instructions)	- 8e						
t	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses (add lines 2d, 2e, 2f, and 2g)	8g				12606		
h ;	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				-5725		
1;	Net income (loss) (subtract line 8h from line 8c)	8i				-5125		
J	Transfers to (from) the plan (see instructions)	8j						

Form	5500-	SF	201

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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

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

	in the plan provides wellare benefits, effect the applicable wellare reading codes from the List of Flan Orland	otorioti	0 000	100 111 11	ic mondon	0110.			
Part	V Compliance Questions								
0	During the plan year:		Yes	No		Amo	unt		
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	C Was the plan covered by a fidelity bond?								
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
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					346	
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							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction :	302 of	ERISA?		Yes	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 instruction granting the waiver. Mon	th							
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year			12b					
				12c					
	Enter the amount contributed by the employer to the plan for this plan year	of a		12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	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 N	0			
	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?						Yes	X No	
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	3c(1) Name of plan(s):		13	c(2) EI	N(s)	1	3c(3)	PN(s)	
2000		la cass		aat-1-1	iohod				
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					hle o	Scho	dula	
SB o	r penalties of perjury and other penalties set form in the instructions, i declare that make examined this return/ r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ r, it is true, correct, and complete.								

SIGN	Filed with authorized/valid electronic signature.	10/10/2012	PAUL R DURFEE
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

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OMB Nos. 1210-0110 1210-0089

2011

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		roance w	th the instructions to the Form 550	0-SF.				
	Part Annual Report Identification Information	01/01/	/2011		20/21/021			
	F		(2011 and ending le-employer plan (not multiemployer)		12/31/2011			
			a one-participant plan					
В	This return/report is: U the first return/report	the final	return/report					
	an amended return/report	a short p	lan year return/report (less than 12 m	onths)				
С	Check box if filing under: X Form 5558	automat	ic extension		DFVC program			
	special extension (enter descripti							
P	art II Basic Plan Information—enter all requested inform	nation						
	Name of plan			1b	Three-digit			
D	JRFEE HARDWARE, INC. 401(K) PLAN				plan number 001			
					(FIV) F			
				10	Effective date of plan 01/01/2002			
2a	Plan sponsor's name and address; include room or suite number (e	employer.	if for a single-employer plan)	 	Employer Identification Number			
DU	RFEE HARDWARE, INC.				(EIN) 05-0297264			
					Sponsor's telephone number			
6:	ROLFE STREET				401-461-0800			
ď۳	LANSTON RI 02910		•	2d	Business code (see instructions)			
i	22320				444130			
DU	Plan administrator's name and address (if same as plan sponsor, e RFEE HARDWARE, INC.	nter "Sam	e")		Administrator's EIN 05-0297264			
65	ROLFE STREET				Administrator's telephone number			
CR	ANSTON RI 02910			•	401-461-0800			
4	ale comme activity mit at the biggs obstiget the cultified 2010c file	last return	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c PN				
	Total number of participants at the beginning of the plan year							
		5a	19					
b Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not				5b	16			
	complete this item)	piai i yeai (delinea benesit plans do not	5c	16			
6a	Were all of the plan's assets during the plan year invested in eligib				X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an Indeper	ident qualified public accountant (IOF	PA)	tool book			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)	••••••	X Yes No			
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 Form 550	0.				
7	Plan Assets and Liabilities	T	T	T	A			
	Total plan assets		(a) Beginning of Year	_	(b) End of Year			
	Total plan liabilities		13878	9	133064			
	Net plan assets (subtract line 7b from line 7a)		12050	-				
8		7c	13878	4—	133064			
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	<u> </u>	(a) Amount		(b) Total			
•	(1) Employers	8a(1)	742	9				
	(2) Participants	8a(2)	378	8				
	(3) Others (including rollovers)	8a(3)		1				
b	Other income (loss)	8b	-433	6				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1	6881			
	Benefits paid (including direct rollovers and insurance premiums			1				
	to provide benefits)	8d	1260	5				
144	Certain deemed and/or corrective distributions (see instructions)	8e		1				
f	Administrative service providers (salaries, fees, commissions)	8f		1				
	Other expenses	8g		J. Sales				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			12606			
i	Net income (loss) (subtract line 8h from line 8c)	81			-5725			
Ì	Transfers to (from) the plan (see instructions)	أينا		1				

Par	t IV Plan Characteristics		***************************************			****	·····	······································	***************************************
9a	If the plan provides pension benefits, enter the applicable pension fea	ature codes from th	e List of Plan Chara	cteris	ic Co	des in	the instruct	ons:	
b	2E 2F 2G 2J 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						***********		
10	During the plan year:			T	Yes	No		\mount	***************************************
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ns within the time p ary Correction Prog	eriod described in ram)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	Do not include tran	sactions reported	10b		Х			
C	Was the plan covered by a fidelity bond?	*************		10c	х			25	000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	lelity bond, that was	caused by fraud	10d		х			***************************************
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insu he benefits under th	rance carrier, ne plan? (See	10e	х				346
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 o	f year end.)	••••••	10g		х			······································
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	29 CFR	10h		х			
Î	If 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or o	ne of the	10i					
	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	ts? (If "Yes," see ins	structions and comp	lete S	chedi	ıle SB	(Form	Yes [No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl If a waiver of the minimum funding standard for a prior year is being a granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	amortized in this pla	Month	ions, a	ind er	iter th Day	e date of the	letter ruling ear	
b	Enter the minimum required contribution for this plan year	************	*************************			12b			
	Enter the amount contributed by the employer to the plan for this plan					12c	·		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a min	us sign to the left of	fa		12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	***********				Yes	No N	I/A
Part \		·							
	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 emp						~~~~		
	Nere all the plan assets distributed to participants or beneficiaries, tra of the PBGC?			********	*******	itrol		Yes 🛛	No
	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan(s) to				
13	c(1) Name of plan(s):				13c	(2) EIN	V(s)	13c(3) PN((s)
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assessed i	uniess reasonable	cause	ls e	stabli	shed.		
SB or	penalties of perjury and other penalties set forth in the instructions, I on Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete	declare that I have on the electronic vers	examined this return sion of this return/re	n/repo port, a	rt, inc and to	luding the b	, if applicabl est of my kn	e, a Schedule owledge and	e
SIGN	(S404)	10/2/12	PAUL R DURFE	ΞE			······································		
HERE	Signature of plan administrator	Date	Enter name of indi	ividual	signi	ng as	plan admini	strator	
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of indi	ividual	signi	na as	emplover or	nian sponeo	
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