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

2012

This Form is Open to Public Inspection

			Complete all entries in ac	cordance with the instruc	cuons to the Form 550	/U- Эг.	1		
	Part I		Identification Information						
Fo	r calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	2012	and ending	12/31/2	2012		
Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-particip	oant plan	
В	This retu	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 m	onths)			
С	Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	ım	
			special extension (enter desc	. ,					
Р	art II	Basic Plan Info	rmation—enter all requested inf	ormation		1		T	
1a	Name of	of plan				1b	Three-digit		
ART	HUR J. Ł	KAUFMAN SALES CO). 401(K) PLAN				plan number		
							(PN) •	002	
						1c	Effective date o	•	
2 a	Plan sp	oonsor's name and add	dress; include room or suite numb	er (employer, if for a single-	employer plan)	2b	Employer Identi		
		KAUFMAN SALES CO		(- 1 - 7 - 1 7			42822	
						2c	Sponsor's telep		
		GANSETT PARK DRIV NCE, RI 02916	VE				401-438		
	KOVIDLI	NCL, NI 02910				2d	Business code (see instructions)	
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spons	sor Name Same as Plar	Sponsor Address	3b	Administrator's		
			_	_		0 -			
						3C	Administrator's	telephone number	
						L			
4			e plan sponsor has changed since mber from the last return/report.	the last return/report filed fo	or this plan, enter the	4b	EIN		
a		or's name	inder from the last return/report.			4c	PN		
5a	Total n	number of participants	at the beginning of the plan year			5a		20	
b	Total n	number of participants	at the end of the plan year			5b		20	
C			account balances as of the end of			5c		18	
6a		•	s during the plan year invested in e			-1		X Yes No	
k			the annual examination and report						
			? (See instructions on waiver eligib					X Yes No	
	If you	answered "No" to ei	ther line 6a or line 6b, the plan o	annot use Form 5500-SF	and must instead use	Form	5500.		
Ca	ution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	use is	established.		
Un	der pena	alties of perjury and oth	ner penalties set forth in the instruc	ctions, I declare that I have	examined this return/re	port, in	cluding, if applic	able, a Schedule	
		edule MB completed and completed are	nd signed by an enrolled actuary, a	is well as the electronic ver	sion of this return/report	t, and t	to the best of my	knowledge and	
be	ilei, it is t	rue, correct, and comp	Diete.						
	GN	Filed with authorized/valid electronic signature. 06/20/2013 DANIEL BUTTS			DANIEL BUTTS				
HE	RE	Signature of plan ac	dministrator	Date	Enter name of individ	lual sig	ning as plan adn	ninistrator	
SIG	GN								
HE	RE	Signature of employ	ver/plan sponsor	Date	Enter name of individ	lual sig	ning as emplove	r or plan sponsor	
Pre	eparer's i		ame, if applicable) and address; ir					number (optional)	
		-	-				-	,	

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	_			
a	Total plan assets	7a	251879		2936693						
	Total plan liabilities	7b						_			
	Net plan assets (subtract line 7b from line 7a)	7c	251879	2518791			2936693				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) ranount				(b) rotal				
	(1) Employers	8a(1)	2907	9							
	(2) Participants	8a(2)	6500	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	35113	4							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					445213				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2704	1							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	27	0							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					27311				
	Net income (loss) (subtract line 8h from line 8c)	8i					417902				
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 3D 2T	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:				
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 instructions:				
Dord	V Compliance Questions										
Part	•				Vac	Na					
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribute.	tiono with:	n the time naried described in		Yes	No	Amount				
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	ıciary Corı	rection Program)	10a		X					
	on line 10a.)			10b		X					
С	Was the plan covered by a fidelity bond?			10c	X		100000)0			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X					
	instructions.)					X		_			
f	Has the plan failed to provide any benefit when due under the plan			10f		^					
g	Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	X		5678	36			
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)							lo			
11a						11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No	0			
	(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 beir granting the waiver.		Mon		and e	enter th Day	ne date of the letter ruling Year				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				т				
b	Enter the minimum required contribution for this plan year					12b					

	Form 5500-SF 2012 Page 3 - 1			
	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?		Yes 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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust'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-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		Identification Information							
			01/2012	and ending	12/31/2	2012			
A This re	etum/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)	nployer) a one-participant plan				
B This re	etum/report is:	the first return/report	he final relum/report						
		an amended return/report	short plan year retur	m/report (less than 12 m	nonths)				
C Check	box If filing under:	Form 5558	automatic extension		☐ DFVC pi	rogram			
		special extension (enter description))		u	•			
Part II	Basic Plan Info	ormation—enter all requested information							
1a Name	e of plan				1b Three-digit				
ARTHUI	R J. KAUFMAN S	BALES CO. 401(K) PLAN			plan numbe	er 002			
					(PN)				
					1c Effective da 07/01/1				
		dress; include room or suite number (em	ployer, if for a single-	-employer plan)	2b Employer Identification Number				
ARTHUR	R J. KAUFMAN S	ALES CO.			(EIN) 05-0342822				
261 NA	RRAGANSETT PA	RK DRIVE			2c Sponsor's telephone number 401-438-5600				
		N. D. T.				ode (see instructions)			
E PROV	/IDENCE	RI 02916			425120	Ac feec monactions,			
3a Plan	administrator's name a	nd address XSame as Plan Sponsor Nar	me XSame as Plar	n Sponsor Address	3b Administrate	or's EIN			
		-			2- 11-1-1-1	* f.t. = t = = = t = -			
					3C Administrate	or's telephone number			
		e plan sponsor has changed since the las mber from the last retum/report.	t return/report filed fo	or this plan, enter the	4b EIN				
	e, Eliv, and the plan hul sor's name	mper from the last return/eport.			4c PN				
		at the beginning of the plan year	*********************			20			
		at the end of the plan year			<u> </u>	20			
c Numb	er of participants with	account balances as of the end of the plai	n year (defined bene	efit plans do not		~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
					5c	18			
		during the plan year invested in eligible				X Yes No			
		the annual examination and report of an (See instructions on waiver eligibility and				X Yes No			
		ther line 6a or line 6b, the plan cannot	•			. a			
		or incomplete filing of this return/repor				_			
Under pena	alties of perjury and oth	ner penalties set forth in the instructions, I	declare that I have e	examined this return/rep	oort, Including, if ap	plicable, a Schedule			
SB or Sche	edule MB completed an	d signed by an enrolled actuary, as well a							
bellet, it is	true, correct, and comp	olete.							
SIGN /	/MI	YIIL		DANIEL BUTTS					
HERE	Signature of plan ac	iministrator	Date 6/10/13	Enter name of individu	ual sloning as plan	administrator			
SIGN					S. H. H.				
HERE	Signature of employ	portotan enonene	Date	Enter name of Individu	unt cioning as empl	louar ar alon enanear			
Preparer's		me, if applicable) and address; include ro				one number (optional)			
				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
				1					
				<u> </u>					
						. ,			
				1					

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) En	of Y	ear		
а	Total plan assets	7a	25	1879	91				29	366	593
b	Total plan llabilities	7b			\perp						
С	Net plan assets (subtract line 7b from line 7a)	7c	25	1879	791				29	366	593
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)		290	79						
	(2) Participants	8a(2)		6500	00		·		d L		
	(3) Others (including rollovers)	8a(3)			i i i			1			
b	Other income (loss)	8b	3	5113	34						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							4	452	213
d	Benefits pald (including direct rollovers and insurance premiums to provide benefits)	8d		2704	1						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		w444							
f	Administrative service providers (salaries, fees, commissions)	8f		27	70						
<u>g</u>	Other expenses	8g	42		_						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								273	
<u> </u>	Net Income (loss) (subtract line 8h from line 8c)	81							4	179	02
<u> </u>	Transfers to (from) the plan (see instructions)	8j				······································					
	rt IV Plan Characteristics										
	If the plan provides pension benefits, enter the applicable pension to 2E 2G 2J 2K 3D 2T								:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	ic Co	des in	the Instruc	tions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	<u> </u>	Amo	ount		
а	29 CFR 2510.3-102? (See Instructions and DOL's Voluntary Fldu	ciary Corr	ection Program)	10a		х					
b	Were there any nonexempl transactions with any party-in-Interest? on line 10a.)			10b		x					
C	Was the plan covered by a fidelity bond?		***************************************	10c	Х				10	000	100
d	Did the plan have a loss, whether or not relmbursed by the plan's to or dishonesty?			10 d		х					
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all or instructions.)	f the bene	fits under the plan? (See	10e		х					
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	of year e	nd.)	10g	х					567	86
<u>.</u>	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See Instru	ctions and 29 CFR	10h		х					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	101					**********		
Part											
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)							Ιп	Yes	П	No
11a	Enter the amount from Schedule SB line 39					11a					
12	Is this a defined contribution plan subject to the minimum funding r						ERISA?	ΤП	Yes	N 1	Vo
• 4	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						T	أسلسة			
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	amortize	d in this plan year, see instruc	ctions,	and e	enter the Day	ne date of	lhe let Year		ng	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Forn	n 5500), and skip to line 13.								
	Enter the minimum required contribution for this plan year]	12b					

	Form 5500-SF 2012	Page 3 -							
	Enter the amount contributed by the employer to the	plan for this plan year		12c	T	,		***************************************	
d	Subtract the amount in line 12c from the amount in line negative amount)	ne 12b. Enter the result (enter a minus sig	ın to the left of a	12d					
е	Will the minimum funding amount reported on line 12	d be met by the funding deadline?				es	No	□ N/A	
Part	VII Plan Terminations and Transfers o	f Assets							
13a	Has a resolution to terminate the plan been adopted in ar	ny plan year?			Yes	X No			
	If "Yes," enter the amount of any plan assets that reve	erted to the employer this year		13a	T				
b	Were all the plan assets distributed to participants or of the PBGC?						Ye	s 🛭 No	
С	If during this plan year, any assets or liabilities were t which assets or liabilities were transferred. (See instru		s), identify the plan(s)	ło					
-	3c(1) Name of plan(s):		1	3c(2) E	IN(s)		13c(3) PN(s)	
			-						
Part	VIII Trust Information (optional)						•		
14a Name of trust					14b Trust's EIN				