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.

2013

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1				
For calenda	ar plan year 2013 or fi	scal plan year beginning 01/0	1/2013	and ending	12/31/	2013	
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
	urn/report is:	the first return/report	the final return/report			ь	
D 11110100	arrinoport io.	an amended return/report	- -	n/report (less than 12 m	onths)	
C 051-1		Form 5558	automatic extension	Timeport (1666 than 12 h	10111110	DFVC progra	m
C Check i	box if filing under:	H				☐ DFVC progra	IIII
		special extension (enter des	. ,				
Part II	•	rmation—enter all requested in	nformation		141	-	
1a Name	of plan ARDWARE, INC. 401(I	() DLAN			10	Three-digit plan number	
DURFELTIA	INDIVANE, INC. 401(I	() FLAN				(PN))	001
					1c	Effective date of	f plan
						01/01/	/2002
		dress; include room or suite numl	per (employer, if for a single-	-employer plan)	2b	Employer Identif	
DUKFEE HA	ARDWARE, INC.				_	(EIN) 05-02	
					2c	Sponsor's telep	
65 ROLFE S					24	Business code (
	,				Zu	44413	,
3a Plan a	dministrator's name ar	nd address Same as Plan Spor	nsor Name Same as Plai	n Sponsor Address	3b	Administrator's I	
	RDWARE, INC.		E STREET	.,		05-02	97264
			ON, RI 02910		3с		elephone number
						401-461	-0800
4 If the r	name and/or EIN of the	e plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b	EIN	
		mber from the last return/report.	·	, ,			
	or's name				+	PN	
5a Total r	number of participants	at the beginning of the plan year			5a		17
b Total r	number of participants	at the end of the plan year			5b		13
		account balances as of the end of		•	5c		40
	•				1		13
_	·	s during the plan year invested in	•	•			X Yes ∐ No
		f the annual examination and repo ? (See instructions on waiver eligi					X Yes No
		ither line 6a or line 6b, the plan	,				
C If the p	olan is a defined benef	it plan, is it covered under the PB	GC insurance program (see	ERISA section 4021)?		Yes No	Not determined
Caution: A	nenalty for the late	or incomplete filing of this retu	rn/raport will be assessed	unless reasonable ca	ueo ie	established	
		her penalties set forth in the instru					able a Schedule
SB or Sche	edule MB completed a	nd signed by an enrolled actuary,					
belief, it is t	true, correct, and com	plete.					
SIGN	Filed with authorized/	valid electronic signature.	08/12/2014	PAUL R DURFEE			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	انعا دار	nning as nlan adn	ninistrator
SIGN HERE							
Signature of employer/plan sponsor Date Enter name of individu Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)							r or plan sponsor number (optional)
Freparer S	name (moluding lift) f	iame, ii appiidabie <i>j</i> aliu audress, i	molade room of saile numbe	ει (ομιιοπαι)	Liek	varer s terepriorie	number (optional)
Ī							

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar .			(b) End	of Y	ear		
a	Total plan assets	7a	15416		(8) End of				18174	4	_
_	Total plan liabilities	7b									_
	Net plan assets (subtract line 7b from line 7a)	7c	15416	3	18			18174	4	_	
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b)	Total			_
	Contributions received or receivable from:		(a) Amount				(15)	lotai			
	(1) Employers	8a(1)	744	7							
	(2) Participants	8a(2)	226	0							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2893	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							38646	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1106	5							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	. 8f									
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h							1106	5	
i	Net income (loss) (subtract line 8h from line 8c)	8i							2758	1	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics	<u> </u>									
9a		feature cod	des from the List of Plan Char	acteris	stic Co	des in	the instru	ction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions	:		
Par	t V Compliance Questions										
	•				V	Ma	l				
10	During the plan year:	4:	- 4b - 4im		Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure 1997).	iciary Corre	ection Program)	10a		X					
K.	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
					X					050	00
				10c						250	00
	or dishonesty?		·	10d		X					
е	 Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all 										
	instructions.)		' '	10e	X					4	62
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
	Did the plan have any participant loans? (If "Yes," enter amount a	e of year o	nd \			X					
<u>g</u>	If this is an individual account plan, was there a blackout period? ((See instru	ctions and 29 CFR	10g		X					
i	2520.101-3.)	ne required	I notice or one of the	10h							
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Par	<u> </u>										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	<u></u>	No
<u> 11</u> a	Enter the unpaid minimum required contribution for current year fr	om Schedi	ule SB (Form 5500) line 39	<u>.</u>		11a					
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?		Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
								_			
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortize			, and e	enter th Day	ne date of	the le		ling	
		ng amortize	Mon		, and e	_	ne date of			ling	_

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				14b Trust's EIN			

Form 5500-SF Short Form Annual Return/Report of Small Employee OMB Nos. 1210-0110 1210-0089 Benefit Plan Department of the Treasury internal Revenue Service 2013 This form is required to be filed under sections 104 and 4065 of the Employee Dapartment of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Employee Benefits Security Administration This Form is Open to Public the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporatio Inspection ➤ Complete all entries in accordance with the instructions to the Form 5500-SF Part I Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) 50 C Check box if filing under: Form 6558 automatic extension ☐ UFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit DURFEE HARDWARE, INC. 401(K) PLAN plan number (PN) > 1c Effective date of plan 01/01/2002 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DURFEE HARDWARE, INC. (EIN) 05-0297264 2c Sponsor's telephone number 65 ROLFE STREET 401-461-0800 2d Business code (see instructions) CRANSTON 444130 3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 3b Administrator's EIN DURFEE HARDWARE, INC. 05-0297264 3c Administrator's telephone number 401-461-0800 65 ROLDE STREET CRANSTON 02910 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year 5a 17 b Total number of participants at the end of the plan year 5b 13 c. Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 13 complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No under 29 CFR 2520.104-46? (See Instructions on walver eligibility and conditions.)..... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. PAUL R DUEFEE SIGN HERE Enter name of individual signing as plan administrator Signature of plan administrator Date 🖟 SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's telephone number (optional) Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)

Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	. 7a	1	5416	3		181744
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	1	5416	3		181744
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		744	.7		
***************************************	(2) Participants	8a(2)		226	0		
***************************************	(3) Others (including rollovers)	1			245 160		
b	Other income (loss)			2893	9		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			100 878		38646
	Benefits paid (including direct rollovers and insurance premiums	İ					
	to provide benefits)	. 8d		1106	15		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
<u>g</u>	Other expenses	. 8g			1000		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					11065
i	Net income (loss) (subtract line 8h from line 8c)	8i					27581
j	Transfers to (from) the plan (see instructions)	- 8j			Y S		
Par	t IV Plan Characteristics						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J If the plan provides welfare benefits, enter the applicable welfare for						
1807003081							
Par						T	Γ
10	During the plan year:			rl	Yes	No	Amount
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•		10b		х	
C	Was the plan covered by a fidelity bond?			10c	Х		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х		462
f	Has the plan failed to provide any benefit when due under the pla			10f		Х	
g				10g		х	
h		(See instru	uctions and 29 CFR	10g		Х	
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year for	rom Sched	lule SB (Form 5500) line 39			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
	(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 ranting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year					12b	

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	Enter the amount contributed by the employer to the	ne plan for this plan year .			12c		
d	Subtract the amount in line 12c from the amount in negative amount)	line 12b. Enter the resul	t (enter a minus sign to the l	eft of a	12d		
е	Will the minimum funding amount reported on line	12d be met by the fundin	g 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 re	everted to the employer t	his year		13a		
b	Were all the plan assets distributed to participants of the PBGC?	or beneficiaries, transferr	ed to another plan, or broug	ht under the	control		Yes X No
С	If during this plan year, any assets or liabilities wer which assets or liabilities were transferred. (See in		an to another plan(s), identif	y the plan(s)	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 T	rust's EIN	