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 accord	dance with the instru	ctions to the Form 550	0-SF.	ln:	spection
Part I	Annual Report	Identification Information					
For calenda	ar plan year 2013 or fis	scal plan year beginning 01/01/201	3	and ending 1	2/31/2	2013	
	urn/report is for:	a single-employer plan		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 retur	n/report (less than 12 m	onths))	
C Check b	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)				
Part II	Basic Plan Info	rmation—enter all requested information	ation				
1a Name	of plan				1b	Three-digit	
ARTHUR J. I	KAUFMAN SALES CC). 401(K) PLAN				plan number	
					4.0	(PN) •	002
					10	Effective date o	of plan 1/1993
2a Plan si	nonsor's name and ad	dress; include room or suite number (e	mnlover if for a single-	employer plan)	2h		ification Number
	KAUFMAN SALES CO		imployer, il for a single	employer planty	20		342822
					2c	Sponsor's telep	phone number
261 NARRA	GANSETT PARK DRI	VE					8-5600
	NCE, RI 02916				2d	Business code	(see instructions)
						4251	20
3a Plan a	dministrator's name ar	nd address XSame as Plan Sponsor N	lame Same as Plar	n Sponsor Address	3b	Administrator's	EIN
					3c	Administrator's	telephone number
						, tarrimotrator o	totophone nambor
		e plan sponsor has changed since the I	ast return/report filed for	or this plan, enter the	4b	EIN	
a Spons		mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a	T	20
_		at the end of the plan year					
	• •	account balances as of the end of the			5b		18
		account balances as of the end of the p	• •	•	5с		17
6a Were	all of the plan's assets	s during the plan year invested in eligib	le assets? (See instruc	tions.)			X Yes No
		the annual examination and report of					X Yes □ No
		? (See instructions on waiver eligibility a ither line 6a or line 6b, the plan cann	,			5500	X Yes No
-					_		7 Net determined
C ir the p	Dian is a defined benef	it plan, is it covered under the PBGC in	isurance program (see	ERISA Section 4021)?		Yes No	Not determined
Caution: A	penalty for the late	or incomplete filing of this return/rep	oort will be assessed	unless reasonable caเ	ıse is	established.	
		her penalties set forth in the instruction					
	edule MB completed ar true, correct, and comp	nd signed by an enrolled actuary, as we	ell as the electronic ver	sion of this return/report	, and	to the best of my	/ knowledge and
DONOT, IC IO	ı (100, 001100), ana 00111 ₁						
SIGN	Filed with authorized/	valid electronic signature.	10/09/2014	DANIEL BUTTS			
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual sig	gning as plan adı	ministrator
SIGN							
HERE	Signature of emplo	ver/plan sponsor	Date	Enter name of individ	ual sic	ning as employe	er or plan sponsor
Preparer's		ame, if applicable) and address; includ					number (optional)

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Pai	t III Financial Information										
7	Plan Assets and Liabilities	·					(b) End	of Vo			
	Total plan assets	(*)			(b) End of Year 3138955						
<u>a</u>	Total plan liabilities	. 7a . 7b	20000					010	,0000		
	Net plan assets (subtract line 7b from line 7a)	7c	293669	3				313	8955		
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount				(b) To				
	Contributions received or receivable from:		(a) Amount				(b) 10	Jiai			
	(1) Employers	. 8a(1)	3494	2							
	(2) Participants	. 8a(2)	8802	6							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	. 8b	60997	0							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						73	2938		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	51544	6							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	1403	0							
f	Administrative service providers (salaries, fees, commissions)	. 8f	120	0							
g	Other expenses	. 8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						53	80676		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						20	2262		
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	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	tic Co	odes in	the instruct	ions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cteristi	ic Cod	des in t	he instruction	ons:			
Part	Part V Compliance Questions										
10	During the plan year:				Yes	No		Amoı	ınt		
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	•	•	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ				10	0000	00
d	• • • • • • • • • • • • • • • • • • • •	fidelity bo	nd, that was caused by fraud	10d		X				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
—е	Were any fees or commissions paid to any brokers, agents, or oth			.00							
Ŭ	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See		Χ						
	instructions.)			10e						156	04
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g	X					922	32
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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										
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	•					•	П	Yes	П	No
11a	11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39										
12											
-14	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and (enter th		ne lett Year	er ruli	ng	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		i cai			
	Enter the minimum required contribution for this plan year	•				12b					

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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

Department of the Treasury Internal Revenue Service

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

	Department of Lebor Employee Benefits Security Administration Employee Benefits Security Administration This Form is Open to Public Inspection									
Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.										
Part J Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013										
		x a single-employer plan		an (not multiemployer)		a one-partici				
	turn/report is for: turn/report is:	the first return/report	the final return/report	an (not mainsmployer)	L	J a arro partio	part part			
D miste	tunineport is.	an amended return/report	'	n/report (less than 12 mg	onths)					
C Check	box if filing under:	X Form 5558	automatic extension		, Г	DFVC progra	am			
O Oncor	DOX II IIIIII GINGOI.	special extension (enter descri			L.,					
Part II	Basic Plan Info	rmation—enter all requested info								
1a Name	of plan					Three-digit				
ARTHUR	J. KAUFMAN S	ALES CO. 401(K) PLAN				plan number (PN) ▶	002			
					1c E	Effective date of				
					0	7/01/1993	}			
	sponsor's name and add	dress; include room or suite numbe	r (employer, if for a single-r	employer plan)	ì		ification Number			
ARIHUR	. O. KHUPPMN SP	mes co.				(EIN) 05-034 Sponsor's teler				
261 NA	RRAGANSETT PAF	₹K DRIVE		ļ	1	401-438-5				
					i .		(see instructions)			
E PROV		RI 02916			ļ	425120	P*1.			
3a Plan a	idministrator's name an	nd address XSame as Plan Spons	or Name XSame as Plan	Sponsor Address	3D A	Administrator's	EIN			
				ļ	3c A	Administrator's	telephone number			
		plan sponsor has changed since the	he last return/report filed fo	r this plan, enter the	4b E	EIN				
	e, EIN, and the plan nun sor's name	nber from the last return/report.		•	4c F	PN				
		at the beginning of the plan year	***************************************	***************************************	5a	T	20			
		at the end of the plan year			5b		18			
c Numb	er of participants with a	account balances as of the end of the	he plan year (defined bene	fit plans do not						
					5c					
6a Were	all of the plan's assets	during the plan year invested in el the annual examination and report	igible assets? (See instruct	dions.)dions.)dions.)	PA)	***************************************	M ies wo			
under	29 CFR 2520.104-467	? (See instructions on waiver eligibil	ility and conditions.)				X Yes No			
If you	ı answered "No" to el	ther line 6a or line 6b, the plan ca	annot use Form 5500-SF	and must instead use	Form 5	5500.	7			
C If the	plan is a defined benefi	it plan, is it covered under the PBG	C insurance program (see i	ERISA section 4021)? .	Ц	Yes No	Not determined			
Caution: A	A penalty for the late of	or incomplete filing of this return	dreport will be assessed ι	unless reasonable cau	ıse is e	stablished.				
Under nen	alties of nerium and oth	ner penalties set forth in the instruct nd signed by an enrolled actuary, as	tions. I declare that I have e	examined this return/rep	port, inc	duding, if applic	able, a Schedule knowledge and			
belief, it is	true, correct, and comp	late	5 Well as the electronic roll	DION OF REAL POLICE STREET	,					
r/	V /da. W	HIM	10/2/11	DANIEL BUTTS		***************************************				
SIGN	Muy		177	Enter name of individ	unis leu	nion as plan ad	minietrator			
	Signature of plan a	Iministrator	Date '	Effet flattle of marris	uai əiyi.	mily as pier	Hittorawi			
SIGN HERE				Enter name of individ	ual cion	ning as employ				
		terfoles anamass								
Preparer's	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address; inc	Date clude room or suite number				er or plan sponsor e number (optional)			
Preparer's	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address; inc								
Preparer's	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address; in								
Preparer's	Signature of emplo name (including firm n	yer/plan sponsor ame, if applicable) and address; in								

Pa	rt III Financial Information						
7	Plan Assets and Liabilities	ets and Liabilities (a) Beginning of					(b) End of Year
а	Total plan assets	. 7a	29	3669	93		3138955
b	Total plan liabilities	. 7b					
С	Net plan assets (subtract line 7b from line 7a)	. 7c	29	3669	93		3138955
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		3494	12		
***************************************	(2) Participants	8a(2)		8802	26		
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	. 8b	6	0997	70		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					732938
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	5	1544	16		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	. 8e		1403	30	10.0	
f	Administrative service providers (salaries, fees, commissions)	. 8f		120	00		
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h					530676
i	Net income (loss) (subtract line 8h from line 8c)	8i					202262
j	Transfers to (from) the plan (see instructions)	8j					
b Par	2E 2G 2J 2K 3D 2T If the plan provides welfare benefits, enter the applicable welfare for tV Compliance Questions	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in	the instructions:
10	During the plan year:				Yes	No	Amount
а				10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		Х	
С	Was the plan covered by a fidelity bond?			10c	х		1000000
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		15604
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	10g	Х		92232
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		х	
ī	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)						
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule 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 3	302 of	ERISA? Yes X No
	(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 bein granting the waiver.	ig amortize	ed in this plan year, see instruc		and e	enter th Day	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	m 5500), and skip to line 13.				T
b	Enter the minimum required contribution for this plan year				<u>L</u>	12b	<u> </u>

	Form 5500-SF 2013	Page 3 -				
	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 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?			\ \ \ \	res X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer th	is year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?			control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify t	he plan(s)	to		
1	3c(1) Name of plan(s):		1:	3c(2) El	N(s)	13c(3) PN(s)

Part	VIII Trust Information (optional)				· · · · · · · · · · · · · · · · · · ·	·
Lossiania	Name of trust			14b T	rust's EIN	