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

Part I			accordance with the instr				
I alt I	Annual Report Id	lentification Information	n				
For caler	dar plan year 2013 or fisca	al plan year beginning 08/0)1/2013	and ending	07/31/	2014	
A This r	eturn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemploye)	a one-particip	pant plan
B This r	eturn/report is:	the first return/report	the final return/repo	t			
		an amended return/report	a short plan year ret	ırn/report (less than 12	months)	
C Chec	k box if filing under:	Form 5558	automatic extension			DFVC progra	am
• 01100		special extension (enter des					
Part II	Paois Blan Inform						
		nation—enter all requested i	IIIIOIIIIauoii		1h	Three-digit	
1a Nam	e of plan LTD. 401(K) PROFIT SHA	ARING PLAN			10	plan number	
DEIT ITTE,						(PN) ▶	003
					1c	Effective date o	f plan
						08/01	/2000
		ess; include room or suite num	ber (employer, if for a singl	e-employer plan)	2b	Employer Identi	
BEN TRE,	LID.					(=::+)	16380
					2c	Sponsor's telep	
	YETTE STREET (ET, RI 02860-6016				0-1	401-72	
FAW TOO	KL1, KI 02000-0010				2a		(see instructions)
20 Dlan		addrasa DCarra as Dlan Cra	No ПС DI	C Address	2h	45392 Administrator's	_
		address Same as Plan Spor	—	an Sponsor Address	30		116380
EN TRE, L	ID.		AYETTE STREET CKET, RI 02860-6016		3с	Administrator's	telephone number
			,			401-724	
		olan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b	EIN	
	ie, EIN, and the plan numb isor's name	per from the last return/report.			40	PN	
a 3001	ISOLS HAILLE						
		the beginning of the plan year	,		_	114	
5a Tota	I number of participants at	t the beginning of the plan year			5 а		4
5a Tota	I number of participants at I number of participants at	t the end of the plan year			<u>5</u> а		4
5a Tota b Tota c Num	I number of participants at I number of participants at ther of participants with ac	0 0 1	of the plan year (defined be	nefit plans do not	5a 5b		· · · · · · · · · · · · · · · · · · ·
5a Tota b Tota c Num com 6a We	I number of participants at I number of participants at the of participants with ac plete this item)	t the end of the plan year count balances as of the end of	of the plan year (defined be	nefit plans do not	5a 5b 5c		4
5a Tota b Tota c Num com 6a We b Are	Il number of participants at Il number of participants at Il number of participants with ac plete this item)	t the end of the plan year count balances as of the end of	of the plan year (defined be n eligible assets? (See instri nort of an independent quali	nefit plans do not uctions.)	5a 5b 5c		4 X Yes No
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5a Tota b Tota c Num com 6a We b Are und If yo	Il number of participants at Il number of participants at Il number of participants with act plete this item)	t the end of the plan year count balances as of the end of	of the plan year (defined be a leligible assets? (See instruction of an independent qualigibility and conditions.)	uctions.)fied public accountant (5a 5b 5c	n 5500.	4 X Yes No X Yes No
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5a Tota b Tota c Num com 6a We b Are und If yo c If the Caution: Under pe SB or Sc	Il number of participants at Il number of participants at Il number of participants with act plete this item)	the end of the plan year count balances as of the end of the annual examination and rep See instructions on waiver elig ther line 6a or line 6b, the plan plan, is it covered under the PE incomplete filing of this return penalties set forth in the instructions on the complete set of the plan plan, is it covered under the PE incomplete filing of this return penalties set forth in the instructions are penalties as the plan plan in the instructions are penalties as the plan plan in the instruction of the plan plan in the plan year invested in the end of the end	of the plan year (defined be a leligible assets? (See instruction of an independent qualipibility and conditions.) cannot use Form 5500-S aGC insurance program (second) report will be assessed actions, I declare that I have	nefit plans do not uctions.) fied public accountant (F and must instead us be ERISA section 4021) d unless reasonable co be examined this return/	5a 5b 5c 5c 7c	n 5500. Yes No established. Including, if applic	4 X Yes No X Yes No Not determined
5a Tota b Tota c Num com 6a We b Are und If yo c If the Caution: Under pe SB or Sc	Il number of participants at Il number of participants at Il number of participants with act plete this item)	the end of the plan year count balances as of the end of the annual examination and rep See instructions on waiver elig ther line 6a or line 6b, the plan plan, is it covered under the PE incomplete filing of this return penalties set forth in the instructions on the complete set of the plan plan, is it covered under the PE incomplete filing of this return penalties set forth in the instructions are penalties as the plan plan in the instructions are penalties as the plan plan in the instruction of the plan plan in the plan year invested in the end of the end	of the plan year (defined be a leligible assets? (See instruction of an independent qualipibility and conditions.) cannot use Form 5500-S aGC insurance program (second) report will be assessed actions, I declare that I have	nefit plans do not uctions.) fied public accountant (F and must instead us be ERISA section 4021) d unless reasonable co be examined this return/	5a 5b 5c 5c 7c	n 5500. Yes No established. Including, if applic	4 X Yes No X Yes No Not determined
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5a Tota b Tota c Num com 6a We b Are und If yo C If the Caution: Under pe SB or Sc belief, it i SIGN HERE	Il number of participants at Il number of participants at Il number of participants with act plete this item)	the end of the plan year count balances as of the end of the annual examination and rep See instructions on waiver elig the line 6a or line 6b, the plan plan, is it covered under the PE incomplete filing of this return penalties set forth in the instrusigned by an enrolled actuary, etc. continuation	of the plan year (defined be eligible assets? (See instruort of an independent qualigibility and conditions.)	nefit plans do not actions.) fied public accountant (F and must instead us the ERISA section 4021) d unless reasonable comparison of this return/report HOWARD BEN TRE Enter name of indiv	5a 5b 5c	a 5500. Yes No established. Including, if applic to the best of my	4 X Yes No Yes No Not determined Able, a Schedule knowledge and ministrator er or plan sponsor

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End	l of Y	ear		
a	Total plan assets	7a	127552				(5) 2		407198	3	_
b	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	127552	5				14	407198	3	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
a	Contributions received or receivable from:		(a) Amount				(5)	·ota			
	(1) Employers	8a(1)	88	3							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	13079	0							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	31673	}	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	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							()	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							131673	3	
<u>j</u> _	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instru	ctions	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Coc	les in t	he instruc	tions:			
Par	t V Compliance Questions										_
10	During the plan year:				Yes	No		Am	ount		
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7	-		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	nclude transactions reported	10b		X					
					Χ					1300	000
				10c						1300	00
	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.)		. ,	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10q		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		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 2520.10	ne required	d notice or one of the	10i							
Part											
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes		No
44-	5500) and line 11a below)							· L	163	Ш'	NO
	Enter the unpaid minimum required contribution for current year fr					11a	ED/0:-	TF	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	V .	NI-
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?.	·L	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 being			ctions	and 4	enter ti	ne date of	the le	atter ru	ling	
	granting the waiver.		Mon		, and t	Day		Yea		9	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	•				12b					
()	r i mer me minimum reddired comhodnon for fnis bian vear										

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

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 Benefit Guaranty Corporation	▶ Complete all entries in accorda	nce with the instruc	ctions to the Form 550	0-SF.	
	dentification Information				
For calendar plan year 2013 or fis	cal plan year beginning 08/	01/2013	and ending		07/31/2014
A This return/report is for:	x a single-employer plan a	multiple-employer p	lan (not multiemployer)		a one-participant plan
B This return/report is:	the first return/report the	ne final return/report			
	an amended return/report as	short plan year return	n/report (less than 12 m	onths)	parang
C Check box if filing under:		utomatic extension			DFVC program
Processing the second s	special extension (enter description)				
	mation—enter all requested information	on		T 4 %	
1a Name of plan BEN TRE, LTD. 401(K)	PROFIT SHARING PLAN			ar	Three-digit plan number (PN) 003
¥				1c	Effective date of plan
					08/01/2000
2a Plan sponsor's name and add BEN TRE, LTD.	lress; include room or suite number (emp	ployer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 05-0416380
318 LAFAYETTE STREET	1			2c	Sponsor's telephone number 401-724-6530
PAWTUCKET	RI 02860-6016			2d	Business code (see instructions) 453920
	d address Same as Plan Sponsor Nan	ne Same as Plar	Sponsor Address	3b	Administrator's EIN
BEN TRE, LTD.				3c	05-0416380 Administrator's telephone number
318 LAFAYETTE STREET	1			1	401-724-6530
PAWTUCKET	RI 02860-6016				
4 If the name and/or EIN of the	plan sponsor has changed since the last	t return/report filed fo	or this plan, enter the	4b	FIN
	ber from the last return/report.			4c	
	at the beginning of the plan year			5a	4
···	at the end of the plan year			5b	4
• •	ccount balances as of the end of the plan	•		5c	4
	during the plan year invested in eligible a				X Yes No
b Are you claiming a waiver of t	the annual examination and report of an (See instructions on waiver eligibility and	independent qualifie	d public accountant (IQ	PA)	
-	her line 6a or line 6b, the plan cannot				
C If the plan is a defined benefit	plan, is it covered under the PBGC insu	rance program (see	ERISA section 4021)? .	<u></u>	Yes No Not determined
	r incomplete filing of this return/repor				
Under penalties of perjury and othe SB or Schedule MB completed and belief, it is true, correct, and compl	er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a	declare that I have das the electronic vers	examined this return/report sion of this return/report	ort, in , and t	cluding, if applicable, a Schedule o the best of my knowledge and
SIGN HOWAY	Denla	12/9/2014	HOWARD BEN TRI	2	
HERE Signature of plan ad	ministrator	Date	Enter name of individu	ual sig	ning as plan administrator
SIGN					
HERE Signature of employ		Date			ning as employer or plan sponsor
Preparer's name (including firm na	me, if applicable) and address; include r	oom or suite numbe	r (optional)	Prepa	arer's telephone number (optional)

Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Ye	ar
а	Total plan assets	7a	12	7552	25				1407198
-	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	12	7552	25				1407198
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		88	33				
	(2) Participants	. 8a(2)							
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	. 8b	1	3079	90				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							131673
d	Benefits paid (including direct rollovers and insurance premiums	0.4							
	to provide benefits)								
	Certain deemed and/or corrective distributions (see instructions)	. 8e							
	Administrative service providers (salaries, fees, commissions)	8f			\$65.5 \$65.5				
<u>g</u>	Other expenses	8g		45,632,14					
	Total expenses (add lines 8d, 8e, 8f, and 8g)								131673
<u> </u>	Net income (loss) (subtract line 8h from line 8c)								13107
J	Transfers to (from) the plan (see instructions) rt IV Plan Characteristics	8j			1 2015				
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2J 3D If the plan provides welfare benefits, enter the applicable welfare for the state of the plan provides welfare benefits, enter the applicable welfare for the state of the plan provides welfare for the plan provides welfare for the plan provides pension are the plan provides pension are the plan provides pension benefits, enter the applicable pension are the plan provides pension are the plan provides pension are the plan provides pension benefits, enter the applicable pension are the plan provides pension benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable pension are the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.								
10	During the plan year:				Yes	No		Amou	unt
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	itions withi	in the time period described in rection Program)	10a		Х		*********************	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	х				130000
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 ber	nefits under the plan? (See	10e	32.e	х			
f	Has the plan failed to provide any benefit when due under the pla	ın?	***************************************	10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х			
h		(See instru	uctions 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 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							П	Yes No
11a	Enter the unpaid minimum required contribution for current year fi	rom Sched	dule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding					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 Mon	ctions th	, and e	nter th Day	ne date of	the lett Year	er ruling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						T		
b	Enter the minimum required contribution for this plan year		***************************************		<u> </u>	12b	<u></u>		

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С	Enter the amount contributed by the employer to the plan for this plan y	/ear		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	result (enter a minus sign to the left	of a	12d		
е	Will the minimum funding amount reported on line 12d be met by the fu				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 emplo	yer this year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, tran of the PBGC?			control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	nis plan to another plan(s), identify	he 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	