## 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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

**Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report **B** This return/report is an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit DURFEE HARDWARE, INC. 401(K) PLAN plan number (PN) ▶ 001 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 05-0297264 (EIN) Sponsor's telephone number 401-461-0800 65 ROLFE STREET CRANSTON, RI 02910 Business code (see instructions) 444130 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 05-0297264 DURFEE HARDWARE, INC. **65 ROLFE STREET** CRANSTON, RI 02910 **3c** Administrator's telephone number 401-461-0800 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year ..... 5a 13 **b** Total number of participants at the end of the plan year..... 5b 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 5 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 9 d(2) Total number of active participants at the end of the plan year..... 5d(2) 4 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. 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 Filed with authorized/valid electronic signature 10/07/2015 PAUL R DURFEE **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN **HERE** Enter name of individual signing as employer or plan sponsor Signature of employer/plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) (optional) Preparer's telephone number (optional)

	Form 5500-SF 2014		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligible. 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 lif you answered "No" to either line 6a or line 6b, the plan cannot be a continuous control of the plan cannot be a control of the control of the plan cannot be a control of the cont	5500.	X Yes No								
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	)21)?		Yes	No Not determined				
Par	t III   Financial Information		Г								
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year				
	Total plan assets	7a 	1817	44			104467				
	Total plan liabilities	7b	1817	744			104467				
	Net plan assets (subtract line 7b from line 7a)	7c			+						
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total				
	(1) Employers	8a(1)	51	130							
	(2) Participants	8a(2)	2	291							
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b	61	131							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					11552				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	888	329							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					88829				
	Net income (loss) (subtract line 8h from line 8c)	8i					-77277				
J	Transfers to (from) the plan (see instructions)	8j									
b	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  b 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:				Yes	No	Amount				
	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)					X					
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Χ					
С	C Was the plan covered by a fidelity bond?						25000				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Χ					
e	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.)				X		587				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	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.)					Χ					
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)										
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule SB (Form 5500) line 39			11a					
12	Is this a defined contribution plan subject to the minimum funding	requirem	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.	-			, and e	enter th Day					

	Form 5500-SF 2014	Page <b>3</b> - 1			
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
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 negative amount)		1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	13a			
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?					Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

## Form 5500-SF

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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.

2014

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I	Annual Rep	ort Identification Information	1								
For calend	dar plan year 2014	or fiscal plan year beginning	01/01/2	014	and ending	12/31,	/2014				
A This re	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attact of participating employer information in accordance with the form instructions)										
		a one-participant plan	a foreign	plan							
B This re	turn/report is	the first return/report	the final return/report								
		an amended return/report	ort a short plan year return/report (less than 12 months)								
C Check	box if filing under:	X Form 5558	automatio	automatic extension			DFVC program				
		special extension (enter desc	ription)								
Part II	Basic Plan I	nformation—enter all requested in	formation	· · · · · · · · · · · · · · · · · · ·							
1a Name of plan DURFEE HARDWARE, INC. 401(K) PLAN						1b Three-dig plan num (PN)					
						1c Effective date of plan 01/01/2002					
	sponsor's name and HARDWARE,	d address; include room or suite numb INC .	er (employer, if	for a single	-employer plan)	2b Employer Identification Number (EIN) 05-0297264					
65 ROL	FE STREET						2c Sponsor's telephone number 401-461-0800				
CRANST	ON	RI 02910				1	2d Business code (see instructions) 444130				
3a Plan a	administrator's nam	e and address Same as Plan Spons	sor.			3b Administrator's EIN					
DURFEE	HARDWARE,	INC.				3c Administrator's telephone number					
65 ROLFE STREET					401-461-0800						
CRANST	ON	RI 02910									
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.					4b EIN						
a Sponsor's name					4c PN						
5a Total number of participants at the beginning of the plan year					5a						
b Total number of participants at the end of the plan year					5b	9					
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c	<u> </u>					
<b>d(1)</b> Tot	al number of active	participants at the beginning of the pl	an year		*******************	5d(1)	9				
d(2) Total number of active participants at the end of the plan year					5d(2)	4					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e	C					
Caution: A	A penalty for the la	te or incomplete filing of this return	n/report will be	assessed	uniess reasonable ca	use is establishe	d.				
SB or Sche	alties of perjury and edule MB complete true, correct, and c	I other penalties set forth in the instruct d and signed by an enrolled actuary, a	ctions, I declare is well as the el	that I have ectronic ver	examined this return/resion of this return/repo	eport, including, if a rt, and to the best	applicable, a Schedule of my knowledge and				
SIGN	K >-K		810	17/15	PAUL R DURFE	3					
HERE	Signature of pla	n administrator	Date		Enter name of indivi	dividual signing as plan administrator					
SIGN											
HERE	Signature of em	ployer/plan sponsor	Date		Enter name of indivi		ployer or plan sponsor				
Preparer's	name (including fire	ກ name, if applicable) and address (in	iclude room or s	suite numbe	r ) (optional)	Preparer's telep	ohone number (optional)				
							1				

Form 5500-SF 2014		Page 2								
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver 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								Yes No		
	isurance p	orogram (see ERISA section 4)	321)?	····· L	Yes	No [	] Not a	etermined		
Part III   Financial Information  7 Plan Assets and Liabilities	l aver			<del></del>				······································		
7 7 15717 155-555 5515 5515 5515 5515 55		(a) Beginning of Ye	ar 817	10		(b) End	of Yea	104467		
a Total plan assetsb Total plan liabilities	7a		017	+				10446		
C Net plan assets (subtract line 7b from line 7a)	7b	1	8174	14		<del></del>		104467		
8 Income, Expenses, and Transfers for this Plan Year	7c		017	+		(h)				
a Contributions received or receivable from:		(a) Amount		(D)			Total			
(1) Employers	8a(1)		51:	30						
(2) Participants	8a(2)		2.	91						
(3) Others (including rollovers)	8a(3)									
b Other income (loss)	8b		613	31						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					1155:				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8882	29						
e 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							88829		
i Net income (loss) (subtract line 8h from line 8c)	8i					- 7				
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics					***************************************					
b If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	es in t	he instruc	ions:			
10 During the plan year:	<del>~~~~~~~~</del>			Yes	No	T	Amoui	nt		
a Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х					
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	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	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud				Х			***************************************		
e Were any fees or commissions paid to any brokers, agents, or oth- insurance service, or other organization that provides some or all or insurance service.	or dishonesty?  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.)							587		
f Has the plan failed to provide any benefit when due under the plan	Has the plan failed to provide any benefit when due under the plan?				Х					
g Did the plan have any participant loans? (If "Yes," enter amount as	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х					
h If this is an individual account plan, was there a blackout period? (					Х					
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	<u></u>			havannannannah		A	******************	······································		
11 Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)							Пү	es No		
11a Enter the unpaid minimum required contribution for current year fro					11a					
12 Is this a defined contribution plan subject to the minimum funding						ERISA?	Пү	es X No		
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								t_1		
If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	ed in this plan year, see instruc		and e	nter th Day	e date of t	he letter Year	ruling		

Form 5500-SF 2014	Page 3 -					
If you completed line 12a, complete lines 3, 9, and 10 o	f Schedule MB (Form 5500), and	i skip to line 13.	***************************************			***************************************
b Enter the minimum required contribution for this plan ye	er		12b			
c Enter the amount contributed by the employer to the pla	an for this plan year		12c			
d Subtract the amount in line 12c from the amount in line negative amount)		-	12d			
e Will the minimum funding amount reported on line 12d t	pe met by the funding deadline?	***************************************		Yes	No	N/A
Part VII Plan Terminations and Transfers of A	Assets					
13a Has a resolution to terminate the plan been adopted in any		es X N	)			
If "Yes," enter the amount of any plan assets that revert	ed to the employer this year		13a			
b Were all the plan assets distributed to participants or be of the PBGC?	ne control		Yes	X No		
C If during this plan year, any assets or liabilities were tran which assets or liabilities were transferred. (See instruc		plan(s), identify the plan(	s) to			
13c(1) Name of plan(s):		13c(2) El	N(s)	13c(3)	PN(s)	
			SELENANDO DE PORTO DE LA CONTRACTOR DE L	dauk felvisististististististististis		
Part VIII   Trust Information (optional)			4.01			
14a Name of trust			140 Tr	ust's EIN		