## 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

	rt identification information								
For calendar plan year 2014 or	r fiscal plan year beginning 01/01/	<u>2015</u>	and ending 05	5/04/2015					
	a single-employer plan		plan (not multiemployer)						
A This return/report is for:		of participating employer information in accordance with the form instructions)							
<b>5</b>	a one-participant plan	a foreign plan							
<b>B</b> This return/report is	the first return/report								
	an amended return/report  a short plan year return/report (less than 12 months)								
C Check box if filing under:	Form 5558	automatic extension	1	DFVC program					
• Officer box if filling direct.									
	special extension (enter des								
_	formation—enter all requested i	nformation		T 41					
<b>1a</b> Name of plan DURFEE HARDWARE, INC. 40	1(K) DLAN			<b>1b</b> Three-digit plan number	r				
DON' LE HANDWARE, INC. 40	T(IX) I LAIV			(PN) ▶	001				
				1c Effective da	te of plan				
				0	1/01/2002				
<b>2a</b> Plan sponsor's name and DURFEE HARDWARE, INC.	address; include room or suite num	ber (employer, if for a sing	le-employer plan)		entification Number				
JORI EL HARDWARE, INC.				(EIN) 05-0297264					
CE DOLEE CEDEET					elephone number 1-461-0800				
65 ROLFE STREET CRANSTON, RI 02910				2d Business code (see instructions)					
				444130					
3a Plan administrator's name	and address XSame as Plan Spor	nsor.		<b>3b</b> Administrator's EIN					
				20. 11. 11. 1	1.1.1				
				3C Administrate	or's telephone number				
	the plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN					
	number from the last return/report.			4c PN					
a Sponsor's name	nts at the beginning of the plan year			5a					
	0 0 1 7			5b					
	nts at the end of the plan year			30	(				
	th account balances as of the end o			5c	(				
. ,	participants at the beginning of the p			5d(1)	į				
d(2) Total number of active	participants at the end of the plan y	ear		5d(2)	<u> </u>				
	t terminated employment during the								
	t terminated employment during the			5e	(				
	e or incomplete filing of this retu			use is established					
Under penalties of perjury and	other penalties set forth in the instru	uctions, I declare that I have	e examined this return/re	port, including, if ap	pplicable, a Schedule				
SB or Schedule MB completed belief, it is true, correct, and co	l and signed by an enrolled actuary, Implete	as well as the electronic v	rersion of this return/repor	t, and to the best of	my knowledge and				
	ed/valid electronic signature.	12/01/2015	PAUL R DURFEE						
HERE		Data	Enter name of indivis	dual aigning as alon	administrator				
Signature of plan	administrator	Date	Enter name of individ	duai signing as pian	administrator				
SIGN HERE									
Signature of emp	re of employer/plan sponsor Date Enter name of individu luding firm name, if applicable) and address (include room or suite number) (optional)				<u> </u>				
rreparer's name (including firm	n name, ir applicable) and address (	include room or suite num	per ) (optional)	Preparer's teleph	one number (optional)				

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b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)						X Yes No		
	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No	Not deter	mined
Par					1				
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End o	f Year	0
	Total plan assets	7a	1044	107					U
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7b	1044	167					0
	Income, Expenses, and Transfers for this Plan Year	7c	(a) Amount				(b) To	tol.	
	Contributions received or receivable from:		(a) Amount				(b) To	ıaı	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	2	222					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2	222
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1046	889					
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						1046	889
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-1044	167
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charac	cterist			he instructio	ns:	
10	During the plan year:				Yes	No	Å	Mount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)	ıciary Cor	rection Program)	10a		Χ			
	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	X				25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•		10d		X			
e	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	efits under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X			
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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)							Yes	No
11a	Enter the unpaid minimum required contribution for current year fr					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,								
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		e letter ru ⁄ear	uling

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lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						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?			. X	Yes N	0	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this plant hassets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1:	<b>3c(2)</b> E∣	IN(s)	13c(3	<b>)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Repo	t Identification Information									
For calendar plan year 2014 or	fiscal plan year beginning	01/01/2015	and ending	05/04/2	2015					
A This return/report is for:	x a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lof participating employer information in accordance with the form instructions)									
	a one-participant plan	a foreign plan								
B This return/report is	the first return/report	<u></u>	the final return/report							
an amended return/report X a short plan year return/report (less than 12 months)										
C Check box if filing under:	Form 5558	automatic extension		DFVC pr	ogram					
	special extension (enter descr	ription)								
Part II   Basic Plan Int	formation—enter all requested inf	formation								
1a Name of plan DURFEE HARDWARE, IN	1b Three-digit plan number (PN) ▶	r 001								
				1c Effective da 01/01/2						
2a Plan sponsor's name and a DURFEE HARDWARE, II	address; include room or suite numbe	er (employer, if for a single-	employer plan)	1 -	2b Employer Identification Number (EIN) 05-0297264					
				2c Sponsor's t	elephone number					
65 ROLFE STREET				401-461						
CD NICTON	RT 02910			2 <b>d</b> Business co	ode (see instructions)					
CRANSTON  33 Plan administrator's name	RI 02910 and address XSame as Plan Spons	20r		3b Administrat	or's FIN					
Ja Flan auministrator s name	Moante as Flan opone	JOI .								
				3c Administrator's telephone number						
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN						
name, EIN, and the plan number from the last return/report.  a Sponsor's name				4c PN						
5a Total number of participant	s at the beginning of the plan year			5a	5					
<b>b</b> Total number of participant	s at the end of the plan year	-	***************************************	5b	0					
C Number of participants with complete this item)	account balances as of the end of t	the plan year (defined bene	fit plans do not	5c	0					
d(1) Total number of active p	articipants at the beginning of the pl	an year	***************************************	5d(1)	5					
d(2) Total number of active p	articipants at the end of the plan yea	ar	******	5d(2)	0					
e Number of participants that	terminated employment during the p	olan year with accrued benef	fits that were	5e	0					
	or incomplete filing of this return			se is established						
Under penalties of perjury and on SB or Schedule MB completed	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions. I declare that I have o	examined this return/rep	port, including, if a	oplicable, a Schedule					
belief, it is true, correct, and cor	nplete	11/2 7/20/5 FAUL R DURFEE								
HERE Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator					
SIGN										
HERE -	oyer/plan sponsor	Date	Enter name of individ	ual signing as emp	loyer or plan sponsor					
Preparer's name (including firm	name, if applicable) and address (in				one number (optional)					
	•									

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6a b	Were all of the plan's assets during the plan year invested in eligii Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cam	an indepe	indent qualified public accountions.)	tant (1	QPA)		∑ Yes ∏ No
C	If the plan is a defined benefit plan, is it covered under the PBGC is						
	art III   Financial Information					***********	
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a			ļ	044	67		(
	Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	7		044			
8	Income, Expenses, and Transfers for this Plan Year	. 7c	1	.044	<del>°/ -</del>		
a		8a(1)	(a) Amount	***************************************	$\top$		(b) Total
	(2) Participants	7		•			
	(3) Others (including rollovers)	8a(3)					
+	Other income (loss)	8b		2.	22		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					222
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	046	89		
e	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f			$\dashv$		
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					104689
ı	Net income (loss) (subtract line 8h from line 8c)	81					-104467
j	Transfers to (from) the plan (see instructions)	Bj			T		
	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D	feature co	des from the List of Plan Char	acteri	stic Co	odes ir	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	ature cod	es from the List of Plan Chara	cterist	ic Cod	les in	the instructions:
Par	V Compliance Questions		**************************************		····		
10	During the plan year:				Yes	No	Amount
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	tions within	the time period described in ection Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	
C				10c	Х		25000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
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.)					х	
ŕ				10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year e	nd.)	10g		Х	
h	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					х	
i	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							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)				Sched	ule SE	G (Form Yes No
	Enter the unpaid minimum required contribution for current year fro	m Schedu	le SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding r (if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			or se	ction 3	02 of	ERISA? Yes X No
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	d in this plan year, see instruc		and e	nter th	e date of the letter ruling Year
					antonorus		

*MONANTANA	Form 5500-SF 2014	Page 3 - [						
<u>lf</u>	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	5500), and	skip	to line 13.				
b	Enter the minimum required contribution for this plan year	******************************			12b			
c	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 (enegative amount)				12d		***************************************	***************************************
е	Will the minimum funding amount reported on line 12d be met by the funding of	teadline?				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?			***************************************	XΥ	es N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this	year			13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?				ontrol		X Yes	∏ No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	to another p	lan(s	), identify the plan(s) t	٥			
1	3c(1) Name of plan(s):			1:	3c(2) Eli	N(s)	13c(3	) PN(s)
							And in contrast of the contras	
Part	VIII Trust Information (optional)							
14a N	vame of trust			одгения	14b Tn	ust's EIN		