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).

2011

OMB Nos. 1210-0110

1210-0089

the Internal Revenue Code (the Code).

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

	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011						
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan		
В	This return/report is: the first return/report	the final r	eturn/report				
	an amended return/report	a short pla	an year return/report (less than 12 m	onths)			
С	Check box if filing under: X Form 5558	automatic	extension		DFVC program		
	special extension (enter description	n)					
Pa	art II Basic Plan Information—enter all requested informa						
	Name of plan	20011		1b	Three-digit		
	ENAS HOME NOVELTIES, INC. 401(K) PROFIT SHARING PLAN				plan number		
					(PN) ▶ 001		
				1c	Effective date of plan		
22	Diag apparation and address include room or suite number (as	mplayar if	for a single employer plan)	2 h	01/01/2000		
	Plan sponsor's name and address; include room or suite number (er ENAS HOME NOVELTIES, INC.	ripioyer, ii	ioi a single-employer plan)		Employer Identification Number (EIN) 05-0504696		
				-	Sponsor's telephone number		
640 \	WINTER STREET				401-762-6110		
	DNSOCKET, RI 02895			2d	Business code (see instructions)		
					453990		
	Plan administrator's name and address (if same as plan sponsor, en ENAS HOME NOVELTIES, INC. 640 WINTER		·")	3b	Administrator's EIN 05-0504696		
АІП	WOONSOCK		395	3c	Administrator's telephone number		
					401-762-6110		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN		
•	name, EIN, and the plan number from the last return/report.			4c	DN		
	Sponsor's name Total number of participants at the beginning of the plan year				23		
				5a	24		
b				5b	24		
С	complete this item)			5с	24		
6a	Were all of the plan's assets during the plan year invested in eligible	e assets?	(See instructions.)		X Yes No		
b	· , · · · · · · · · · · · · · · · · · ·						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a		•		Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fo art III Financial Information	orm 5500-	SF and must instead use Form 55	00.			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
-	Total plan assets	7a	733844		830399		
b		7b					
C	Net plan assets (subtract line 7b from line 7a)	7c	733844		830399		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from:				(2) 1000		
	(1) Employers	8a(1)	59369				
	(2) Participants	8a(2)	46728	_			
	(3) Others (including rollovers)	8a(3)		_			
b	Other income (loss)	8b	-8203				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			97894		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	739				
е	Certain deemed and/or corrective distributions (see instructions)	8e	600				
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			1339		
i	Net income (loss) (subtract line 8h from line 8c)	8i			96555		
j	Transfers to (from) the plan (see instructions)	8j					

_		~-		
Form	5500	-SE	201	1

Page 2 -	1
----------	---

Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D
- 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		Amou	ınt		
а	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)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c	X					7500	0
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X						
е	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.)		1843						
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				1	2000	12
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	Пи	О
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?		Yes	X N	0
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver								
lf y	ou 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					
	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 negative amount)			12d	<u> </u>				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No)	N/A	١
art	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		Y	es X No)			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought useful approach to a second control of the property of the prop					П	Vac	V N	10
C	of the PBGC?								
	which assets or liabilities were transferred. (See instructions.)	io piai	1(0) 10						
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13	3c(3)	PN(s))
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonabl	e cau	ıse is	establ	ished.				_
	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu								
2R 0I	Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/s	eport	, and 1	.o the t	Jest of my k	anowie	eage a	and	

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/04/2012	JENNIFER JOLICOEUR
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2011

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation Complete all entries in accor	dance wi	th the instructions to the Form 550	0-SF.	•			
F	Part I Annual Report Identification Information							
Fo	r calendar plan year 2011 or fiscal plan year beginning	01/01/	2011 and ending		12/31/2011			
Α	This return/report is for: X a single-employer plan	a mullipi	e-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is:	the final	return/report					
	an amended return/report	a short pl	an year return/report (less than 12 m	onths)				
C	Check box if filing under: X Form 5558		c extension	☐ DFVC program				
•	special extension (enter description	,		L				
D	art II Basic Plan Information—enter all requested inform							
	Name of plan	ialiuri		1b	Three-digit			
	THENAS HOME NOVELTIES, INC. 401(K) PROFIT	SHARI	NG PLAN		plan number			
					(PN) > 001			
					Effective date of plan			
			(fra allah manlayanahan)					
	Plan sponsor's name and address; include room or suite number (e PHENAS HOME NOVELTIES, INC.	impioyer, i	i for a single-employer plan)		Employer Identification Number (EIN) 05-0504696			
***			:		Sponsor's telephone number			
64	O WINTER STREET				401-762-6110			
					Business code (see instructions)			
WC	OONSOCKET RI 02895				453990			
3a	Plan administrator's name and address (if same as plan sponsor, e 'HENAS HOME NOVELTIES, INC.	nter "Sam	e")		Administrator's EIN			
A·1	HENAS HOME NOVELTIES, INC.				05-0504696			
	O WINTER STREET ONSOCKET RI 02895				Administrator's telephone number 401-762-6110			
4	If the name and/or EIN of the plan sponsor has changed since the I	ast returni	report filed for this plan, enter the	4b				
-	name, EIN, and the plan number from the last return/report.							
	Sponsor's name			4c	· · · · · · · · · · · · · · · · · · ·			
5a	Total number of participants at the beginning of the plan year			<u>5a</u>	23			
b	Total number of participants at the end of the plan year			5b	24			
С	Number of participants with account balances as of the end of the p			5c	24			
	complete this item)							
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of				X Yes No			
บ	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Information		•					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	7a	73384	4	830399			
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	73384	4	830399			
8	Income, Expenses, and Transfers for this Plan Year	11.0	(a) Amount		(b) Total			
а	Contributions received or receivable from:		5936					
	(1) Employers	8a(1)		'				
	(2) Participants	8a(2)	4672	<u> </u>				
	(3) Others (including rollovers)	8a(3)		_				
b	Other income (loss)	8b	-820	3	0.7004			
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	97894			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	73	9				
е	Certain deemed and/or corrective distributions (see instructions)	8e	60	o				
f	Administrative service providers (salaries, fees, commissions)							
	Other expenses	8f 8g		٦ .				
g b	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1	1339			
h		8i		+	96555			
i	Net income (loss) (subtract line 8h from line 8c)	81		+				

Par	IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension for 2E 2F 2G 2J 2K 3D									
b	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	A	mount			
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions)	iary Correction 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			75000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fire or dishonesty?	delity bond, that was caused by fraud	10d		x					
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under the plan? (See	10e	х			1843			
f	Has the plan failed to provide any benefit when due under the plan?	?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)	10g	x			120002			
_	If this is an individual account plan, was there a blackout period? (S 2520,101-3.)	ee instructions 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 2520.101-	required notice or one of the	10i							
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see instructions and con	nplete	Sched	ule SB	(Form	Yes No			
12	Is this a defined contribution plan subject to the minimum funding re						Yes X No			
	(If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)								
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan year, see instru	ctions,	and e	nter th	e date of the	letter ruling ear			
14.	granting the walverou complete lines 3, 9, and 10 of Schedule l	MR (Form 5500) and skin to line 13.		~~~~~~	uay_		CDI			
	Enter the minimum required contribution for this plan year			Г	12b					
	Enter the amount contributed by the employer to the plan for this pla				12c	-4-4-0/7710				
d d	Subtract the amount in line 12c from the amount in line 12b. Enter the	ne result (enter a minus sign to the left	of a	i	12d					
	negalive amount)			L						
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?	••••••	******	<u></u>	Yes	No N/A			
Part '	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************	••••••		<u></u>	es X No				
	If "Yes," enter the amount of any plan assets that reverted to the em									
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********	•••••	••••		Yes X No			
С	c 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:	c(1) Name of plan(s):		-	130	(2) Ell	۷(s)	13c(3) PN(s)			
Cauti	on: A penalty for the late or incomplete filing of this return/report	rt will be assessed unless reasonab	le cau	se is	establi	shed.	0.1.4.4.			
SB or	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.									
6101	Dunie & Dur	JENNIFER J	OLIC	OEUF	5					
SIGN		Date 0 / 20/17 Enter name of i	ndividu	ıal sigi	ning as	plan admini	strator			
SIGN		Date Enter name of i	ndividu	ıal sigr	ning as	employer o	r plan sponsor			
<u> </u>	1 and the state of	<u> </u>								

Page 2 - [

Form 5500-SF 2011