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

2011

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Р	ension Ber	nefit Guaranty Corporation	▶ Complete a	all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	-	peotion	
Pá	art I	Annual Report lo								
		r plan year 2011 or fisc			1	and ending 1	2/31/2	011		
		urn/report is for:	X a single-emplo		a multiple	e-employer plan (not multiemployer)		a one-particip	nant nlan	
		·	the first return	report \Box		eturn/report	l		sant plan	
Ь	inis retu	urn/report is:		·		•	11 1			
		[an amended r	eturn/report		an year return/report (less than 12 m	ontns) I	—		
С	Check b	ox if filing under:	X Form 5558		automatio	extension		DFVC progra	ım	
			special extens	ion (enter description	on)					
Pa	art II	Basic Plan Inform	mation—enter a	all requested inform	ation					
1a	Name o	of plan					1b	Three-digit		
SERT	ΓΕΧ, LLC	C 401(K) PLAN						plan number	004	
								(PN) •	001	
							10	Effective date o	•	
2a	Plan en	oneor's name and addr	ess: include room	or suite number (e	mployer if	for a single-employer plan)	2h	Employer Identi		
	TEX, LL		css, include room	TOT SUITE HUITIBET (C	inployer, ii	Tot a single employer plan			60947	7 1
								Sponsor's telep	hone number	
015 V	۸/۸ ۳۵۵ ۱	MAN STREET						860-31		
SUIT	E 500						2d	Business code (see instruction	ıs)
PRO'	VIDENC	E, RI 02906-5215						23620		•
		lministrator's name and	address (if same	as plan sponsor, e	nter "Same	e")	3b	Administrator's		
SERT	EX, LLC			245 WATERN SUITE 500	MAN STRE	ET			60947	
				PROVIDENC	E, RI 0290	06-5215	3C	Administrator's 1		ber
4	If the n	ame and/or FIN of the r	olan enoneor hae	changed since the l	last return/	report filed for this plan, enter the	4b		1000	
•		EIN, and the plan number			ast retain,	report med for the plan, enter the	76	LIIV		
а	Sponso	or's name		•			4c	PN		
5a	Total n	umber of participants at	t the beginning of	the plan year			5a			3
b	Total n	umber of participants at	t the end of the pl	an year			5b			4
С	Numbe	er of participants with ac	count balances a	s of the end of the p	olan year (defined benefit plans do not				
	comple	ete this item)					5c			3
6a	Were a	all of the plan's assets o	during the plan ye	ar invested in eligib	le assets?	(See instructions.)			X Yes	No
b						ndent qualified public accountant (IQ			V voc □	Na
						ions.)			X Yes	No
Pa	rt III	Financial Inform		pian cannot use r	01111 5500-	SF and must instead use Form 55	υυ.			
7			ation			(a) Baninging (1)		#\ F	- ()/	
-		ssets and Liabilities			_	(a) Beginning of Year 367182		(D) End	of Year 353738	
	•	lan assets				307102			000700	
D	•	lan liabilities				367182			353738	
_		n assets (subtract line	•		. 7с					
8		e, Expenses, and Trans		Year		(a) Amount		(b) 1	Total	
а		outions received or rece			. 8a(1)	13386				
	. ,	ırticipants				10490				
	` ,	ners (including rollovers								
h	` ,	ncome (loss)	,			-11554				
		ncome (add lines 8a(1),				, 100 .			12322	
c d		is paid (including direct	. ,	•	. 8c					
u		ide benefits)			. 8d	25211				
е		n deemed and/or correc								
f		strative service provide				555				
g		expenses	,	,						
h		xpenses (add lines 8d,							25766	
i		come (loss) (subtract line							-13444	
i		ers to (from) the plan (se	•							
		,, ۲ (0.			, XI	1				

Form	5500-	SF	201

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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 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:

	.,	Ourselfance Ourselfance				—				
art		Compliance Questions				\neg				
0		ng the plan year:		Yes	No	+		Am	ount	
	29	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)								
С	Was	s the plan covered by a fidelity bond?	10c	X						50000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е										640
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ					
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11	Is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						[Yes	No
12	Is th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 o	f EF	RISA?		Yes	X No
	If a v	'es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th							
		r the minimum required contribution for this plan year			12b	Т				
		r the amount contributed by the employer to the plan for this plan year		_	12c	+				
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left titive amount)	of a		12d	-				
е	•	the minimum funding amount reported on line 12d be met by the funding deadline?		<u> </u>		Ħ	Yes		No	N/A
art		Plan Terminations and Transfers of Assets								
		a resolution to terminate the plan been adopted in any plan year?				Yes	s X	No		
		es," enter the amount of any plan assets that reverted to the employer this year		3a						
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought e PBGC?		the co	ontrol			Γ	Yes	X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the hassets or liabilities were transferred. (See instructions.)	ne plai	n(s) to	1			_	_	
1	3c(1)	Name of plan(s):		13c(2) EIN(s) 13c(3) PN					PN(s)	
3										
Jnde	r pen	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab alties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/	urn/rep	ort, ir	cludi	ng,	if appl			

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/04/2012	MICHAEL SOLITRO
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

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

This Form is Open to Public Inspection

-	Pension Benefit Guaranty Corporation Complete all entries in accor	rdance wi	th the instructions to the Form 550	0-SF.	inspection			
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:	a multipl	e-employer plan (not multiemployer)		a one-participant plan			
	This return/report is: the first return/report	the final	return/report	·	—			
_	an amended return/report	a short bl	an year return/report (less than 12 m	onths)				
_	님	₹ .	c extension		DFVC program			
C		J	o extension		L Di vo biogiani			
	special extension (enter description)							
	art II Basic Plan Information—enter all requested inform	nation		1h	Three-digit			
	Name of plan ERTEX, LLC 401(K) PLAN			מו	plan number			
۵.	ERIEA, DUC 401(K) FDAN				(PN) • 001			
					Effective date of plan			
				(01/01/2002			
	Plan sponsor's name and address; include room or suite number (e	employer, i	f for a single-employer plan)	1	Employer Identification Number			
SI	ERTEX, LLC				(EIN) 04-3460947			
2.	не матриам стрешт				Sponsor's telephone number			
	15 WATERMAN STREET JITE 500				860-317-1006			
	ROVIDENCE RI 02906-5215				Business code (see instructions) 236200			
	Plan administrator's name and address (if same as plan sponsor, e	nter "Same	247		Administrator's EIN			
	ERTEX, LLC	inter Saint	- /		04-3460947			
2.4	5 WATERMAN STREET SUITE	500		3c Administrator's telephone number				
	ROVIDENCE RI 02906-5215				860-317-1006			
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
	Total number of participants at the beginning of the plan year			5a	37			
b		_		5b	45			
	Number of participants with account balances as of the end of the			<u> </u>				
•	complete this item)			5c	37			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		🔀 Yes 🗌 No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQF	PA)	₩ vaa □ Na			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F				X Yes No			
Da	art III Financial Information	orm ssou-	SF and must mstead use Form 550	,,,				
7		T	(a) Reginning of Veer	T	(b) End of Year			
-	Plan Assets and Liabilities Total plan assets	. 7a	(a) Beginning of Year 36718	2	353738			
	-	7a 7b	30,10	1-	333,30			
	Total plan liabilities		36718	1	353738			
	Net plan assets (subtract line 7b from line 7a)	. 7c		7	(b) Total			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	+	(n) Total			
а	(1) Employers	8a(1)	1338	6				
	(2) Participants	8a(2)	1049	0				
	(3) Others (including rollovers)			7				
b	Other income (loss)		-1155	4				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				12322			
d	Benefits paid (including direct rollovers and Insurance premiums			_				
	to provide benefits)	8d	2521	긔				
е	Certain deemed and/or corrective distributions (see instructions)	8e		_				
f	Administrative service providers (salaries, fees, commissions)	8f	55	5				
g	Other expenses	8g			organism and the second se			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			25766			
i	Net income (loss) (subtract line 8h from line 8c)	81			-13444			
i	Transfers to (from) the plan (see instructions)	8i						

	Form 5500-SF 2011 Fage 2								
Pai	rt IV Plan Characteristics								
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan C	Character	stic Co	odes in	the instru	ctions:			
	2E 2J 2K 3D			da	iba inatara	liana.			
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ci	naracteris	tic Cot	ies in i	me instruc	uons.			
Dow	t V Compliance Questions								
Pari			Yes	No	1	Amount	· · · · · · · · · · · · · · · · · · ·		
	During the plan year: Was there a fallure to transmit to the plan any participant contributions within the time period describe	d in	 	x	 	Amount			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	<u> </u>	^					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions report on line 10a.)	ed 10b		х					
С		10c	х				50000		
	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fra	ud	1	х			······································		
u	or dishonesty?	10d		_^					
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.)	10e	x				640		
£	Has the plan falled to provide any benefit when due under the plan?			x			. ,		
f		10f	ļ	x	ļ				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	<u> </u>						
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	101							
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))	complete	Sched	lule SE	3 (Form	∏ Ye	s No		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C					Ye	s X No		
	(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 in	structions	, and e	enter th	ne date of	the letter r	uling		
	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	Month		Day		Year			
-			Γ	12b					
	Enter the minimum required contribution for this plan year		1	12c					
	Enter the amount contributed by the employer to the plan for this plan year		····				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	negative amount)	•••••		12d	 	П			
e	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?			<u>П,</u>	es X	10			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ght under	the co	ntrol		Ye	s 🛛 No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	ify the pla	n(s) to						
1:	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)		
		l							
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reaso	nable cai	ıse is	establ	ished.				
Under SB or	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ret	return/re	ort. in	cludin	g, if applic	able, a Sc knowledg	hedule e and		
טטווטו,	belief, it is true, correct, and complete.								
SIGN	The state of the s								
HERE	Olgrandic of plant of military			ning as	s plan adm	nnistrator			
SIGN	MA July 10 1 7012 MICHAEL	SOLITE	KO .						
HERE		of individ	ıal sigi	ning as	employe	r or plan s	ponsor		