# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 09/01/1968

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

FRITZ INDUSTRIES, INC.

500 N. SAM HOUSTON RD.
MESQUITE, TX 75149-2733

**2b** Employer Identification Number (EIN) 75-1083407

**2c** Sponsor's telephone number 800-955-1323

**2d** Business code (see instructions) 325900

**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 accompanying schedules, statements and attachments, 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.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/09/2012 | ED BURKS |
| | **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 |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
FRITZ INDUSTRIES, INC.

500 N. SAM HOUSTON RD.
MESQUITE, TX 75149-2733

**3b** Administrator's EIN
75-1083407

**3c** Administrator's telephone number
800-955-1323

**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:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 336 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 337 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 120 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 459 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 459 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 325 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 45 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) |
| **(2)** | | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | |
|---|---|---|
| **(1)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FRITZ INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
75-1083407

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 38 49 50 52 59 60 63 64 65 71 72 99 | NONE | 1726 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

RELIANCE TRUST COMPANY

58-1428634

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 19 99 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 478 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

HARTFORD RETIREMENT SERVICES, LLC

26-1589907

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 38 49 64 65 99 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 28146 | Yes [ ] No [X] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

GPC SECURITIES, INC.

58-1517899

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 64 65 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 1310 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

MORNINGSTAR ASSOCIATES, LLC

36-4317381

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 49 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 44 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| JP MORGAN RETIREMENT PLAN SERVICES | 52 59 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| SEE ATTACHED FEE DISCLOSURE REPORT<br><br>12-3456789 | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| RELIANCE TRUST COMPANY | 19 99 | 478 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| HARTFORD RETIREMENT SERVICES<br><br>26-1589907 | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| HARTFORD RETIREMENT SERVICES, LLC | 15 37 38 49 64 65 99 | 28146 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JP MORGAN RETIREMENT PLAN SERVICES<br><br>71-0930784 | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| GPC SECURITIES, INC. | 15 64 65 | 1310 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| HARTFORD RETIREMENT SERVICES, LLC<br><br>26-1589907 | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| MORNINGSTAR ASSOCIATES, LLC | 49 | 44 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| HARTFORD LIFE INSURANCE COMPANY<br><br>06-0974148 | SEE FEE AND COMPENSATION DISCLOSURE RPT ATTACHED |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| **(a)** Enter name and EIN or address of service provider (see instructions) | **(b)** Nature of Service Code(s) | **(c)** Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FRITZ INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
75-1083407

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 137779 | 69761 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 9189775 | 9131694 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 9327554 | 9201455 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 9327554 | 9201455 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 615036 | |
| **(B)** Participants | 2a(1)(B) | 820138 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 1724 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1436898 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 6924 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 6924 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 191625 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 191625 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -220715 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1414732 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1537565 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 1537565 |
| **f** Corrective distributions (see instructions) | 2f | | 1540 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 1726 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 1726 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1540831 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | -126099 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON LLC (2) EIN: 36-6055558

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
FRITZ INDUSTRIES, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FRITZ INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
75-1083407

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements and Report of Independent Certified Public Accountants

# Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

December 31, 2011 and 2010

Grant Thornton

## Report of Independent Certified Public Accountants

Audit • Tax • Advisory
**Grant Thornton LLP**
1717 Main Street, Suite 1500
Dallas, TX 75201-4667
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To the Board of Directors
Fritz Industries, Inc.

We were engaged to audit the financial statements of Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011 and the supplemental Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by JP Morgan Chase Bank N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the certified Plan assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Dallas, Texas
October 9, 2012

**Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

| **ASSETS** | 2011 | 2010 |
|---|---|---|
| Investments, at fair value | $9,131,694 | $9,189,775 |
| Receivables | | |
| Employer contributions | 8,587 | 7,349 |
| Employee contribution | 11,450 | 9,789 |
| Notes receivable from participants | 69,761 | 137,778 |
| Total receivables | 89,798 | 154,916 |
| Net assets available for benefits | $9,221,492 | $9,344,691 |

The accompanying notes are an integral part of these financial statements.

**Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2011

| | |
|---|---|
| Additions: | |
| Additions to net assets attributed to: | |
| Investment income | |
| Dividend income | $ 199,655 |
| Net depreciation in fair value of investments | (228,745) |
| Net investment income | (29,090) |
| Interest income on notes receivable from participants | 6,924 |
| Contributions | |
| Participants | 821,790 |
| Employer | 616,284 |
| Rollovers | 1,724 |
| Total contributions | 1,439,798 |
| Total additions | 1,417,632 |
| Deductions: | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 1,537,565 |
| Excess contributions | 1,540 |
| Administrative expenses | 1,726 |
| Total deductions | 1,540,831 |
| Net decrease | (123,199) |
| Net assets available for benefits, beginning of year | 9,344,691 |
| Net assets available for benefits, end of year | $9,221,492 |

The accompanying notes are an integral part of this statement.

## NOTE A - SUMMARY DESCRIPTION OF THE PLAN

General

The following description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the "Plan") was established by Fritz Industries, Inc. (the "Company" or "Employer") as a defined contribution plan under Section 401(a) of the Internal Revenue Code ("IRC") to provide retirement, death and disability benefits for eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Certain officers of the Company are trustees of the Plan.

Eligibility

All employees who have completed three months of service with the Company are eligible to participate at the first Plan entry date, which is the first day of each calendar quarter.

Contributions

Participants may contribute up to 15% of pretax annual compensation. Such contributions are subject to certain limitations. The Plan permits the Employer to provide a matching contribution based on a percentage of each participant's contributions. The Employer may also make an additional annual profit sharing contribution at its discretion. For the year ended December 31, 2011, the Employer's matching contribution was 75% of the participant's contribution, or $616,284. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans. A participant who has reached the age of 50 may make catch-up contributions. The IRS limitation on catch-up contributions was $5,500 in 2012.

Participant Accounts

Each participant's account is credited with their individual contributions, matching Employer contributions and allocations of Plan earnings. Allocations are based on the proportion that each participant's account bears to the total of all fund balances. Participants direct their investments to any of the available investment options under the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their individual contributions and earnings thereon. Participants become 50% vested in the Employer's matching contributions and earnings thereon after two years of service and 100% vested after three years of service. Participants are 100% vested if they are employed on or after their normal retirement age.

## NOTE A - SUMMARY DESCRIPTION OF THE PLAN - Continued

Forfeitures

As of December 31, 2011 and 2010, $21,509 and $39,829, respectively, of the non-vested portion of terminated participants' account balances remain in the Plan as forfeitures. Forfeitures are used to pay Plan expenses, or may be allocated to participants based on a formula established by management.

Payment of Benefit

In the case of retirement due to full and permanent disability, or termination of employment, participants are able to receive the value of their vested account balances in accordance with the provisions of the Plan, in a lump-sum distribution. The corresponding unvested portions of the participant's benefits are forfeited and are allocated as described in the preceding note on forfeitures. In the event that a participant dies before retirement, the participant's named beneficiary will receive the value of the participant's accumulated Plan benefits. Participants no longer employed by the Company are allowed to remain in the Plan.

Hardship withdrawals are allowed, subject to certain limitations defined in the Plan document, to the extent vested balances exist in participants' accounts.

Note Receivable from Participants

Participants may borrow from their accounts subject to a minimum of $1,000. The maximum amount of any loan (when added to the outstanding balance of all prior loans) may not exceed the lesser of: (1) 50% of the participant's vested account balance or (2) $50,000 of the participant's vested balance. In addition, participants may have no more than two loans outstanding at any one time. The loans are secured by the remaining balance in the participant's account and bear a fixed rate of interest calculated at the Prime Rate plus 1%, as published in the Wall Street Journal on the date of the loan. The rate on outstanding loans as of December 31, 2011, range from 4.25% to 9.00%. Loan terms are for a maximum of 5 years. Principal and interest are repaid in equal installments through payroll deductions and individual repayments made by the participant.

## NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and are prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Valuation of Investments and Income Recognition

The Plans' investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements, the changes in net assets available for plan benefits during the reporting period and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

Administrative Expenses

Substantially all Plan administrative expenses are paid directly by the Company. Certain costs and expenses incurred with regard to the purchase, sale or transfer of investments are paid by the Plan. Investment advisory fees for portfolio management are paid directly from fund earnings and are included in mutual fund expense ratios. All other administrative expenses are paid by the Company.

## NOTE C - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets are separately identified as follows:

| | December 31, | |
|---|---|---|
| | 2011 | 2010 |
| JPMorgan Liquid Money Market | $1,726,179 | $2,137,775 |
| JPMorgan Equity Index | 1,536,089 | 1,707,329 |
| ING Intermediate Bond | 1,019,824 | 1,110,973 |
| Vanguard Growth Index | 1,012,682 | 1,222,688 |
| Allianz NFJ Small Capital Value Fund | 847,603 | 740,603 |
| American Funds Europacific Growth | 731,503 | 726,999 |
| Black Rock Small Capital Growth | 699,420 | 551,643 |

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

| | |
|---|---|
| Bond | $ 34,853 |
| Mutual funds | (263,598) |
| | $(228,745) |

## NOTE D - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JP Morgan Chase Bank N.A. have certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

| | 2011 | 2010 |
|---|---|---|
| Assets | | |
| Mutual funds and bond | $9,131,694 | $9,189,775 |
| Notes receivable from participants | 69,761 | 137,778 |

| | 2011 |
|---|---|
| Investment income | |
| Interest and dividend income | $ 199,655 |
| Net depreciation in fair value of investments | (228,745) |

At the request of the Plan administrator, the Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule. All other information has been audited in accordance with auditing standards generally accepted in the United States of America.

## NOTE E - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 *Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**NOTE E - FAIR VALUE MEASUREMENTS - Continued**

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 or 2010.

Mutual Funds

Valued at market value of shares held by the Plan at year end.

Bond

Valued at the closing price reported on the active market on which the individual securities or trade.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010.

**Assets at Fair Value as of December 31, 2011**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Bond | $1,019,824 | $ - | $ - | $1,019,824 |
| Mutual Funds | | | | |
| Growth | 1,712,102 | - | - | 1,712,102 |
| Equity | 2,715,143 | - | - | 2,715,143 |
| Money market | 1,726,179 | - | - | 1,726,179 |
| Fixed income | 1,958,446 | - | - | 1,958,446 |
| Total assets at fair value | $9,131,694 | $ - | $ - | $9,131,694 |

## NOTE E - FAIR VALUE MEASUREMENTS - Continued

**Assets at Fair Value as of December 31, 2010**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Bond | $1,110,973 | $ - | $ - | $1,110,973 |
| Mutual Funds | | | | |
| Growth | 1,774,330 | - | - | 1,774,330 |
| Equity | 2,484,626 | - | - | 2,484,626 |
| Money market | 2,137,775 | - | - | 2,137,775 |
| Fixed income | 1,682,071 | - | - | 1,682,071 |
| Total assets at fair value | $9,189,775 | $ - | $ - | $9,189,775 |

## NOTE F - RELATED PARTY TRANSACTIONS

The Plan sponsor is responsible for the Plan's administration and custodian expenses. Certain Plan investments are shares of mutual funds managed by JP Morgan Chase Bank N.A. or its subsidiaries, the Plan custodian. Certain fees paid to the Plan trustee for investment management services are incorporated into the expense ratios of the individual mutual funds and paid directly from fund earnings, therefore, these transactions qualify as party-in-interest transactions.

## NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of the ERISA. In the event of Plan termination, participants will become 100% vested in their account balances and Plan assets will be distributed in accordance with the Plan.

## NOTE H - TAX STATUS

The Plan sponsor adopted a prototype standardized 401(k) plan that has received an opinion letter from the Internal Revenue Service dated August 7, 2001 on the design of the prototype plan and amendments since then. Although the Plan has been amended since receiving the determination letter, the Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

## NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Plan does not obtain or require collateral for these investment securities.

## NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net assets available for benefits per the financial statements | $9,221,492 | $9,344,691 |
| Employer contribution receivable | (8,587) | (7,349) |
| Employee contribution receivable | (11,450) | (9,789) |
| Net assets available for benefits per the Form 5500 | $9,201,455 | $9,327,553 |

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500 at December 31:

| | 2011 |
|---|---|
| Net decrease in net assets available for benefits per the financial statements | $(123,199) |
| 2011 Employer contribution receivable | (8,587) |
| 2011 Employee contribution receivable | (11,450) |
| 2010 Employer contribution receivable | 7,349 |
| 2010 Employee contribution receivable | 9,789 |
| Net decrease in net assets available for benefits per the Form 5500 | $(126,098) |

## NOTE K - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 9, 2012, the date the financial statements were available to be issued, and determined there were no events that occurred that would have significantly affected the financial statements.

**SUPPLEMENTAL SCHEDULE**

**Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust**

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN 75-1083407
Plan # 472628-01

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment | (e) Current value |
|---|---|---|---|
| * | JPMorgan | JPMorgan Liquid Money Market | $1,726,179 |
| * | JP Morgan | JPMorgan Equity Index | 1,536,089 |
| | ING | ING Intermediate Bond | 1,019,824 |
| | Vanguard | Vanguard Growth Index | 1,012,682 |
| | Allianz | Allianz NFJ Small Cap Value Fund | 847,603 |
| | American | American Fund Europacific Growth | 731,503 |
| | Black Rock | Black Rock Small Cap Growth | 699,420 |
| | Vanguard | Vanguard Value Index | 405,242 |
| | American | American Funds Inc. Fund of America | 363,634 |
| | Managers | Managers Cadence Mid-Cap | 355,371 |
| | Pioneer | Pioneer Mid Cap Value | 350,230 |
| | Van Kamp | Van Kamp Equity Income | 83,917 |
| Total investments, at fair value | | | $9,131,694 |
| * | Participants | Notes receivable from participants (interest rates range from 4.25% -9.00%) | $ 69,761 |

* Indicates party-in-interest

Note: Investments are participant directed; accordingly column (d) cost information is not applicable.

# FORM 5500 SCHEDULE C REPORT
# SCHEDULE C, LINE 2(h) AND LINE 3(e) FORMULA DESCRIPTION

## FRITZ INDUSTRIES, INC 401K RET PLAN (070232)
## EIN #: 75-1083407

***Please note that, unless otherwise indicated in the descriptions contained in this report, direct compensation is presented on a plan year basis 01/01/2011 - 12/31/2011 and indirect compensation is presented on a calendar year basis ending 12/31/2011.***

***For use with lines 2(h), 3(c), 3(d), 3(e)***

***Total Direct Compensation Paid*** **$1,725.67**

The total amount identified above reflects all fees deducted from plan assets at the plan administrator's direction for the plan year. Service providers which have received portions of these direct fees are listed below, along with the amount of fees they received. Please note that if there is a discrepancy between the total direct fees reported above and the sum of the direct fees reported below, you should contact your other service providers or your plan records to identify the recipient(s) of the fees and any other information relevant to your Schedule C filing.

### *Recipient: J.P. Morgan EIN: 71-0930784*

**Service Codes: 15, 37, 38, 49, 52, 59, 60, 63, 64, 65, 71, 72, 99, 50 (if direct compensation amount reflected below)**

*Direct Compensation* **$1,725.67**

The total amount identified above reflects fees deducted from plan assets at the plan administrator's direction for the 2011 plan year for the above named recipient. Please review other service providers, below, to determine whether direct fees were also paid to them. Also, please review your records to determine whether other service providers may have received any compensation not reported below (e.g., a reimbursement paid to any plan fiduciary, your employee benefits counsel, or a plan auditor).

Note: Due to system accounting protocols (including 'cash basis' accounting), amounts reported as Direct Compensation and amounts reported as paid to J.P. Morgan are the net result of aggregating direct compensation after the effects of adjustments processed in 2011, some of which may have pertained to prior years.

Please review the detailed breakdown at the end of the report for further information.

*Indirect Compensation*

**Non Monetary Compensation**

Please note that items of nonmonetary compensation need to be reported for Schedule A or C (Form 5500) purposes if they exceed certain *de minimus* amounts. Transactions generating nonmonetary compensation may include gifts, gratuities, or certain types of in-kind benefits. Hartford's Code of Ethics and Business Conduct generally restricts Hartford employees from giving to or receiving gifts from customers and/or business partners having a value of over $100, in any individual situation, without prior approval. However, it is possible that one or more of your service providers for the calendar year, including Hartford, engaged in transactions generating nonmonetary compensation. Information concerning reportable transactions undertaken between or among non-Hartford parties may not be available to The Hartford.

Please consult with your legal or tax advisors if you have any questions.

**Compensation paid with respect to Funds**

| *Investment Option Name* | *EIN* | *Fees Received from Funds on your Plan's Menu (rates as of 12/31/2011)* | *Fund's Total Annual Expenses (as of 12/31/2011)* |
|---|---|---|---|
| ALLIANZ NFJ SMALL CAP VAL INST | 33-0457728 | | 0.83% |
| AMERICAN FUNDS EUROPACIFIC-R4 | 95-1411037 | 0.35% x assets | 0.85% |

| *Investment Option Name* | *EIN* | *Fees Received from Funds on your Plan's Menu (rates as of 12/31/2011)* | *Fund's Total Annual Expenses (as of 12/31/2011)* |
|---|---|---|---|
| AMERICAN FUNDS INC FD OF AMER-R3 | 06-0867264 | 0.65% x assets | 0.96% |
| BLACKROCK SMALL CAP GROWTH-I | 51-0318674 | 0.20% x assets | 0.80% |
| ING INTER BD INST | 95-4516049 | 0.05% x assets plus $16/participant | 0.38% |
| INVESCO VAN KAMPEN EQ & INC-Y | 76-0343427 | 0.25% x assets | 0.56% |
| JPMORGAN EQUITY INDEX SELECT | 26-3613641 | 0.05% x assets | 0.69% |
| JPMORGAN LIQUID ASSETS MM INV | 26-3613641 | | 0.52% |
| MANAGERS CADENCE MID CAP INSTL | 22-2528211 | | 0.78% |
| PIONEER MID-CAP VALUE-Y | 04-3091159 | 0.20% x assets | 0.73% |
| VANGUARD GROWTH INDEX | 23-1999755 | | 0.26% |
| VANGUARD VALUE INDEX | 23-1999755 | | 0.26% |

The list includes any investment option held by the plan on at least one month end during the 2011 calendar year. To arrive at an estimate of the dollar amount that JP Morgan received from each fund, multiply the rate of fees received from each fund by your plan's year-end balance (or if the fund was liquidated prior to year end, the balance on the liquidation date) and, if applicable, the per participant fee by the number of participants in the fund at year end (or the liquidation date if earlier). This will be an estimate because your plan's balance and number of participants will vary over the course of the year, so the year-end balance and number of participants may be higher or lower than the daily balance. In addition, these fees are calculated on a daily basis.

JPMorgan funds are distributed by JPMorgan Distribution Services, Inc., which is an affiliate of J.P. Morgan Retirement Plan Services LLC and JPMorgan Chase & Co. Affiliates of JPMorgan Chase & Co. receive fees for providing various services to JPMorgan funds, including fees for investment management, shareholder servicing, administration, distribution, custody, fund accounting, securities lending and other services.

## *Recipient: Hartford Retirement Services, LLC EIN: 26-1589907*

**Service Codes: 15, 37, 38, 49, 64, 65, 99**

### *Direct Compensation* **$0.00**

Our records indicate that this recipient did not receive any Direct Compensation. Please review your records to determine whether this service provider may have received any compensation not reported.

### *Indirect Compensation*

| | | | |
|---|---|---|---|
| **Base Fees** | Payor: J.P. Morgan | EIN: 71-0930784 | **$24,434.31** |
| **Ancillary Fees** | Payor: J.P. Morgan | EIN: 71-0930784 | **$3,711.46** |

## *Recipient: GPC Securities, Inc. EIN: 58-1517899*

**Service Codes: 15, 64, 65**

### *Indirect Compensation*

**Transaction Processing Services** Payor: Hartford Retirement Services, LLC EIN: 26-1589907 **$1,310.21**

GPC Securities, Inc. performed recordkeeping and trading functions through August 22, 2011. These activities were transferred to Hartford Securities Distribution Company, Inc. ("HSD") on August 23, 2011. HSD is a broker-dealer registered with the Securities and Exchange Commission which executes, clears and settles the Plan's purchase, exchange and redemption of shares or units in the funds on an agency basis. It is a wholly-owned affiliate of Hartford Retirement Services, LLC. More information is available in the Fund Fee Disclosure Notice for Retirement Plan Fiduciaries which accompanies the HSD Securities Account Agreement.

This is an estimate based on multiplying actual 2011 month end assets by 0.020%/12 for months January through August and then summing the results.

## *Recipient: Morningstar Associates, LLC EIN: 36-4317381*

**Service Code: 49**

*Indirect Compensation*

**"Managed by You" services fee** Payor: Hartford Life Insurance Company EIN: 06-0974148 **$43.60**

This is an estimate determined by dividing a flat annual fee paid to Morningstar by the number of plans to whom this feature is made available.

## *Recipient: Reliance Trust Company EIN: 58-1428634*

*Indirect Compensation*

**Custodial/Trust service fee** **$477.75**
**Service Codes: 19, 25, 99**

Payors: Hartford Life Insurance Company EIN: 06-0974148
Hartford Retirement Services, LLC EIN: 26-1589907

This is an estimate based on multiplying actual 2011 month end assets by 0.005%/12 and then summing the results.

# Direct Revenue Detail

**Recipient:** ***J.P. Morgan***

| **Fee Description** | **Dollar Amount** |
|---|---|
| Loan Set-up Fee | $600.00 |
| One-Time Distribution Fee | $1,125.67 |
| **Total Direct Revenue:** | **$1,725.67** |
| **Grand Total Direct Fees:** | **$1,725.67** |

Financial Statements and Report of Independent Certified Public Accountants

# Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust

December 31, 2011 and 2010

Grant Thornton

## Report of Independent Certified Public Accountants

Audit • Tax • Advisory
**Grant Thornton LLP**
1717 Main Street, Suite 1500
Dallas, TX 75201-4667
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To the Board of Directors
Fritz Industries, Inc.

We were engaged to audit the financial statements of Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the "Plan") as of December 31, 2011 and 2010, and for the year ended December 31, 2011 and the supplemental Schedule H, Line 4i, Schedule of Assets (Held at End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by JP Morgan Chase Bank N.A., the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the certified Plan assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011 that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Dallas, Texas
October 9, 2012

**Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31,

| **ASSETS** | 2011 | 2010 |
|---|---|---|
| Investments, at fair value | $9,131,694 | $9,189,775 |
| Receivables | | |
| Employer contributions | 8,587 | 7,349 |
| Employee contribution | 11,450 | 9,789 |
| Notes receivable from participants | 69,761 | 137,778 |
| Total receivables | 89,798 | 154,916 |
| Net assets available for benefits | $9,221,492 | $9,344,691 |

The accompanying notes are an integral part of these financial statements.

**Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2011

| | |
|---|---|
| Additions: | |
| Additions to net assets attributed to: | |
| Investment income | |
| Dividend income | $ 199,655 |
| Net depreciation in fair value of investments | (228,745) |
| Net investment income | (29,090) |
| Interest income on notes receivable from participants | 6,924 |
| Contributions | |
| Participants | 821,790 |
| Employer | 616,284 |
| Rollovers | 1,724 |
| Total contributions | 1,439,798 |
| Total additions | 1,417,632 |
| Deductions: | |
| Deductions from net assets attributed to: | |
| Benefits paid to participants | 1,537,565 |
| Excess contributions | 1,540 |
| Administrative expenses | 1,726 |
| Total deductions | 1,540,831 |
| Net decrease | (123,199) |
| Net assets available for benefits, beginning of year | 9,344,691 |
| Net assets available for benefits, end of year | $9,221,492 |

The accompanying notes are an integral part of this statement.

## NOTE A - SUMMARY DESCRIPTION OF THE PLAN

General

The following description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust (the "Plan") was established by Fritz Industries, Inc. (the "Company" or "Employer") as a defined contribution plan under Section 401(a) of the Internal Revenue Code ("IRC") to provide retirement, death and disability benefits for eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Certain officers of the Company are trustees of the Plan.

Eligibility

All employees who have completed three months of service with the Company are eligible to participate at the first Plan entry date, which is the first day of each calendar quarter.

Contributions

Participants may contribute up to 15% of pretax annual compensation. Such contributions are subject to certain limitations. The Plan permits the Employer to provide a matching contribution based on a percentage of each participant's contributions. The Employer may also make an additional annual profit sharing contribution at its discretion. For the year ended December 31, 2011, the Employer's matching contribution was 75% of the participant's contribution, or $616,284. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contributions plans. A participant who has reached the age of 50 may make catch-up contributions. The IRS limitation on catch-up contributions was $5,500 in 2012.

Participant Accounts

Each participant's account is credited with their individual contributions, matching Employer contributions and allocations of Plan earnings. Allocations are based on the proportion that each participant's account bears to the total of all fund balances. Participants direct their investments to any of the available investment options under the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their individual contributions and earnings thereon. Participants become 50% vested in the Employer's matching contributions and earnings thereon after two years of service and 100% vested after three years of service. Participants are 100% vested if they are employed on or after their normal retirement age.

## NOTE A - SUMMARY DESCRIPTION OF THE PLAN - Continued

Forfeitures

As of December 31, 2011 and 2010, $21,509 and $39,829, respectively, of the non-vested portion of terminated participants' account balances remain in the Plan as forfeitures. Forfeitures are used to pay Plan expenses, or may be allocated to participants based on a formula established by management.

Payment of Benefit

In the case of retirement due to full and permanent disability, or termination of employment, participants are able to receive the value of their vested account balances in accordance with the provisions of the Plan, in a lump-sum distribution. The corresponding unvested portions of the participant's benefits are forfeited and are allocated as described in the preceding note on forfeitures. In the event that a participant dies before retirement, the participant's named beneficiary will receive the value of the participant's accumulated Plan benefits. Participants no longer employed by the Company are allowed to remain in the Plan.

Hardship withdrawals are allowed, subject to certain limitations defined in the Plan document, to the extent vested balances exist in participants' accounts.

Note Receivable from Participants

Participants may borrow from their accounts subject to a minimum of $1,000. The maximum amount of any loan (when added to the outstanding balance of all prior loans) may not exceed the lesser of: (1) 50% of the participant's vested account balance or (2) $50,000 of the participant's vested balance. In addition, participants may have no more than two loans outstanding at any one time. The loans are secured by the remaining balance in the participant's account and bear a fixed rate of interest calculated at the Prime Rate plus 1%, as published in the Wall Street Journal on the date of the loan. The rate on outstanding loans as of December 31, 2011, range from 4.25% to 9.00%. Loan terms are for a maximum of 5 years. Principal and interest are repaid in equal installments through payroll deductions and individual repayments made by the participant.

## NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting and are prepared in accordance with accounting principles generally accepted in the United States of America ("US GAAP").

Valuation of Investments and Income Recognition

The Plans' investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with US GAAP requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements, the changes in net assets available for plan benefits during the reporting period and disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan document.

Administrative Expenses

Substantially all Plan administrative expenses are paid directly by the Company. Certain costs and expenses incurred with regard to the purchase, sale or transfer of investments are paid by the Plan. Investment advisory fees for portfolio management are paid directly from fund earnings and are included in mutual fund expense ratios. All other administrative expenses are paid by the Company.

## NOTE C - INVESTMENTS

Investments that represent 5% or more of the Plan's net assets are separately identified as follows:

| | December 31, | |
|---|---|---|
| | 2011 | 2010 |
| JPMorgan Liquid Money Market | $1,726,179 | $2,137,775 |
| JPMorgan Equity Index | 1,536,089 | 1,707,329 |
| ING Intermediate Bond | 1,019,824 | 1,110,973 |
| Vanguard Growth Index | 1,012,682 | 1,222,688 |
| Allianz NFJ Small Capital Value Fund | 847,603 | 740,603 |
| American Funds Europacific Growth | 731,503 | 726,999 |
| Black Rock Small Capital Growth | 699,420 | 551,643 |

During 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

| | |
|---|---|
| Bond | $ 34,853 |
| Mutual funds | (263,598) |
| | $(228,745) |

## NOTE D - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JP Morgan Chase Bank N.A. have certified that the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

| | 2011 | 2010 |
|---|---|---|
| Assets | | |
| Mutual funds and bond | $9,131,694 | $9,189,775 |
| Notes receivable from participants | 69,761 | 137,778 |

| | 2011 |
|---|---|
| Investment income | |
| Interest and dividend income | $ 199,655 |
| Net depreciation in fair value of investments | (228,745) |

At the request of the Plan administrator, the Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule. All other information has been audited in accordance with auditing standards generally accepted in the United States of America.

## NOTE E - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 *Fair Value Measurements and Disclosures* provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**NOTE E - FAIR VALUE MEASUREMENTS - Continued**

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 or 2010.

Mutual Funds

Valued at market value of shares held by the Plan at year end.

Bond

Valued at the closing price reported on the active market on which the individual securities or trade.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010.

**Assets at Fair Value as of December 31, 2011**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Bond | $1,019,824 | $ - | $ - | $1,019,824 |
| Mutual Funds | | | | |
| Growth | 1,712,102 | - | - | 1,712,102 |
| Equity | 2,715,143 | - | - | 2,715,143 |
| Money market | 1,726,179 | - | - | 1,726,179 |
| Fixed income | 1,958,446 | - | - | 1,958,446 |
| Total assets at fair value | $9,131,694 | $ - | $ - | $9,131,694 |

## NOTE E - FAIR VALUE MEASUREMENTS - Continued

**Assets at Fair Value as of December 31, 2010**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Bond | $1,110,973 | $ - | $ - | $1,110,973 |
| Mutual Funds | | | | |
| Growth | 1,774,330 | - | - | 1,774,330 |
| Equity | 2,484,626 | - | - | 2,484,626 |
| Money market | 2,137,775 | - | - | 2,137,775 |
| Fixed income | 1,682,071 | - | - | 1,682,071 |
| Total assets at fair value | $9,189,775 | $ - | $ - | $9,189,775 |

## NOTE F - RELATED PARTY TRANSACTIONS

The Plan sponsor is responsible for the Plan's administration and custodian expenses. Certain Plan investments are shares of mutual funds managed by JP Morgan Chase Bank N.A. or its subsidiaries, the Plan custodian. Certain fees paid to the Plan trustee for investment management services are incorporated into the expense ratios of the individual mutual funds and paid directly from fund earnings, therefore, these transactions qualify as party-in-interest transactions.

## NOTE G - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of the ERISA. In the event of Plan termination, participants will become 100% vested in their account balances and Plan assets will be distributed in accordance with the Plan.

## NOTE H - TAX STATUS

The Plan sponsor adopted a prototype standardized 401(k) plan that has received an opinion letter from the Internal Revenue Service dated August 7, 2001 on the design of the prototype plan and amendments since then. Although the Plan has been amended since receiving the determination letter, the Plan sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

## NOTE I - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. The Plan does not obtain or require collateral for these investment securities.

## NOTE J - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2011 and 2010:

| | 2011 | 2010 |
|---|---|---|
| Net assets available for benefits per the financial statements | $9,221,492 | $9,344,691 |
| Employer contribution receivable | (8,587) | (7,349) |
| Employee contribution receivable | (11,450) | (9,789) |
| Net assets available for benefits per the Form 5500 | $9,201,455 | $9,327,553 |

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to Form 5500 at December 31:

| | 2011 |
|---|---|
| Net decrease in net assets available for benefits per the financial statements | $(123,199) |
| 2011 Employer contribution receivable | (8,587) |
| 2011 Employee contribution receivable | (11,450) |
| 2010 Employer contribution receivable | 7,349 |
| 2010 Employee contribution receivable | 9,789 |
| Net decrease in net assets available for benefits per the Form 5500 | $(126,098) |

## NOTE K - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 9, 2012, the date the financial statements were available to be issued, and determined there were no events that occurred that would have significantly affected the financial statements.

**SUPPLEMENTAL SCHEDULE**

**Fritz Industries, Inc. Employees' Profit Sharing Plan and Trust**

SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

EIN 75-1083407
Plan # 472628-01

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment | (e) Current value |
|---|---|---|---|
| * | JPMorgan | JPMorgan Liquid Money Market | $1,726,179 |
| * | JP Morgan | JPMorgan Equity Index | 1,536,089 |
| | ING | ING Intermediate Bond | 1,019,824 |
| | Vanguard | Vanguard Growth Index | 1,012,682 |
| | Allianz | Allianz NFJ Small Cap Value Fund | 847,603 |
| | American | American Fund Europacific Growth | 731,503 |
| | Black Rock | Black Rock Small Cap Growth | 699,420 |
| | Vanguard | Vanguard Value Index | 405,242 |
| | American | American Funds Inc. Fund of America | 363,634 |
| | Managers | Managers Cadence Mid-Cap | 355,371 |
| | Pioneer | Pioneer Mid Cap Value | 350,230 |
| | Van Kamp | Van Kamp Equity Income | 83,917 |
| Total investments, at fair value | | | $9,131,694 |
| * | Participants | Notes receivable from participants (interest rates range from 4.25% -9.00%) | $ 69,761 |

* Indicates party-in-interest

Note: Investments are participant directed; accordingly column (d) cost information is not applicable.