Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2222

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

| | art I Annual Report Identification Information | | | | | | |
|-----|--|-------------|---------------------------------------|--------|--|--|--|
| For | calendar plan year 2009 or fiscal plan year beginning 01/01/2009 | 2009 | | | | | |
| Α | This return/report is for: | multiple-e | employer plan (not multiemployer) | | one-participant plan | | |
| В | This return/report is for: | final retur | n/report | | | | |
| | an amended return/report | short plan | year return/report (less than 12 mo | onths) | | | |
| С | Check box if filing under: | automatic | extension | | DFVC program | | |
| | special extension (enter descriptio | n) | | | | | |
| Pa | art II Basic Plan Information—enter all requested informa | , | | | | | |
| | Name of plan | 20011 | | 1b | Three-digit | | |
| | PLUMBING JOINT, INC. 401(K) SALARY REDUCTION PLAN & TR | UST | | | plan number | | |
| | | | | | (PN) | | |
| | | | | 1C | Effective date of plan 01/01/1997 | | |
| 2a | Plan sponsor's name and address (employer, if for single-employer | plan) | | 2b | Employer Identification Number | | |
| THE | PLUMBING JOINT, INC. | | | | (EIN) 91-1050511 | | |
| 251 | UNION AVENUE NE | | | 2C | Plan sponsor's telephone number 425-228-3204 | | |
| | ITON, WA 98059 | | | 2d | Business code (see instructions) | | |
| | | | | | 236110 | | |
| | Plan administrator's name and address (if same as Plan sponsor, er PLUMBING JOINT, INC. 351 UNION A | | | 3b | Administrator's EIN 91-1050511 | | |
| | RENTON, WA | | | 3c | Administrator's telephone number | | |
| 4 | 16 the many and/or FIN of the plan arrange has also are also as the least | | want file of families when a mean the | | 425-228-3204 | | |
| | If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor | | port filed for this plan, enter the | 4D | EIN | | |
| | | | | 4c | PN | | |
| 5a | Total number of participants at the beginning of the plan year | 5a | 7 | | | | |
| b | Total number of participants at the end of the plan year | 5b | 7 | | | | |
| С | Total number of participants with account balances as of the end of complete this item) | | | 5c | 7 | | |
| 6a | | | | | <u> </u> | | |
| b | , , , , | | , | | | | |
| | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a | | | | X Yes 📙 No | | |
| Da | If you answered "No" to either 6a or 6b, the plan cannot use Fo art III Financial Information | orm 5500- | SF and must instead use Form 5 | 500. | | | |
| | | | | | #N= | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | 4 | (b) End of Year 21958 | | |
| a | Total plan assets Total plan liabilities | 7a 7b | 2214 | 4 | 21930 | | |
| C | | 76 7c | 2274 | 1 | 21958 | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | 70 | (a) Amount | _ | (b) Total | | |
| а | | | (a) Amount | | (b) iotai | | |
| | (1) Employers | 8a(1) | | _ | | | |
| | (2) Participants | 8a(2) | | _ | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| b | Other income (loss) | 8b | 177 | 8 | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | 1778 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 256 | 4 | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | |
| g | Other expenses | 8g | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | 2564 | | |
| i | Net income (loss) (subtract line 8h from line 8c) | 8i | | | -786 | | |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | |

| Form 5500-SF 2009 Page 2- 1 | Р | ige 2- 1 | 1 |
|-------------------------------------|---|-----------------|---|
|-------------------------------------|---|-----------------|---|

| Part IV | Dlan | Characteristics |
|---------|--------|-----------------|
| Partiv | ı Pian | Characteristics |

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2J 2K

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

| art | V Compliance Questions | | | | | | | |
|-------------|---|--------------|---------|---------|----------------|--------|---------|-------|
| 0 | During the plan year: | | Yes | No | | Amo | unt | |
| а | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | X | | | | | 2595 |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | X | | | | |
| С | Was the plan covered by a fidelity bond? | 10c | X | | | | | 50000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | sed by fraud | | | | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | × | | | | | 82 |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | | | | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | | X | | | | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | x | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the | | | X | | | | |
| | exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | | | | |
| art 1 | | | 0 - 1 1 | | / F | | | |
| ı | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500)) | | | | | П | Yes | X No |
| 2 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code | e or se | ction 3 | 802 of | ERISA? | Ī | Yes | X No |
| | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) | | | | | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru | ctions. | and e | nter th | e date of th | e lett | er ruli | na |
| | granting the waiver | nth | | | | | | |
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | _ | | | | | |
| b | Enter the minimum required contribution for this plan year | | | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | | 12c | | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount) | | | 12d | | - | | 1 |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | | Yes | N | 0 | N/A |
| art | VII Plan Terminations and Transfers of Assets | | | | | | | |
| 3a | Has a resolution to terminate the plan been adopted during the plan year or any prior year? | | | | | X | Yes | No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | | | 13a | | | | 0 |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? | | | ntrol | | | Yes | X No |
| С | If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.) | he pla | n(s) to | | | 1 | | |
| 1 | I3c(1) Name of plan(s): | | 130 | (2) EI | N(s) | 1 | 3c(3) | PN(s) |
| | | | | | | | | |
| | | | | | | | | |
| aut | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal | le cau | ise is | establ | ished. | 1 | | |
| Inde B o | er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return | urn/re | ort, in | cluding | g, if applical | | | |
| elief | f, it is true, correct, and complete. | | | | | | | |
| eici | Filed with authorized/valid electronic signature. 06/17/2010 DONALD PALMI | =K | | | | | | |

SIGN HERE
Signature of plan administrator
Date
Enter name of individual signing as plan administrator

SIGN HERE
Signature of employer/plan sponsor
Date
Enter name of individual signing as plan administrator

DONALD PALMER

DONALD PALMER

Enter name of individual signing as employer or plan sponsor

Date
Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6068(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

| F | Ins | pection. | | | | | | | | |
|---|---|----------------|--|------------------------|----------------------|---------------------------|---------------------|--|--|--|
| | Persion Benefit Gueranty Corporation ► Complete all entries in accordant Annual Report Identification Information | ance wiui | me msu ucuc | ilis to tile Form 550 | U-3F. | | | | | |
| | the calendar plan year 2009 or fiscal plan year beginning | 2009-0 | 21 -01 | and ending | 20 | 09-12-31 | | | | |
| _ | п | | | | Г | | nt nion | | | |
| | | • | | ot multiemployer) | one-participant plan | | | | | |
| В | This return/report is for: | final return/i | report | | | | | | | |
| | an amended return/report | short plan y | ear return/repo | ort (less than 12 mont | hs) _ | _ | | | | |
| C | Check box if filing under: Form 5558 | automatic e | xtension | | | DFVC progra | m | | | |
| | special extension (enter description) | | | | | _ | | | | |
| р, | | | | | | | | | | |
| _ | art II Basic Plan Information — enter all requested inform | nation. | | | 1b 1 | Three-digit | | | | |
| ıu | Name or plan | | | | ļ r | olan number | | | | |
| | The Plumbing Joint, Inc. 401(K) Salary Reduction | n Plan | & Trust | | | PN) ▶ | 001 | | | |
| | | | | | i | Effective date of L997-01 | f plan | | | |
| 2- | Pl | | | **** | | | fication Number | | | |
| za | Plan sponsor's name and address (employer, if for single-employer pla | in) | | | | EIN) 91-10 | | | | |
| | The Plumbing Joint, Inc. | | | | | | telephone number | | | |
| | 351 UNION AVENUE NE | | | | | (425) 228-3 | 3204 | | | |
| | | | | | 1 | | (see instructions) | | | |
| US 2- | RENTON WA 98059 | #C | | | | 236110 Administrator's | FIN | | | |
| Ja | Plan administrator's name and address (If same as plan employer, ent | er Same) | | | "" ' | -ciminsuator s | L.114 | | | |
| | V.4 | | | | | | | | | |
| | | | | | 3c | Administrator's | telephone number | | | |
| | | | | | | | | | | |
| 4 | If the name and/or EIN of the plan sponsor has changed since the last | return/repo | rt filed for this | plan, enter the | 4b 1 | EIN | | | | |
| • | name, EiN and the plan number from the last return. Sponsor's Name | | | , | 4c | PN PN | | | | |
| | | | | | 5a | | 7 | | | |
| | Total number of participants at the beginning of the plan year | | | | 5b | | 7 | | | |
| b | Total number of participants at the end of the plan year | | /dofined hone | ft plane do not | 30 | | | | | |
| C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | | | | | | | | | | |
| 6a | Were all of the plan's assets during the plan year invested in eligible as | ssets? (See | instructions.) | | , | | X Yes No | | | |
| b | Are you claiming a waiver of the annual examination and report of an i | | t qualified pub | lic accountant (IQPA) | | | | | | |
| | under 29 CFR 2520.104-46? (See instructions on walver eligibility and | conditions. |) | | | | X Yes No | | | |
| | If you answered "No" to either 6a or 6b, the plan cannot use Form | 5500-SF a | nd must inste | 186 USB FORM 5500. | | | | | | |
| P | art III Financial Information | · | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Be | ginning of Year | | (b) End | of Year | | | |
| а | Total plan assets , , , , , | 7a | | 22,744 | | | 21,958 | | | |
| b | Total plan liabilities | . 7b | | | | | | | | |
| c | Net plan assets (subtract line 7b from line 7a) | 7c | | 22,744 | | | 21,958 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | | a) Amount | | (b) | Total | | | |
| o a | Contributions received or receivable from: | | | | | | | | | |
| а | (1) Employers | 82(1) | | | | | | | | |
| | (2) Parlicipants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | . 8a(3) | | | | | | | | |
| b | | . 8b | | 1,778 | | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | | | | | | 1,778 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums | | | | | | | | | |
| - | to provide benefits) | . 8d | , | 2,564 | _ | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | . 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | . 8f | | | | | | | | |
| | Other expenses | . 8g | | | | | | | | |
| g | , | | | | | | 2,564 | | | |
| h | | . 8h | | | | | (786) | | | |
| i | Net income (loss) (subject line 8h from line 8c) | | | | | | | | | |
| j | Transfers to (from) the plan (see instructions) | . 8j | <u> </u> | FEOD CE | | | Form 5600-SF (2009) | | | |
| F | or Paperwork Reduction Act Notice and OMB Control Numbers, see | the instru | ctions for For | m 5500-5F. | | • | | | | |

TO:12539264370

| | Form 5500-SF (2009) | P | age 2 - | | | | | |
|--------------|--|--|------------------------|------------------------|-------------|--|---------------------------|---------|
| Par | t IV Plan Characteristics | | | | | | | |
| | If the plan provides pension benefits, enter the applicable pension featu 2F 2J 2K If the plan provides welfare benefits, enter the applicable welfare featur | | | | | | | |
| | whe plan provides werrare betieffts, either the applicable werrare restur | re codes from the t.ist | or Plan Unaracteristi | c Coo | es in ine i | nstructions | | |
| Par | t V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | _ | Y | es No | | Amount | |
| a b | Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (Con line 10a.) | y Correction Program Do not include transac | tions reported | 0a : | x x | | | 2,595 |
| _ | , | | | | x | | ··············· | 50,000 |
| d d | Was the plan covered by a fidelity bond? | elity bond, that was ca | used by fraud | Od . | х | | | 30,000 |
| е | Were any fees or commisions paid to any brokers, agents, or other p insurance services or other organization that provides some or all of instructions.) | the benefits under the | plan? (See | Oe 3 | x | | | 82 |
| f | Has the plan failed to provide any benefit when due under the plan? | | | Of | х | | | |
| g | Did the plan have any participant loans? (If "Yes." enter amount as of | fyear end.) | | 00 | х | | | |
| h | If this is an individual account plan, was there a blackout period? (Se 2520.101-3.) | | i i | Oh | x | | | |
| i | If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3 | | | 01 | | | | |
| Par | VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirement | | uctions and complete | Sche | dule SB (| Form | , 🗌 Yes | X No |
| a ff | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable of a waiver of the minimum funding standard for a prior year is being a granting the waiver | amortized in this plan | Month | | | date of the | | |
| b | Enter the minimum required contribution for this plan year | | | | 12b | | | |
| C | Enter the amount contributed by the employer to the plan for this plan | nyear | <i></i> . | | 12c | | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount) | | - | . , | 12d | | | 0 |
| | Will the minimum funding amount reported on line 12d be met by the | funding deadline? . | · · · · · · | <u> </u> | · · · | Yes | No | □N/A |
| | VII Plan Terminations and Transfers of Assets | | | | | | XYes | ΠNο |
| 13a | Has a resolution to terminate the plan been adopted during the plan y | | | • • | | · · · · | . [X]168 | 0 |
| | If "Yes," enter the amount of any plan assets that reverted to the emp | | ···· | | 13a | L | | U |
| c | Were all the plan assets distributed to participants or beneficiaries, to of the PBGC? | | | | | | . Yes | X No |
| | which assets or liabilities were transferred. (See instructions.) | | | 13c(2) EIN(s) 13c(3) P | | | | |
| | 13c(1) Name of plan(s): | | | | | | | <u></u> |
| | | | | | | | | |
| | | | | | | | | |
| Caut | on: A penalty for the late or incomplete filling of this return/report | will be assessed uni | ess reasonable cau | se is e | stablish | ed. | | |
| Unde SB o | r penalties of perjury and other penalties set forth in the instructions, I on Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete. | declare that I have exa | amined this return/rep | oort, in | cluding, if | applicable | , a Schedul wledge and | e I |
| | 1/1/201/1 | | | ···· | | | | |
| SIC | REL Olgnature of plan administrator | Date | Enter name of Indiv | idual : | signing as | plan admi | nistrator | |
| SIC | | | | | | | | |
| HE | | Date | Enter name of indiv | ridual : | signing as | employer | or plan spo | nsor |
| | | | | | | | | |