	Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089								
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee				2009					
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	e This Form is Open to Public								
P	Employee Benefits Security Administration Internal Revenue Code (the Code). Inis Form is Construction Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspective										
	Part I Annual Report Identification Information										
For	calendar plan year 2009 or fisca		9	and ending C	1/31/2	2010					
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participant plan						
B -	This return/report is for:	first return/report	final retur	n/report							
		an amended return/report		year return/report (less than 12 mo	nths)	_					
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program					
	special extension (enter description)										
		nation—enter all requested information	ation		41						
	Name of plan	SHARING PLAN AND TRUST			10	Three-digit plan number					
FUU	L WORLD, INC. 401(R) FROM	SHARING FLAN AND TRUST				(PN) ▶ 001					
					1c	Effective date of plan 02/01/1991					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-0952986					
	4 E. SPRAGUE				2c	Plan sponsor's telephone number 509-928-6585					
	KANE, WA 99216				2d	Business code (see instructions) 453990					
	Plan administrator's name and L WORLD, INC	address (if same as Plan sponsor, e 13524 E. SPI		;")	3b	Administrator's EIN 91-0952986					
SPOKANE, WA 99216						Administrator's telephone number 509-928-6585					
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN											
1	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN					
5a	Total number of participants at	the beginning of the plan year				70					
b		the end of the plan year			5b	72					
С	Total number of participants wi	th account balances as of the end of	f the plan y	ear (defined benefit plans do not	5c	51					
6a	complete this item)										
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)											
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information											
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		. 7a	876743	3	1268182					
b	Total plan liabilities		7b	()	0					
С	Net plan assets (subtract line 7	b from line 7a)	7c	876743	3	1268182					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total					
а	Contributions received or recei		80(1)	36924							
			8a(1) 8a(2)	103275							
				100270	4						
b	., ,			268053	3						
c		8a(2), 8a(3), and 8b)		20000		408252					
d		t rollovers and insurance premiums									
е	, ,	corrective distributions (see instructions) 8e									
f		s (salaries, fees, commissions)									
g	•	- (2133	-						
h	•	3e, 8f, and 8g)			168						
i		8h from line 8c)			3914						
j	Transfers to (from) the plan (se	e instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

- **9a** 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 2K 3D 2T
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	ount	
а								
b								
С	Was the plan covered by a fidelity bond?	10c	Х					126818
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
e	 Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) 			Х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					58036
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
lf y b	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	tions, th of a	and e	nter th	ne date of	the le	tter rul	-
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	١o	N/A
Part								
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	<u>i </u>			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)						Yes	X No
1	3c(1) Name of plan(s):		130	c(2) El	N(s)		13c(3)	PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	08/24/2010	MARK HENDERSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

	Form 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				~	2009				
Er	Department of Labor This form is required to be filed under sections 104 and 4065 of the Employe Department of Labor Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public				
P	ension Benefit Guaranty Corporation			the instructions to the Form 550	Inspection					
		lentification Information								
For	calendar plan year 2009 or fisca		2/01/2	009 and ending		01/31/2010				
Α	This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan				
B -	This return/report is for:	first_return/report	final returi	,						
		an amended return/report	short plan	year return/report (less than 12 mo	nths)					
C	Check box if filing under:	X Form 5558		extension		DFVC program				
		special extension (enter descriptio				······································				
·		mation-enter all requested information	ation		46					
	Name of plan Pool World, Inc. 40)1(k) Profit Sharing P	lan and	d	1D	Three-digit plan number				
	Trust					(PN) 🕨 001				
				ê ~	1c	Effective date of plan 02/01/1991				
2a	Plan sponsor's name and addre Pool World, Inc	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-0952986				
	12504 7 00000 0000				2c	Plan sponsor's telephone number (509) 928-6585				
	13524 E. Sprague Spokane			WA 99216	2d	Business code (see instructions) 453990				
		address (if same as Plan sponsor, e	nter "Same		3b	Administrator's EIN				
	Same									
					3c	Administrator's telephone number				
4	f the name and/or EIN of the pla	an sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		10					
5a	Total number of participants at	the beginning of the plan year			4c	70				
b		the end of the plan year			5a 5b					
c		ith account balances as of the end of			5b	72				
	complete this item)				5c	51				
 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 										
b	Are you claiming a waiver of the under 29 CFR 2520.104-46? ((PA)	X Yes 🗌 No							
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)										
Pa	rt III Financial Information	ation	1							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
a	•		7a	876,74		1,268,182				
b			7b	0.5.6	0	0				
		7b from line 7a)	7c	876,74	.3	1,268,182				
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(b) Total				
			8a(1)	36,92	4	and a second				
	(2) Participants		8a(2)	103,27	3,275					
	•)	· · · ·							
b				268,05	3	· · · ·				
c d		8a(2), 8a(3), and 8b) rollovers and insurance premiums	80	· · · · · · · · · · · · · · · · · · ·		408,252				
u		rollovers and insurance premiums	. 8d	13,74	0					
e		tive distributions (see instructions)								
f	Administrative service provider	rs (salaries, fees, commíssions)	8f	94	0					
g	Other expenses		8g	2,13	3	· · ·				
h		8e, 8f, and 8g)	-			16,813				
i		e 8h from line 8c)			÷.	391,439				
j	Transfers to (from) the plan (se	ee instructions)	8j		- N					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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Part IV Plan Characteristics

9a 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 2K 3D 2T

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

Part	V	Compliance Questions							
10	Du	uring the plan year:		Yes	No		Amo	ount	
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)							
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		x				
С	N	/as the plan covered by a fidelity bond?	10c	х				12	6,818
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x				
f	Ha	as the plan failed to provide any benefit when due under the plan?	10f		x				
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	х				5	8,036
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)	10h		x				<u> </u>
i		10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))					Π	Yes	X No
12 a	(lf lf a	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- anting the waiver	ctions	, and e	enter th	ne date of t	he le Yea	tter rui	X No
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year				12b				
-		ter the amount contributed by the employer to the plan for this plan year			12c				
d	Su ne	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)	of a	[12d				
е	Wi	II the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	NO	N/A
Part	VI	Plan Terminations and Transfers of Assets							
13a	Ha	is a resolution to terminate the plan been adopted during the plan year or any prior year?	•••••	<u>-</u>				Yes	X No
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
C		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t hich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
			1						
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	use is	establ	lished.			
Unde SB o	er pe r So	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret thedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return is true, correct, and complete.	urn/re	port, ir	ncludin	q, if applic	able, knov	a Sch /ledge	edule and
		A 23 Zolo Mark Hende	***	 					
SIG	N	ALAN ANALAN DI SICOLO MAIX HEILE	TROL	1					

SIGN	CHANNING .	8/23/2010	Mark Henderson
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Atism	8/23/2010	Mark Henderson
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor