

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input checked="" type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan T AND A SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 11/01/1981
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) T AND A SUPPLY COMPANY, INC. 6807 SOUTH 216TH STREET KENT, WA 98032	2b Employer Identification Number (EIN) 91-0718794 2c Sponsor's telephone number 253-872-3682 2d Business code (see instructions) 423300
	6807 SOUTH 216TH STREET KENT, WA 98032	

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.	10/14/2010	MARK STRECKER
	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") T AND A SUPPLY COMPANY, INC. 6807 SOUTH 216TH STREET KENT, WA 98032	3b Administrator's EIN 91-0718794 3c Administrator's telephone number 253-872-3682
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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
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5 Total number of participants at the beginning of the plan year	5	252
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	204
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	37
d Subtotal. Add lines 6a , 6b , and 6c	6d	241
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	242
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	207
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	14
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 3H

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan T AND A SUPPLY COMPANY, INC. 401(K) 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 T AND A SUPPLY COMPANY, INC.		D Employer Identification Number (EIN) 91-0718794

Part I	Service Provider Information (see instructions)
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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
FID.INV.INST.OPS.CO.
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	2702	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY AND CO INCORPORATED

CO MORGAN STANLEY 401K ONLY
RETIREMENT PLAN SERVICES 401K ONLY
JERSEY CITY, NJ 07311

(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?
61	ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AIM MIDCAP CORE EQ A - INVESCO AIM 98-0557567	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
AIM REAL ESTATE A - INVESCO TRIMARK 98-0557567	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
ALL/BERN INTL GRTH A - ALLIANCEBERN 13-3211780	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
CALVERT INCOME A - BOSTON FINANCIAL 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
CALVERT LG CAP GTH A - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MS EQL WTD S&P 500 A - MORGAN STANL 22-3458456	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MS LIQUID ASSETS - MORGAN STANLEY T 22-3458456	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
MS US GOVT SEC TR A - MORGAN STANLE 22-3458456	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
OPPHMR SMMIDCP VAL A - OPPENHEIMERF 13-2527171	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
VAN KAMPEN EQ INC A - VAN KAMPEN IN PO BOX 219286 KANSAS, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
VK COMSTOCK A - VAN KAMPEN INVESTOR PO BOX 219286 KANSAS, MO 64121	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY & CO INCORPORATED	61	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.	
OPPHMR SMMIDCP VAL A - OPPENHEIMERF 13-2953455	\$5M+=0.25%	

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
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(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
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>T AND A SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) <u>001</u>
	C Plan sponsor's name as shown on line 2a of Form 5500 <u>T AND A SUPPLY COMPANY, INC.</u>
D Employer Identification Number (EIN) <u>91-0718794</u>	

Part I	Asset and Liability Statement
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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)	<u>0</u>	<u>350000</u>
(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)	<u>2997124</u>	<u>2009066</u>
(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)	<u>121264</u>	<u>118229</u>
(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)	<u>3539947</u>	<u>6358476</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	6658335	8835771

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6658335	8835771
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	350000	
(B) Participants	2a(1)(B)	469706	
(C) Others (including rollovers)	2a(1)(C)	31086	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		850792

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	453	
(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)	10567	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11020

(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)	76541	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		76541

(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)		

		(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)		
(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)		1226783
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2165136

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	298923	
(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)		298923
f Corrective distributions (see instructions)	2f		14899
g Certain deemed distributions of participant loans (see instructions).....	2g		1178
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4410	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4410
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		319410

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1845726
l Transfers of assets:			
(1) To this plan.....	2l(1)		331710
(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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: BADER MARTIN PS

(2) EIN: 91-1501421

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>T AND A SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>T AND A SUPPLY COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>91-0718794</u>

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	<u>0</u>
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): <u>04-6568107</u>		
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 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)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2009
v.092308.1

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:

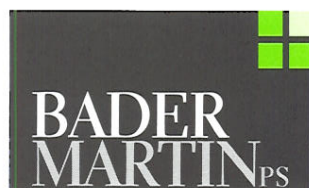
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**T & A SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN
AND TRUST**

2009
FINANCIAL STATEMENTS

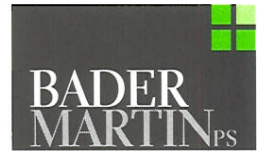


EIN: 91-0718794
Plan number 001

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statements of net assets available for benefits	2
Statements of changes in net assets available for benefits	3
Notes to financial statements	4-11
Supplemental schedule:	
Assets held at end of year	12



Independent Auditors' Report

Trustees
T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust
Kent, Washington

We were engaged to audit the accompanying statements of net assets available for benefits of T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) as of December 31, 2009 and 2008, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets held at end of year as of December 31, 2009. 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 listed in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. 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 trustee, 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.

Bader Martin, P.S.

September 28, 2010

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
<hr/>		
Assets:		
Investments, at fair value:		
Mutual funds	\$ 6,358,476	\$ 3,539,947
Money market fund	2,009,066	2,997,124
Participant loans	118,229	121,264
	<hr/>	<hr/>
	8,485,771	6,658,335
 Employer contribution receivable	 350,000	 <hr/>
 Net assets available for benefits	 <u><u>\$ 8,835,771</u></u>	 <u><u>\$ 6,658,335</u></u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2009	2008
Investment income (loss):		
Net investment gain (loss) from mutual funds	\$ 1,226,783	\$ (2,818,745)
Dividends	76,541	267,654
Interest, participant loans	10,567	11,551
Interest, money market fund	453	80,171
	<u>1,314,344</u>	<u>(2,459,369)</u>
Contributions:		
Participants	469,706	548,792
Employer	350,000	
Rollovers	31,086	
	<u>850,792</u>	<u>548,792</u>
Deductions:		
Benefits paid to or on behalf of participants	300,101	271,543
Corrective distributions	14,899	58,302
Administrative expenses	4,410	1,413
	<u>319,410</u>	<u>331,258</u>
Net increase (decrease)	1,845,726	(2,241,835)
Net assets available for benefits, beginning of year	6,658,335	8,900,170
Transfer of assets from another qualified plan	<u>331,710</u>	<u></u>
Net assets available for benefits, end of year	<u>\$ 8,835,771</u>	<u>\$ 6,658,335</u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of the T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan for employees of the T & A Supply Company, Inc. and Pacific Mat and Commercial Flooring, LLC (collectively, the Company). The Plan was established on November 1, 1981, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

During 2006, the Company acquired Inland Northwest Distributing, Inc. On June 1, 2009, the assets of the Inland Northwest Distributing, Inc. 401(k) Profit Sharing Plan and Trust were transferred into the Plan. The Inland plan was terminated upon transfer of all assets to the Plan. As a result of the merger, net assets totaling \$331,710 were transferred to the Plan.

Eligibility:

Employees who are at least 20 years of age are eligible to participate at the quarterly enrollment date following completion of twelve months and at least 1,000 hours of service. Participants must be employed on the last day of the plan year to be eligible for a profit sharing contribution.

Contributions:

Participants:

Participants may elect to defer up to 70% of annual compensation, not to exceed that permitted by applicable law. The Plan allows for "catch up" contributions for participants who are 50 or older. These "catch up" contributions are limited to \$5,500 and \$5,000 for 2009 and 2008, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Contributions (continued):

Company:

Employer matching or profit sharing contributions may be made at the discretion of the Company. There were no matching contributions made during 2009 or 2008. The Company made profit sharing contributions of \$350,000 for 2009 and there were no profit sharing contributions during 2008. Profit sharing contributions are allocated to each eligible participant's account at an amount equal to a percentage of his or her eligible compensation, plus an amount equal to a percentage of his or her eligible compensation in excess of the Social Security Taxable Wage Base for the plan year.

Participant accounts:

Each participant's account is credited with the participant's contribution, the Company contributions, and a pro rata share of investment income earned by the respective investments into which participants have directed their account balances. Allocations are based on each participant's compensation or account balances. Each participant is entitled to the vested benefit from their individual account.

Participants may direct the investment of their accounts by choosing among the investment alternatives selected by the plan administrator.

Vesting periods:

Participants are 100% vested in their voluntary contributions at all times. Participants become vested in employer matching and profit sharing contributions based on their years of service, as follows:

<u>Completed years of service</u>	<u>Employer matching and profit sharing contributions percentage vested</u>	<u>Profit sharing prior to January 1, 2007 percentage vested</u>
2	20%	0%
3	40%	20%
4	60%	40%
5	80%	60%
6	100%	80%
7		100%

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Forfeitures:

Forfeitures are used to reduce employer contributions and administrative expenses. The unallocated forfeitures totaled approximately \$25,000 and \$9,300 as of December 31, 2009 and 2008, respectively. Forfeitures used to pay administrative expenses were \$2,718 in 2009.

Participant loans:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance reduced by the highest outstanding loan balance in the prior twelve months. The loans are secured by the borrowers' vested plan benefits, bear interest at a commercially reasonable rate (from 5.25% to 10.25% on loans outstanding as of December 31, 2009), and may have terms ranging from one to five years (unless the loan qualifies as a home loan). Principal and interest are paid through semi-monthly payroll deductions.

Plan termination:

The Company reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. Upon Plan termination, each participant shall become 100% vested. Benefits would then be disbursed in accordance with the Plan's provision for termination.

Retirement:

Normal retirement age is 65 years old.

Death or disability:

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while employed by the Company, 100% of the participant's account will become vested and be distributed in the same manner as if the participant had retired.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Payment of benefits:

On termination of service, a participant may receive a lump-sum cash payment for the vested balance in his or her account.

Hardship withdrawals:

While still employed by the Company, participants are permitted to withdraw a single lump sum up to their total vested account balance under certain conditions. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of post-secondary education tuition, funeral or burial expenses, preventing foreclosure or eviction from the participant's principal residence, repairing damage to a principal residence that qualifies as a casualty deduction for federal income tax purposes, or any other need that is, in the judgment of the Company, an immediate and heavy financial need. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements are prepared on the accrual method of accounting. Benefit payments to participants are recorded when paid.

Use of estimates in preparation of financial statements:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect amounts reported and related disclosures. Actual results could differ from those estimates.

Valuation of assets:

Investments are stated at fair value. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is accrued when earned. Gains and losses (realized and unrealized) are reported in net investment gain (loss) from mutual funds.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies (continued):

Subsequent events:

The Plan has evaluated subsequent events through September 28, 2010, the date on which the financial statements were available to be issued.

Reclassifications:

Certain reclassifications were made to the 2008 financial statements to conform to current year presentation.

3. Investments:

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31:

	<u>2009</u>	<u>2008</u>
Morgan Stanley Liquid Asset Fund	\$ 2,009,066	\$ 2,997,124
Morgan Stanley Equally-Weighted S&P 500 Class A	1,390,568	674,780
Fidelity Advisor Leveraged Company Stock Fund	810,020	488,428
AIM Real Estate Fund Class A	764,840	365,868
Fidelity Advisor Intermediate Bond Fund	565,622	
Van Kampen Equity and Income Fund Class A	470,400	
Five percent of net assets available for benefits	\$ 441,789	\$ 332,917

The Plan's investments are exposed to various risks such as interest rate, market, credit and concentration risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. Fair value measurements:

The fair values of mutual funds and the money market fund are based on quoted net asset values from active markets (level 1 measurements in the fair value hierarchy).

The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's vested account balance. Fair value of these investments was determined using unobservable inputs that cannot be corroborated by current market data (level 3 measurements in the fair value hierarchy).

There have been no changes in the methodologies used in valuing investments as of December 31, 2009 and 2008. The fair values of the Plan's assets, by level within the fair value hierarchy, were as follows:

			December 31, 2009		
			Level 1	Level 3	Total
Mutual funds	\$	6,358,476			\$ 6,358,476
Money market fund		2,009,066			2,009,066
Participant loans				\$ 118,229	118,229
	\$	8,367,542		\$ 118,229	\$ 8,485,771
			December 31, 2008		
			Level 1	Level 3	Total
Mutual funds	\$	3,539,947			\$ 3,539,947
Money market fund		2,997,124			2,997,124
Participant loans				\$ 121,264	121,264
	\$	6,537,071		\$ 121,264	\$ 6,658,335

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. Fair value measurements (continued):

The following is a summary of changes in the fair value of participant loans for the years ended December 31:

	2009	2008
Balance, beginning of year	\$ 121,264	132,697
Net repayments, borrowings and defaults	<u>(3,035)</u>	<u>(11,433)</u>
Balance, end of year	<u><u>\$ 118,229</u></u>	<u><u>\$ 121,264</u></u>

5. Information certified by trustee:

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee as complete and accurate:

- Investments, at fair value
- Investment income (loss)
- Schedule of assets held at end of year

6. Administrative expenses:

Administrative expenses not paid by the Plan are paid directly by the Company.

7. Tax status:

The Plan is a Fidelity-sponsored prototype plan with an opinion letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The prototype plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income tax has been included in these financial statements.

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Party-in-interest transactions:

The Plan invests in shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Transactions in such investments qualify as party-in-interest transactions under ERISA. As of December 31, 2009 and 2008, fair market values of the mutual funds managed by the party-in-interest were \$2,044,089 and \$1,213,003, respectively.

The Plan paid an affiliate of the trustee \$4,410 and \$1,413 for record-keeping fees during 2009 and 2008, respectively.

Participant loans qualify as party-in-interest transactions under ERISA.

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2009

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

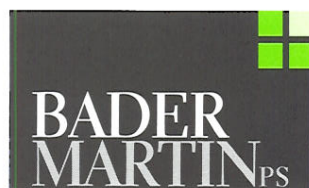
(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Morgan Stanley Liquid Asset Fund	Money Market Fund	**	\$2,009,066
	AIM Midcap Core Equity Fund Class A	Registered Investment Company	**	183,409
	AIM Real Estate Fund Class A	Registered Investment Company	**	764,840
	Alliance Bernstein Intl Growth A	Registered Investment Company	**	326,371
	Calvert Income Fund A	Registered Investment Company	**	193,734
	Calvert Large Cap Growth Class A	Registered Investment Company	**	229,142
*	Fidelity Advisor Leveraged Company Stock Fund	Registered Investment Company	**	810,020
*	Fidelity Advisor Energy Class A	Registered Investment Company	**	143,302
*	Fidelity Advisor Intermediate Bond Fund	Registered Investment Company	**	565,622
*	Fidelity Advisor Diversified International Fund	Registered Investment Company	**	244,404
*	Fidelity Advisor Freedom 2010 Class A	Registered Investment Company	**	3,702
*	Fidelity Advisor Freedom 2020 Class A	Registered Investment Company	**	53,373
*	Fidelity Advisor Freedom 2030 Class A	Registered Investment Company	**	99,158
*	Fidelity Advisor Freedom 2040 Class A	Registered Investment Company	**	63,000
*	Fidelity Advisor Freedom INC Class A	Registered Investment Company	**	37
*	Fidelity Advisor Freedom 2015 Class A	Registered Investment Company	**	13
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*	Fidelity Advisor Freedom 2035 Class A	Registered Investment Company	**	44,085
*	Fidelity Advisor Freedom 2045 Class A	Registered Investment Company	**	1,207
	Morgan Stanley U.S. Gov Securities Trust Class A	Registered Investment Company	**	77,291
	Morgan Stanley Equally-Weighted S&P 500 Class A	Registered Investment Company	**	1,390,568
	Oppenheimer Small & Mid Cap Value Class A	Registered Investment Company	**	305,758
	Van Kampen Comstock Fund Class A	Registered Investment Company	**	372,874
	Van Kampen Equity and Income Fund Class A	Registered Investment Company	**	470,400
*	Participant loans	Interest between 5.25% and 10.25%	\$ 0	118,229
				<u>\$8,485,771</u>

* A party-in-interest, as defined by ERISA

** Cost information is not required, as investments are participant-directed

**T & A SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN
AND TRUST**

2009
FINANCIAL STATEMENTS

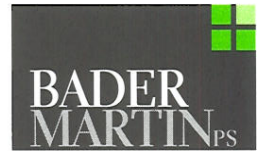


EIN: 91-0718794
Plan number 001

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statements of net assets available for benefits	2
Statements of changes in net assets available for benefits	3
Notes to financial statements	4-11
Supplemental schedule:	
Assets held at end of year	12



Independent Auditors' Report

Trustees

T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust
Kent, Washington

We were engaged to audit the accompanying statements of net assets available for benefits of T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) as of December 31, 2009 and 2008, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets held at end of year as of December 31, 2009. 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 listed in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. 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 trustee, 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.

Bader Martin, P.S.

September 28, 2010

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2009	2008
<hr/>		
Assets:		
Investments, at fair value:		
Mutual funds	\$ 6,358,476	\$ 3,539,947
Money market fund	2,009,066	2,997,124
Participant loans	118,229	121,264
	<hr/>	<hr/>
	8,485,771	6,658,335
 Employer contribution receivable	 350,000	 <hr/>
 Net assets available for benefits	 <u><u>\$ 8,835,771</u></u>	 <u><u>\$ 6,658,335</u></u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2009	2008
Investment income (loss):		
Net investment gain (loss) from mutual funds	\$ 1,226,783	\$ (2,818,745)
Dividends	76,541	267,654
Interest, participant loans	10,567	11,551
Interest, money market fund	453	80,171
	<u>1,314,344</u>	<u>(2,459,369)</u>
Contributions:		
Participants	469,706	548,792
Employer	350,000	
Rollovers	31,086	
	<u>850,792</u>	<u>548,792</u>
Deductions:		
Benefits paid to or on behalf of participants	300,101	271,543
Corrective distributions	14,899	58,302
Administrative expenses	4,410	1,413
	<u>319,410</u>	<u>331,258</u>
Net increase (decrease)	1,845,726	(2,241,835)
Net assets available for benefits, beginning of year	6,658,335	8,900,170
Transfer of assets from another qualified plan	<u>331,710</u>	<u></u>
Net assets available for benefits, end of year	<u>\$ 8,835,771</u>	<u>\$ 6,658,335</u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of the T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan for employees of the T & A Supply Company, Inc. and Pacific Mat and Commercial Flooring, LLC (collectively, the Company). The Plan was established on November 1, 1981, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

During 2006, the Company acquired Inland Northwest Distributing, Inc. On June 1, 2009, the assets of the Inland Northwest Distributing, Inc. 401(k) Profit Sharing Plan and Trust were transferred into the Plan. The Inland plan was terminated upon transfer of all assets to the Plan. As a result of the merger, net assets totaling \$331,710 were transferred to the Plan.

Eligibility:

Employees who are at least 20 years of age are eligible to participate at the quarterly enrollment date following completion of twelve months and at least 1,000 hours of service. Participants must be employed on the last day of the plan year to be eligible for a profit sharing contribution.

Contributions:

Participants:

Participants may elect to defer up to 70% of annual compensation, not to exceed that permitted by applicable law. The Plan allows for "catch up" contributions for participants who are 50 or older. These "catch up" contributions are limited to \$5,500 and \$5,000 for 2009 and 2008, respectively. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Contributions (continued):

Company:

Employer matching or profit sharing contributions may be made at the discretion of the Company. There were no matching contributions made during 2009 or 2008. The Company made profit sharing contributions of \$350,000 for 2009 and there were no profit sharing contributions during 2008. Profit sharing contributions are allocated to each eligible participant's account at an amount equal to a percentage of his or her eligible compensation, plus an amount equal to a percentage of his or her eligible compensation in excess of the Social Security Taxable Wage Base for the plan year.

Participant accounts:

Each participant's account is credited with the participant's contribution, the Company contributions, and a pro rata share of investment income earned by the respective investments into which participants have directed their account balances. Allocations are based on each participant's compensation or account balances. Each participant is entitled to the vested benefit from their individual account.

Participants may direct the investment of their accounts by choosing among the investment alternatives selected by the plan administrator.

Vesting periods:

Participants are 100% vested in their voluntary contributions at all times. Participants become vested in employer matching and profit sharing contributions based on their years of service, as follows:

Completed years of service	Employer matching and profit sharing contributions percentage vested	Profit sharing prior to January 1, 2007 percentage vested
2	20%	0%
3	40%	20%
4	60%	40%
5	80%	60%
6	100%	80%
7		100%

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Forfeitures:

Forfeitures are used to reduce employer contributions and administrative expenses. The unallocated forfeitures totaled approximately \$25,000 and \$9,300 as of December 31, 2009 and 2008, respectively. Forfeitures used to pay administrative expenses were \$2,718 in 2009.

Participant loans:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance reduced by the highest outstanding loan balance in the prior twelve months. The loans are secured by the borrowers' vested plan benefits, bear interest at a commercially reasonable rate (from 5.25% to 10.25% on loans outstanding as of December 31, 2009), and may have terms ranging from one to five years (unless the loan qualifies as a home loan). Principal and interest are paid through semi-monthly payroll deductions.

Plan termination:

The Company reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. Upon Plan termination, each participant shall become 100% vested. Benefits would then be disbursed in accordance with the Plan's provision for termination.

Retirement:

Normal retirement age is 65 years old.

Death or disability:

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while employed by the Company, 100% of the participant's account will become vested and be distributed in the same manner as if the participant had retired.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Payment of benefits:

On termination of service, a participant may receive a lump-sum cash payment for the vested balance in his or her account.

Hardship withdrawals:

While still employed by the Company, participants are permitted to withdraw a single lump sum up to their total vested account balance under certain conditions. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of post-secondary education tuition, funeral or burial expenses, preventing foreclosure or eviction from the participant's principal residence, repairing damage to a principal residence that qualifies as a casualty deduction for federal income tax purposes, or any other need that is, in the judgment of the Company, an immediate and heavy financial need. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements are prepared on the accrual method of accounting. Benefit payments to participants are recorded when paid.

Use of estimates in preparation of financial statements:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect amounts reported and related disclosures. Actual results could differ from those estimates.

Valuation of assets:

Investments are stated at fair value. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is accrued when earned. Gains and losses (realized and unrealized) are reported in net investment gain (loss) from mutual funds.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

2. Summary of significant accounting policies (continued):

Subsequent events:

The Plan has evaluated subsequent events through September 28, 2010, the date on which the financial statements were available to be issued.

Reclassifications:

Certain reclassifications were made to the 2008 financial statements to conform to current year presentation.

3. Investments:

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31:

	<u>2009</u>	<u>2008</u>
Morgan Stanley Liquid Asset Fund	\$ 2,009,066	\$ 2,997,124
Morgan Stanley Equally-Weighted S&P 500 Class A	1,390,568	674,780
Fidelity Advisor Leveraged Company Stock Fund	810,020	488,428
AIM Real Estate Fund Class A	764,840	365,868
Fidelity Advisor Intermediate Bond Fund	565,622	
Van Kampen Equity and Income Fund Class A	470,400	
Five percent of net assets available for benefits	\$ 441,789	\$ 332,917

The Plan's investments are exposed to various risks such as interest rate, market, credit and concentration risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. Fair value measurements:

The fair values of mutual funds and the money market fund are based on quoted net asset values from active markets (level 1 measurements in the fair value hierarchy).

The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's vested account balance. Fair value of these investments was determined using unobservable inputs that cannot be corroborated by current market data (level 3 measurements in the fair value hierarchy).

There have been no changes in the methodologies used in valuing investments as of December 31, 2009 and 2008. The fair values of the Plan's assets, by level within the fair value hierarchy, were as follows:

			December 31, 2009		
			Level 1	Level 3	Total
Mutual funds	\$	6,358,476			\$ 6,358,476
Money market fund		2,009,066			2,009,066
Participant loans				\$ 118,229	118,229
	\$	8,367,542		\$ 118,229	\$ 8,485,771
			December 31, 2008		
			Level 1	Level 3	Total
Mutual funds	\$	3,539,947			\$ 3,539,947
Money market fund		2,997,124			2,997,124
Participant loans				\$ 121,264	121,264
	\$	6,537,071		\$ 121,264	\$ 6,658,335

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

4. Fair value measurements (continued):

The following is a summary of changes in the fair value of participant loans for the years ended December 31:

	2009	2008
Balance, beginning of year	\$ 121,264	132,697
Net repayments, borrowings and defaults	<u>(3,035)</u>	<u>(11,433)</u>
Balance, end of year	<u><u>\$ 118,229</u></u>	<u><u>\$ 121,264</u></u>

5. Information certified by trustee:

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee as complete and accurate:

- Investments, at fair value
- Investment income (loss)
- Schedule of assets held at end of year

6. Administrative expenses:

Administrative expenses not paid by the Plan are paid directly by the Company.

7. Tax status:

The Plan is a Fidelity-sponsored prototype plan with an opinion letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The prototype plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income tax has been included in these financial statements.

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

8. Party-in-interest transactions:

The Plan invests in shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Transactions in such investments qualify as party-in-interest transactions under ERISA. As of December 31, 2009 and 2008, fair market values of the mutual funds managed by the party-in-interest were \$2,044,089 and \$1,213,003, respectively.

The Plan paid an affiliate of the trustee \$4,410 and \$1,413 for record-keeping fees during 2009 and 2008, respectively.

Participant loans qualify as party-in-interest transactions under ERISA.

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2009

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	Morgan Stanley Liquid Asset Fund	Money Market Fund	**	\$2,009,066
	AIM Midcap Core Equity Fund Class A	Registered Investment Company	**	183,409
	AIM Real Estate Fund Class A	Registered Investment Company	**	764,840
	Alliance Bernstein Intl Growth A	Registered Investment Company	**	326,371
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*	Fidelity Advisor Leveraged Company Stock Fund	Registered Investment Company	**	810,020
*	Fidelity Advisor Energy Class A	Registered Investment Company	**	143,302
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	Morgan Stanley U.S. Gov Securities Trust Class A	Registered Investment Company	**	77,291
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**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR

December 31, 2009

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