	Form 5500-SF			Report of Small Emplo	yee		OMB Nos. 1210-0110 1210-0089	
	Department of the Treasury Internal Revenue Service		Benefit	<b>PIAN</b> ctions 104 and 4065 of the Employ	۵۵	2	2010	
Er	Department of Labor mployee Benefits Security Administration	Retirement Income Security A	Act of 1974 (ERISA), and section 6058(a) of the al Revenue Code (the Code).			This Form i	s Open to Public	
P	Pension Benefit Guaranty Corporation			the instructions to the Form 55	00-SF.	Ins	pection	
		Ientification Information	2		05/11/	2010		
	calendar plan year 2010 or fisc	al plan year beginning 01/01/2010		and ending mployer plan (not multiemployer)	05/11/2	<b>—</b>	nt plan	
	This return/report is for:	first return/report	final return			one-participa	int plan	
D	This return/report is for:	an amended return/report		year return/report (less than 12 m	onths)			
C	Check box if filing under:	Form 5558		extension	ornano)	DFVC progra	im	
Ŭ								
Pa	art II Basic Plan Inform	<b>nation</b> —enter all requested information	ation					
	Name of plan				1b	Three-digit		
THE	PLUMBING JOINT, INC. 401(K	) SALARY REDUCTION PLAN & TR	UST			plan number (PN) ▶	001	
					1c	Effective date o		
	•	ess (employer, if for single-employer	plan)		2b	Employer Identi	fication Number	
	PLUMBING JOINT, INC.				2c	(EIN) 91-105 Plan sponsor's t	elephone number	
	JNION AVENUE NE TON, WA 98059				2d	425-22 Business code (	see instructions)	
3a	Plan administrator's name and	nter "Same	3")	3b	236110 Administrator's	EIN		
THE	PLUMBING JOINT, INC.	351 UNION A RENTON, W		E	30	91-105	telephone number	
						425-22	8-3204	
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. Sponsor's name				4b	4b EIN			
	· · · ·				4c	PN		
5a		the beginning of the plan year			Vu		7	
b		the end of the plan year			5b		0	
<u> </u>	complete this item)	ith account balances as of the end of	the plan y	ear (defined benefit plans do not	. 5c		0	
6a	Were all of the plan's assets of	luring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes 🗌 No	
b		ne annual examination and report of a See instructions on waiver eligibility a					X Yes 🗌 No	
	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo		,				
Pa	rt III Financial Information	ation						
7	Plan Assets and Liabilities			(a) Beginning of Year 2195	8	(b) End	of Year	
a b	1		7a 7b	2100	.0		<u> </u>	
c	•	7b from line 7a)	70 70	2195	58		0	
8	Income, Expenses, and Transi			(a) Amount		(b) ]	lotal	
а	Contributions received or rece	ivable from:				\/ ·		
			8a(1)					
	., .	)	8a(2) 8a(3)					
b		)	8b	-15	3			
С	( )	8a(2), 8a(3), and 8b)					-153	
d	Benefits paid (including direct	rollovers and insurance premiums		2180	)5			
•		tive distributions (see instructions)	8d					
e f		rs (salaries, fees, commissions)	8e 8f					
g	·		8g					
h	•	8e, 8f, and 8g)	8h				21805	
i		e 8h from line 8c)	8i				-21958	
j	Transfers to (from) the plan (se	ee instructions)	8j					

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

## 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: 2J 2K
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	Х					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		×				
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				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	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))					П	Yes	× No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.						ter ruli	
lf y	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			-				
b	Enter the minimum required contribution for this plan year			12b				
С	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			X	Yes	No
С	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.)							
1	<b>3c(1)</b> Name of plan(s):		130	c(2) Ell	N(s)	1	3c(3)	PN(s)
					. ,			
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establi	ished	1		

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.	
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SIGN	Filed with authorized/valid electronic signature.	12/03/2010	DONALD PALMER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	12/03/2010	DONALD PALMER
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Page **2-**1

Form 5500-SF	Short Form Annual	Return/ Benefi	Report of Small Emplo t Plan	Employee OMB Nos. 1210- 1210-				
Internal Revenue Service	This form is required to be fi	iled under s	ections 104 and 4065 of the Employ	ee	2010			
Department of Labor Employee Benofits Security Administration	Retirement Income Security	y Act of 197	4 (ERISA), and section 6058(a) of the Code (the Code).	90	This Form	is Open to Public		
Pension Benefit Guaranty Corporation			th the instructions to the Form 55	Inspection				
Part I Annual Report I	dentification information	Druance wi	ut the instructions to the rorm so	00-51	<u>·</u>			
For calendar plan year 2010 or fis	cal plan year beginning 01/01/20	010	and ending	05/11/	2010			
A This return/report is for:	Single-employer plan	multiple-	employer plan (not multlemployer)		one-particip	ant plan		
B This return/report is for:	first return/report		m/report			· · · ·		
	an amended return/report		n year return/report (less than 12 m	n <del>nth</del> e)				
C Check box if filing under:	Form 5558		c extension			<b>am</b>		
	special extension (enter description)							
Part II Basic Plan Infor	mation-enter all requested inform	-						
1a Name of plan	mation-enter all requested mon	mation		16	Three-digit	1		
•	K) SALARY REDUCTION PLAN & T	RUST		"	plan number	001		
					(PN)	001		
				1c	Effective date of			
20 Dine and	·····				01/01/			
THE PLUMBING JOINT INC	ress (employer, if for single-employe	er plan)		25	Employer Identi (EIN) 91-105	ification Number		
				2c	and the second	telephone number		
151 UNION AVENUE NE RENTON, WA 98059					425-22	8-3204		
				2d	Business code 236110	(see instructions)		
3a Plan administrator's name and	l address (if same as Plan sponsor,	antor "Sam	<b>~</b> "1	36	Administrator's			
THE PLUMBING JOINT, INC.	351 UNION	I AVENUE N	ĨÉ	50	91-105			
	RENTON 1	MA 98059		3c	Administrator's	telephone number		
				ļ	425-22	8-3204		
4 if the name and/or EIN of the plan number and the plan number	an sponsor has changed since the liter from the last return/report. Spons	ast return/re	port filed for this plan, enter the	4b	EIN			
	s nom ale last retarmepting opons	or s name		4c	PN			
5a Total number of participants a	t the beginning of the plan year			5a	1			
b Total number of participants a	t the end of the plan year			56		í.		
C Total number of participants w	ith account balances as of the end of	of the plan y						
complete this item)	ith account balances as of the end o		rear (defined benefit plans do not	5c				
6a Were all of the plan's assets of	during the plan year invested in eligi	ble assets?	ear (defined benefit plans do not (See instructions.)	5c				
6a Were all of the plan's assets of b Are you claiming a waiver of the	during the plan year invested in eligithe annual examination and report of	ble assets? f an indepen	ear (defined benefit plans do not (See instructions.)	<b>5c</b>				
<ul> <li>complete this item)</li> <li>6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li> </ul>	during the plan year invested in eligil he annual examination and report of (See instructions on waiver eligibility	ble assets? f an indepen r and conditi	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.)	<b>5c</b> PA)				
<ul> <li>complete this item)</li> <li>6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li> </ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f	ble assets? f an indepen r and conditi	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.)	<b>5c</b> PA)				
<ul> <li>complete this item)</li> <li>6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? (         If you answered "No" to either     </li> </ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f	ble assets? f an indepen r and conditi	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55	<b>5c</b> PA)		Yes N		
<ul> <li>complete this item)</li></ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f	ble assets? f an indepen r and conditi Form 5500-	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.)	<b>5</b> C PA) <b>00</b> .		Yes N		
complete this item) 6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? ( If you answered "No" to eithe Part III Financial Information 7 Plan Assets and Liabilities a Total plan assets	during the plan year invested in eligil he annual examination and report of (See instructions on waiver eligibility ter 6a or 6b, the plan cannot use f ation	ble assets? f an indepen r and conditi Form 5500-	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year	<b>5</b> C PA) <b>00</b> .		Yes N		
complete this item)         6a       Were all of the plan's assets of         b       Are you claiming a waiver of the under 29 CFR 2520.104-46? (         If you answered "No" to eith         Part III       Financial Information         7       Plan Assets and Liabilities         a       Total plan assets         b       Total plan liabilities	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation	ble assets? f an indepen r and conditi Form 5500- 	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year	<b>5</b> C PA) <b>00</b> .		X Yes N Yes N		
<ul> <li>complete this item)</li></ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500-  7a  7b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195	<b>5</b> C PA) <b>00</b> .	(b) End	Yes N Yes N of Year		
<ul> <li>complete this item)</li> <li>6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li></ul>	during the plan year invested in eligi he annual examination and report of See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.)	<b>5</b> C PA) <b>00</b> .		Yes N Yes N of Year		
<ul> <li>complete this item)</li> <li>6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? (</li></ul>	during the plan year invested in eligi he annual examination and report of See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500-  7a  7b  7c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195	<b>5</b> C PA) <b>00</b> .	(b) End	Yes Ni		
<ul> <li>complete this item)</li></ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a) fers for this Plan Year Ivable from:	ble assets? f an indepen r and conditi Form 5500- 7a 7a 7b 7c 8a(1) 8a(2)	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195	<b>5</b> C PA) <b>00</b> .	(b) End	Yes Ni		
<ul> <li>complete this item)</li></ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility ter 6a or 6b, the plan cannot use f ation 7b from line 7a) fers for this Plan Year lvable from:	ble assets? f an indepen r and conditi Form 5500- 7a 7a 7b 7c 8a(1) 8a(2)	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount	<b>5</b> C PA) <b>00</b> .	(b) End	Yes Ni		
<ul> <li>complete this item)</li></ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use F ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195	<b>5</b> C PA) <b>00</b> .	(b) End	Yes N Yes N of Year		
complete this item)         6a       Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eithtee Part III Financial Information of the plan Assets and Liabilities         7       Plan Assets and Liabilities         a       Total plan assets         b       Total plan assets (subtract line 7)         8       Income, Expenses, and Transia         Contributions received or the plan state (1) Employers         (2)       Participants         (3)       Others (including rollovers)         b       Other income (loss)         c       Total income (add lines 8a(1), (1)	during the plan year invested in eligible he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount	<b>5</b> C PA) <b>00</b> .	(b) End	Yes N Yes N of Year		
complete this item)         6a       Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? (If you answered "No" to eithtee Part III Financial Information of the plan Assets and Liabilities         7       Plan Assets and Liabilities         a       Total plan assets         b       Total plan assets (subtract line 7)         8       Income, Expenses, and Transfa         Contributions received or there (1) Employers         (2)       Participants         (3)       Others (including rollovers)         b       Other income (loss)         c       Total income (add lines 8a(1), d Benefits paid (including direct or contributions procesive)	during the plan year invested in eligible he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use F ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount	5c PA) 00.	(b) End	Yes N Yes N of Year		
<ul> <li>complete this item)</li> <li>6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? ( <ul> <li>If you answered "No" to eith</li> </ul> </li> <li>Part III Financial Information of the plan assets and Liabilities <ul> <li>a Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtract line 788 income, Expenses, and Transfa Contributions received or received or</li></ul></li></ul>	during the plan year invested in eligible he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount -155	5c PA) 00.	(b) End	Yes N Yes N of Year		
<ul> <li>complete this item)</li></ul>	during the plan year invested in eligi he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7 7 7 7 7 7 8 8 (1) 8 8 (1) 8 8 (2) 8 8 (3) 8 8 8 0 8 8 0 8 8 0 8 8 0 8 0 1 8 1 1 1 1	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount -155	5c PA) 00.	(b) End	Yes N Yes N of Year		
complete this item)         6a       Were all of the plan's assets of         b       Are you claiming a waiver of the under 29 CFR 2520.104-46? (and the plan assets)         Part III       Financial Information         7       Plan Assets and Liabilities         a       Total plan assets         b       Total plan assets (subtract line 7         B       Income, Expenses, and Transf         a       Contributions received or received or received (1)         c(1)       Employers         (2)       Participants         (3)       Others (including rollovers)         b       Other income (loss)         c       Total income (add lines 8a(1), d         d       Benefits paid (including direct of to provide benefits)         e       Certain deemed and/or correct f         Administrative service provider       Administrative service provider	during the plan year invested in eligible he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8d 86	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount -155	5c PA) 00.	(b) End	Yes N Yes N of Year		
complete this item)         6a       Were all of the plan's assets of         b       Are you claiming a waiver of the under 29 CFR 2520.104-46? (and the plan assets)         Part III       Financial Information         7       Plan Assets and Liabilities         a       Total plan assets         b       Total plan assets (subtract line 7         B       Income, Expenses, and Transital Contributions received or	during the plan year invested in eligible he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use F ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(2) 8a(3) 8b 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount -155	5c PA) 00.	(b) End	Yes Ni Yes Ni of Year		
<ul> <li>complete this item)</li> <li>6a Were all of the plan's assets of b Are you claiming a waiver of the under 29 CFR 2520.104-46? ( <ul> <li>If you answered "No" to eiththe part III</li> <li>Financial Information of the plan assets</li> <li>a Total plan assets</li> <li>b Total plan assets</li> <li>b Total plan liabilities</li> <li>c Net plan assets (subtract line 7)</li> <li>8 Income, Expenses, and Transfa Contributions received or received</li></ul></li></ul>	during the plan year invested in eligible he annual examination and report of (See instructions on waiver eligibility her 6a or 6b, the plan cannot use f ation 7b from line 7a)	ble assets? f an indepen r and conditi Form 5500- 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8d 8c 8d 8c 8d 8g 8g 8h	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 2195 (a) Amount -155	5c PA) 00.	(b) End	Yes         No           of Year         No           Total         -150		

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

Form 5600-SF (2010) v.092308.1

·····	Form 5500-SF 2010 Page 2-							
	t IV Plan Characteristics		<b>N</b>					
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2.J 2K	racteri	stic Co	odes ir	the instru	uction	าร:	
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Co	des in	the instru	iction	S:	
Part								
10	During the plan year:		Yes	No	T		nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in			X		АП	Bount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		<u>^</u>	ļ			
D	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	105		Х				
с	Was the plan covered by a fidelity bond?	100	X		<del> </del>			50
ď	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud							
	or dishonesty?	100		X				
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.)	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?	101		Х				<u> </u>
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			x		*****		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10g						· · · · ·
	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			×				
Part	exceptions to providing the notice applied under 29 CFR 2520.101-3	101			l		· <u>·············</u>	
	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and corr							
	5500))					Γ	Yes	X
12 -	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	M
	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct	tions,	and e	nter th	e date of	the le	atter ru	ling
lf y	granting the waiver	un		Day		165	ar	
	Enter the minimum required contribution for this plan year		Г	12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left inegative amount)	ofa		12d				
	· · · ·		···		Yes	Π		] N

Part VII	Plan Terminations and Transfers of Assets

13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	X Yes N	10
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X Yes N	10
c	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.)		

13c(1) Name of plan(s):	13c(2) EIN(8)	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	Hand Halmon Pran		Desaid L'falmer
HERE	Signature of plan administrator	Date 12-1-10	Enter name of individual signing as plan administrator
SIGN	(Hand) John fren		Dorald & Palmen
HERE	Signature of employer/plan sponsor	Date/2-/-/0	Enter name of individual signing as employer or plan sponsor