Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GENERAL PLUMBING SUPPLY COMPANY INC PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/30/1969

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GENERAL PLUMBING SUPPLY COMPANY INC

1530 SAN LUIS ROAD
WALNUT CREEK, CA 94596-0000

2b Employer Identification Number (EIN)
94-1682669

2c Sponsor's telephone number
925-939-4622

2d Business code (see instructions)
423700

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.	04/18/2011	PENSION FILERS
	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")
GENERAL PLUMBING SUPPLY COMPANY INC

1530 SAN LUIS ROAD
WALNUT CREEK, CA 94596-0000

3b Administrator's EIN
94-1682669

3c Administrator's telephone number
925-939-4622

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	188
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**	106
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	70
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	176
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	176
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	176
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2009
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
GENERAL PLUMBING SUPPLY COMPANY INC PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL PLUMBING SUPPLY COMPANY INC

D Employer Identification Number (EIN)
94-1682669

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERRILL LYNCH

13-3180817

(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?
33	BROKERAGE	31089	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

ASSOCIATED PENSION CONSULTANTS

94-2456320

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	THIRD PARTY ADMINISTRATO	13179	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

JOHNSTON GREMAUX & ROSSI LLP

94-2234450

(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?
10	AUDITOR	7720	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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 07/01/2009 and ending 06/30/2010

A Name of plan
GENERAL PLUMBING SUPPLY COMPANY INC PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL PLUMBING SUPPLY COMPANY INC

D Employer Identification Number (EIN)
94-1682669

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	30093	262462
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	250000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7859	6539
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	221274	146397
(2) U.S. Government securities	1c(2)	1510142	1485144
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	299105	260555
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1906632	2352729
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4225105	4513826
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4225105	4513826

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24471	
	(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)		
	(F) Other	2b(1)(F)	83283	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		107754
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	-37455	
	(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)		-37455

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	353800	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		353800
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		424099
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	77681	
(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)		77681
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	20944	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	36753	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		57697
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		135378
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		288721
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: JOHNSTON GREMAUX & ROSSI LLP (2) EIN: 94-2234450

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
GENERAL PLUMBING SUPPLY COMPANY INC PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
GENERAL PLUMBING SUPPLY COMPANY INC

D Employer Identification Number (EIN)
94-1682669

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** 0

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): 72-1568223

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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):

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
FINANCIAL STATEMENTS
JUNE 30, 2010 AND 2009

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST

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Johnston, Gremaux & Rossi, LLP

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

April 14, 2011

To the Board of Trustees
General Plumbing Supply Company, Inc.
Profit Sharing Plan and Trust

We have audited the accompanying statements of net assets available for plan benefits of the GENERAL PLUMBING SUPPLY COMPANY, INC. PROFIT SHARING PLAN AND TRUST as of June 30, 2010 and 2009, the related statement of changes in net assets available for plan benefits for the year ended June 30, 2010, and the supplemental schedules of assets held for investment purposes at the end of the year as of June 30, 2010 and assets acquired and disposed of within the year for the year ended June 30, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the GENERAL PLUMBING SUPPLY COMPANY, INC. PROFIT SHARING PLAN AND TRUST as of June 30, 2010 and 2009, and the changes in the net assets available for plan benefits for the year ended June 30, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes at the end of the year and assets acquired and disposed of within the year is presented for the purpose of additional analysis, and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements, and in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Johnston, Gremaux & Rossi LLP

JOHNSTON, GREMAUX & ROSSI, LLP
Pleasant Hill, California

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
STATEMENTS OF NET ASSETS
AVAILABLE FOR PLAN BENEFITS
JUNE 30, 2010 AND 2009

	2010	2009
Assets:		
Investments, at fair value:		
U.S. government securities	$ 1,468,958	$ 1,489,657
Common stocks	2,352,729	1,906,632
Other corporate debt instruments	196,523	247,882
California Municipal Bonds	64,032	55,637
Total investments	4,082,242	3,699,808
Receivables:		
Employer contributions	-	250,000
Other receivable	6,539	7,859
Accrued interest and dividends	16,186	16,071
Total receivables	22,725	273,930
Cash	408,859	251,367
Net assets available for plan benefits	$ 4,513,826	$ 4,225,105

See Independent Auditors' Report and notes to financial statements.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEAR ENDED JUNE 30, 2010

Additions:	
Investment lncome:	
Net appreciation in fair value of investments	$ 316,345
Interest	51,071
Dividends	56,683
	424,099
Less investment expenses	(36,753)
Total additions	387,346
Deductions:	
Benefits paid to participants	77,681
Professional fees	20,944
Total deductions	98,625
Net increase	288,721
Net assets available for plan benefits, beginning of year	4,225,105
Net assets available for plan benefits, end of year	$ 4,513,826

See Independent Auditors' Report and notes to financial statements.

NOTE 1 - PLAN DESCRIPTION

The following description of the General Plumbing Supply Company, Inc. Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General

The Plan is a profit sharing plan that was established in 1969 by General Plumbing Supply Co., Inc. (the Company) to provide benefits to eligible employees. The Plan covers all full-time employees of the Company who are at least 21 years of age and have a minimum of one year of service (1,000 hours) as defined in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective July 1, 2002, the Plan was amended and restated to reflect certain provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA) and the provisions of certain other acts collectively referred to as "GUST." Participants should refer to the Plan documents for further details on the amendments.

b) Contributions

The Company may make discretionary contributions as defined in the Plan and as approved by the Board of Directors. Employer contributions are invested in a portfolio of investments as directed by the Company. The Plan does not allow participant contributions. Contributions are subject to certain limitations.

c) Participant Accounts

Each participant's account is credited with an allocation of (a) the employer’s discretionary contributions (using the four-tiered allocation formula) and earnings thereon, and (b) forfeitures of terminated participants' non-vested accounts and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d) Vesting

Vesting in participants' accounts is based on a six-year graded vesting schedule in which the participant is fully vested after six years of credited service, as defined in the Plan.

NOTE 1 - PLAN DESCRIPTION (Continued)

e) Payment of Benefits

Upon termination of service, a participant's vested interest will be distributed in a single lump sum, unless their balance is in excess of $5,000. If a participant has a balance in excess of $5,000, they may elect a single lump-sum distribution or installment payments.

f) Forfeited Accounts

At June 30, 2010 and 2009, forfeited non-invested accounts totaled $14,978 and $31,202 respectively. Forfeitures of non-vested contributions are reallocated among remaining participants in the Plan based on participant account balances.

g) Subsequent events

Subsequent events have been evaluated through April 14, 2011, which is the date the financial statements were available to be issued.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

c) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

c) Investment Valuation and Income Recognition (continued)

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

d) Payment of benefits

Benefits to participants are recorded when paid.

e) Operating Expenses

All expenses of maintaining the Plan are paid by the Plan.

NOTE 3 - INVESTMENTS

All investments are non-participant directed. The following presents investments at June 30, 2010 and 2009, that represent 5% or more of the Plan's net assets.

	June 30, 2010	June 30, 2009
U.S. Trsy Inflation Note 3% 07152012	$ 228,127	$ 222,261
Bank of America Cash*	261,370	29,226
	$ 488,497	$ 251,487

* Denotes 5% or more of the Plan's net assets in 2010 only.

See Independent Auditors' Report.

NOTE 3 - INVESTMENTS (Continued)

During the year ended June 30, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $316,345.

U.S. government securities	$ 74,726
Common stocks	167,877
Corporate and municipal bonds	73,742
	$ 316,345

NOTE 4 - NONPARTICIPANT - DIRECTED INVESTMENTS

Information about the net assets and significant components of the changes in net assets relating to the nonparticipant - directed investments is as follows:

	June 30, 2010	June 30, 2009
Net Assets:		
U.S. government securities	$ 1,468,958	$ 1,489,657
Common stocks	2,352,729	1,906,632
Corporate bonds	196,523	247,882
California municipal bonds	64,032	55,637
Employer contribution receivable	-	250,000
Other receivable	6,539	7,859
Accrued interest and dividends	16,186	16,071
Cash	408,859	251,367
	$ 4,513,826	$ 4,225,105

See Independent Auditors' Report.

NOTE 4 - NONPARTICIPANT - DIRECTED INVESTMENTS (Continued)

	Year Ended June 30, 2010
Changes in Net Assets:	
Net appreciation	$ 316,345
Interest	51,071
Dividends	56,683
Investment expenses	(36,753)
Benefits paid to participants	(77,681)
Professional fees	(20,944)
	$ 288,721

NOTE 5 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles (GAAP), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2010 and 2009.

U.S. Government Securities: Investments in U.S. government securities are valued at the closing price reported in the active market in which the individual security is traded, which values their securities at fair value.

Common stock: Investments in common stock are valued at quoted prices on the New York Stock Exchange per share the close of each business day as reported by each Company, which value their securities at fair value.

Corporate debt instruments: Investments in corporate debt instruments are valued at the closing price reported in the active market in which the bond is traded, which values their securities at fair value.

California Municipal Bonds: Investments in California municipal bonds are valued at the closing price reported in the active market in which the bond is traded, which values their securities at fair value.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010:

Assets at Fair Value as of June 30, 2010

	Level 1	Level 2	Level 3	Total
U.S. government securities	$ 1,468,958	$ -	$ -	$ 1,468,958
Common stocks	2,352,729	-	-	2,352,729
Corporate debt instruments	196,523	-	-	196,523
California municipal bonds	64,032	-	-	64,032
Total assets at fair value	$ 4,082,242	$ -	$ -	$ 4,082,242

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2009:

Assets at Fair Value as of June 30, 2009

	Level 1	Level 2	Level 3	Total
U.S. government securities	$ 1,489,657	$ -	$ -	$ 1,489,657
Common stocks	1,906,632	-	-	1,906,632
Corporate debt instruments	247,882	-	-	247,882
California municipal bonds	55,637	-	-	55,637
Total assets at fair value	$ 3,699,808	$ -	$ -	$ 3,699,808

See Independent Auditors' Report.

NOTE 6 - CONCENTRATIONS

The Plan maintains its cash in bank deposit accounts that, at times, may exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash.

NOTE 7 - PARTIES-IN-INTEREST

Certain Plan expenses include fees paid for services provided by parties-in-interest. These include plan administration as well as the annual audit.

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intent to do so, General Plumbing Supply Company, Inc. has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of plan termination, participants will become 100% vested in their individual accounts.

NOTE 9 - TAX STATUS

The IRS has determined and informed the Company by a letter dated June 10, 1993, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving its latest favorable determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

NOTE 10 - AMOUNTS ALLOCATED TO PARTICIPANTS BUT NOT YET PAID

As of June 30, 2010, five participants have requested distributions during the plan year that have not yet been paid. The total vested balance as of June 30, 2010, was $17,944.

See Independent Auditors’ Report.

NOTE 11 - CHANGE IN FUND OPTIONS

During the plan year ending June 30, 2009, the Plan transferred $350,000 from cash accounts to investments held with LPL financial.

NOTE 12 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The June 30, 2010, Form 5500 was prepared under the accrual method of accounting and, thus, the asset and liability amounts reported in the Form 5500, as well as the net changes in plan assets, are in agreement in total with the amounts included in the accompanying financial statements. There are classification differences between the June 30, 2010, financial statements and Form 5500, but as a result of the totals agreeing a reconciliation to Form 5500 has not been prepared.

The June 30, 2009, Form 5500 was prepared under the accrual method of accounting and, thus, the asset and liability amounts reported in the Form 5500 are in agreement with the amounts included in the accompanying financial statements.

NOTE 13 - RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term; and, that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

SUPPLEMENTARY INFORMATION

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2010

SCHEDULE I - Schedule of Assets Held for Investment Purposes at End of the Year
For the Plan Year Beginning July 1, 2009 and ending June 30, 2010
EIN: 94-1682669
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Bank of America	Cash	$ 261,370	$ 261,370
	WestAmerica Bank	Money market	9,475	9,475
	Merrill Lynch	Cash	1,092	1,092
	Merrill Lynch	Money market	132,425	132,425
	Merrill Lynch	US Trsy Inflation Note 01152011	30,623	32,235
	Merrill Lynch	US Trsy Inflation Note 04152011	178,278	196,262
	Merrill Lynch	US Trsy Inflation Note 01152012	30,104	32,744
	Merrill Lynch	US Trsy Inflation Note 07152012	203,926	228,127
	Merrill Lynch	US Trsy Inflation Note 04152013	78,722	79,039
	Merrill Lynch	US Trsy Inflation Note 07152013	26,775	31,601
	Merrill Lynch	US Trsy Inflation Note 01152014	26,958	31,650
	Merrill Lynch	US Trsy Inflation Note 07152014	183,530	218,761
	Merrill Lynch	US Trsy Inflation Note 01152015	25,233	30,316
	Merrill Lynch	US Trsy Inflation Note 07152015	175,794	211,656
	Merrill Lynch	US Trsy Inflation Note 01152016	24,807	29,852
	Merrill Lynch	US Trsy Inflation Note 07152016	178,226	212,220
	Merrill Lynch	US Trsy Inflation Note 01152017	74,351	90,321
	Merrill Lynch	US Trsy Inflation Note 01152018	26,798	27,607
	Merrill Lynch	US Trsy Inflation Note 01152019	26,960	27,944
	Merrill Lynch	Ace Limited	43,526	47,053
	Merrill Lynch	AFLAC Inc.	45,785	40,494
	Merrill Lynch	American Express Company	65,945	61,734
	Merrill Lynch	America Movil SAB DE CV	69,405	66,976
	Merrill Lynch	American Water Works Co. Inc.	47,033	43,858
	Merrill Lynch	Apache Corporation	57,468	52,030
	Merrill Lynch	Baker Hughes Inc.	68,411	57,866
	Merrill Lynch	Berkshire Hathaway Clb	93,109	114,516
	Merrill Lynch	Cardinal Health Inc. Ohio	93,415	99,519
	Merrill Lynch	Carnival Corporation Paired SHS	46,584	41,913
	Merrill Lynch	Costco Wholesale CRP DEL	94,006	86,357
	Merrill Lynch	Coviden PLC SHS	89,381	74,695
	Merrill Lynch	Digital Rlty TR Inc.	44,125	51,682
	Merrill Lynch	Donaldson Co Inc	71,237	87,262
	Balance forward		2,624,877	2,810,652

See Independent Auditors' Report.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2010

SCHEDULE I - Schedule of Assets Held for Investment Purposes at End of the Year (Continued)
For the Plan Year Beginning July 1, 2009 and ending June 30, 2010
EIN: 94-1682669
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Balance forward		$ 2,624,877	$ 2,810,652
	Merrill Lynch	Enbridge, Inc	43,149	46,460
	Merrill Lynch	General Mills	51,582	60,881
	Merrill Lynch	Hewlett Packard Co	109,969	98,506
	Merrill Lynch	Honeywell Intl Inc Del	69,654	60,106
	Merrill Lynch	International Business Machines	96,587	106,194
	Merrill Lynch	McDonalds Corporation	80,591	100,386
	Merrill Lynch	Microsoft Corporation	69,711	55,845
	Merrill Lynch	Novartis ADR	45,928	40,976
	Merrill Lynch	Omnicom Group Com	43,835	38,725
	Merrill Lynch	Pepsico Inc	65,299	62,779
	Merrill Lynch	Praxair Inc.	41,832	41,263
	Merrill Lynch	Quest Diagnostics Inc	67,119	64,949
	Merrill Lynch	Royal Dutch Shell PLC	46,637	39,589
	Merrill Lynch	Staples Inc	36,247	42,405
	Merrill Lynch	Texas Instruments	86,077	83,878
	Merrill Lynch	United Parcel Service Cl B	56,619	55,581
	Merrill Lynch	United Techs Corp Com	60,195	62,379
	Merrill Lynch	Waddell & Reed Finl A	60,012	56,449
	Merrill Lynch	Walgreen Co	80,433	83,198
	Merrill Lynch	Wisconsin Energy Group	45,910	47,036
	LPL Financial	Goldman Sachs Bank USA	4,497	4,497
	LPL Financial	Anadarko Pete Corporation Note 7.95% due 6/15/39	27,500	25,714
	LPL Financial	California St Various Purpose Note 7.5% due 4/01/34	55,975	65,144
	LPL Financial	Champion Int'l Corp Note 6.4% due 2/15/26	45,743	74,078
	LPL Financial	Evergreen Diversified Income Builder Fund Class I	50,005	51,488
	LPL Financial	Ford Motor Credit Company LLC Note 7.5% due 8/1/	46,925	52,680
	LPL Financial	PPL Corporation	26,043	24,949
	LPL Financial	Targa Resources Partners LTD	51,595	51,279
	LPL Financial	Transmontaigne Partners LP	27,415	30,357
	LPL Financial	United States Steel Corp Note 6.05% due 6/01/17	37,300	47,744
	LPL Financial	Windstream Corporation	21,290	21,120
			$ 4,276,551	$ 4,507,287

See Independent Auditors' Report.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2010

SCHEDULE II - Schedule of Assets (Acquired and Disposed of Within the Year)
For the Plan Year Beginning July 1, 2009 and ending June 30, 2010
EIN: 94-1682669
PN: 002

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost of Acquisitions	Proceeds of Dispositions
Merrill Lynch	Royal Dutch Shell Plc	$ 40,355	$ 38,067
Merrill Lynch	Waste Management Inc. New	4,590	5,013
Merrill Lynch	Avon Products Inc.	4,551	4,860
Merrill Lynch	McKesson Corporation Com	4,542	4,864
Merrill Lynch	Telefonica SA Spain ADR	3,400	2,557
Merrill Lynch	Torchmark Corporation Com	2,891	3,206
Merrill Lynch	Becton Dickinson Company	2,597	2,764
Merrill Lynch	Nokia Corp Spon ADR	2,579	2,606
Merrill Lynch	PPL Corporation	2,299	2,094
Merrill Lynch	Air Products & Chem	2,272	2,146
Merrill Lynch	SAP AG SHS	1,939	1,976
Merrill Lynch	Smith-NPHW PLC SPADR New	1,295	1,596
Merrill Lynch	FPL Group Inc.	1,271	1,175
Merrill Lynch	Time Warner Inc.	1,209	1,283
Merrill Lynch	AOL Inc.	85	117
LPL Financial	United States Natural Gas Fund LP	18,266	25,065
LPL Financial	El Paso Corporation	12,145	9,515
		$ 106,286	$ 108,904

See Independent Auditors' Report.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2010

SCHEDULE I - Schedule of Assets Held for Investment Purposes at End of the Year
For the Plan Year Beginning July 1, 2009 and ending June 30, 2010
EIN: 94-1682669
PN: 002

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	Bank of America	Cash	$ 261,370	$ 261,370
	WestAmerica Bank	Money market	9,475	9,475
	Merrill Lynch	Cash	1,092	1,092
	Merrill Lynch	Money market	132,425	132,425
	Merrill Lynch	US Trsy Inflation Note 01152011	30,623	32,235
	Merrill Lynch	US Trsy Inflation Note 04152011	178,278	196,262
	Merrill Lynch	US Trsy Inflation Note 01152012	30,104	32,744
	Merrill Lynch	US Trsy Inflation Note 07152012	203,926	228,127
	Merrill Lynch	US Trsy Inflation Note 04152013	78,722	79,039
	Merrill Lynch	US Trsy Inflation Note 07152013	26,775	31,601
	Merrill Lynch	US Trsy Inflation Note 01152014	26,958	31,650
	Merrill Lynch	US Trsy Inflation Note 07152014	183,530	218,761
	Merrill Lynch	US Trsy Inflation Note 01152015	25,233	30,316
	Merrill Lynch	US Trsy Inflation Note 07152015	175,794	211,656
	Merrill Lynch	US Trsy Inflation Note 01152016	24,807	29,852
	Merrill Lynch	US Trsy Inflation Note 07152016	178,226	212,220
	Merrill Lynch	US Trsy Inflation Note 01152017	74,351	90,321
	Merrill Lynch	US Trsy Inflation Note 01152018	26,798	27,607
	Merrill Lynch	US Trsy Inflation Note 01152019	26,960	27,944
	Merrill Lynch	Ace Limited	43,526	47,053
	Merrill Lynch	AFLAC Inc.	45,785	40,494
	Merrill Lynch	American Express Company	65,945	61,734
	Merrill Lynch	America Movil SAB DE CV	69,405	66,976
	Merrill Lynch	American Water Works Co. Inc.	47,033	43,858
	Merrill Lynch	Apache Corporation	57,468	52,030
	Merrill Lynch	Baker Hughes Inc.	68,411	57,866
	Merrill Lynch	Berkshire Hathaway Clb	93,109	114,516
	Merrill Lynch	Cardinal Health Inc. Ohio	93,415	99,519
	Merrill Lynch	Carnival Corporation Paired SHS	46,584	41,913
	Merrill Lynch	Costco Wholesale CRP DEL	94,006	86,357
	Merrill Lynch	Coviden PLC SHS	89,381	74,695
	Merrill Lynch	Digital Rlty TR Inc.	44,125	51,682
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	Balance forward		2,624,877	2,810,652

See Independent Auditors' Report.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2010

SCHEDULE I - Schedule of Assets Held for Investment Purposes at End of the Year (Continued)
For the Plan Year Beginning July 1, 2009 and ending June 30, 2010
EIN: 94-1682669
PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
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	Merrill Lynch	Enbridge, Inc	43,149	46,460
	Merrill Lynch	General Mills	51,582	60,881
	Merrill Lynch	Hewlett Packard Co	109,969	98,506
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	Merrill Lynch	McDonalds Corporation	80,591	100,386
	Merrill Lynch	Microsoft Corporation	69,711	55,845
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	Merrill Lynch	Pepsico Inc	65,299	62,779
	Merrill Lynch	Praxair Inc.	41,832	41,263
	Merrill Lynch	Quest Diagnostics Inc	67,119	64,949
	Merrill Lynch	Royal Dutch Shell PLC	46,637	39,589
	Merrill Lynch	Staples Inc	36,247	42,405
	Merrill Lynch	Texas Instruments	86,077	83,878
	Merrill Lynch	United Parcel Service Cl B	56,619	55,581
	Merrill Lynch	United Techs Corp Com	60,195	62,379
	Merrill Lynch	Waddell & Reed Finl A	60,012	56,449
	Merrill Lynch	Walgreen Co	80,433	83,198
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	LPL Financial	Goldman Sachs Bank USA	4,497	4,497
	LPL Financial	Anadarko Pete Corporation Note 7.95% due 6/15/39	27,500	25,714
	LPL Financial	California St Various Purpose Note 7.5% due 4/01/34	55,975	65,144
	LPL Financial	Champion Int'l Corp Note 6.4% due 2/15/26	45,743	74,078
	LPL Financial	Evergreen Diversified Income Builder Fund Class I	50,005	51,488
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	LPL Financial	Targa Resources Partners LTD	51,595	51,279
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	LPL Financial	United States Steel Corp Note 6.05% due 6/01/17	37,300	47,744
	LPL Financial	Windstream Corporation	21,290	21,120
			$ 4,276,551	$ 4,507,287

See Independent Auditors' Report.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	2009 This Form is Open to Public Inspection

Annual Report Identification Information

For the calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

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

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

Basic Plan Information — enter all requested information.

1a Name of plan
GENERAL PLUMBING SUPPLY COMPANY INC PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/30/1969

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GENERAL PLUMBING SUPPLY COMPANY INC

1530 SAN LUIS ROAD

US WALNUT CREEK CA 94596-0000

2b Employer Identification Number (EIN) 94-1692669

2c Sponsor's telephone number (925) 939-4622

2d Business code (see instructions) 422700

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.

Signature of plan administrator	Date	Enter name of individual signing as plan administrator
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
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")
SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	**188**
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**	**106**
b	Retired or separated participants receiving benefits	**6b**	**0**
c	Other retired or separated participants entitled to future benefits	**6c**	**70**
d	Subtotal. Add lines **6a, 6b** and **6c**	**6d**	**176**
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	**0**
f	Total. Add lines **6d** and **6e**	**6f**	**176**
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	**176**
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	**6**
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer 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 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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