Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation Complete all ent	ries in accord	ance witl	n the instructions to the Form 550	0-SF.	1			
	art I Annual Report Identification Infor								
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2010)	and ending 1	2/31/2	2010			
Α.	This return/report is for:	n 🗍	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	eturn/report is for: first return/report final return/report							
	an amended return/u	report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under: Form 5558		automatic	extension	DFVC program				
	special extension (e	nter descriptior	n)						
Pa	art II Basic Plan Information—enter all req	uested informa	tion						
	Name of plan				1b	Three-digit			
	ROOTER 401(K) PLAN					plan number 001			
					_	(PN) ▶			
					1c	Effective date of plan 03/01/1997			
2a	Plan sponsor's name and address (employer, if for sin	nale-employer r	olan)		2b	Employer Identification Number			
	ROOTER	.g.o op.o) o. p				(EIN) 91-1573274			
1120	SOUTH WEST 16TH ST SUITE 1A				2c	Plan sponsor's telephone number 425-226-0603			
	TON, WA 98055				2d	Business code (see instructions)			
					Zu	238220			
3a	Plan administrator's name and address (if same as Plan COOTER	an sponsor, en	ter "Same	e")	3b	Administrator's EIN 91-1573274			
IVIT	OUTER	RENTON, WA	H WEST 16TH ST SUITE 1A /A 98055			Administrator's telephone number			
					30	425-226-0603			
	f the name and/or EIN of the plan sponsor has change			port filed for this plan, enter the	4b	EIN			
-	name, EIN, and the plan number from the last return/re	eport. Sponsor	's name		4c	PN			
5a	Total number of participants at the beginning of the pl	lan vear			5a	42			
b	Total number of participants at the end of the plan year				5b	44			
С	Total number of participants with account balances as				02				
	complete this item)				5c	25			
	Were all of the plan's assets during the plan year investigation	•		'		Yes No			
b	Are you claiming a waiver of the annual examination under 29 CFR 2520.104-46? (See instructions on wa					X Yes No			
	If you answered "No" to either 6a or 6b, the plan of								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		7a	296521		142610			
b	Total plan liabilities		7b						
С	Net plan assets (subtract line 7b from line 7a)		7с	296521		142610			
8	Income, Expenses, and Transfers for this Plan Year	_		(a) Amount		(b) Total			
а	Contributions received or receivable from:		0-(4)						
	(1) Employers	Ī	8a(1)	15760	_				
	(2) Participants		8a(2)	.0700					
b	(3) Others (including rollovers) Other income (loss)	ħ	8a(3) 8b	-1226					
_	,	i i	8c			14534			
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance	F	6C						
u	to provide benefits)		8d	167405	5				
е	Certain deemed and/or corrective distributions (see in	nstructions)	8e						
f	Administrative service providers (salaries, fees, comm	nissions)	8f	1040)				
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h			168445			
i	Net income (loss) (subtract line 8h from line 8c)		8i			-153911			
i	Transfers to (from) the plan (see instructions)		8i						

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Part IV Plan Characteristics			

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 3D

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

art \	/	Compliance Questions							
) (Durin	g the plan year:		Yes	No		Am	ount	
a \		there a failure to transmit to the plan any participant contributions within the time period described in EFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X				
С	Was	the plan covered by a fidelity bond?	10c	X					3000
		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
i	nsura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X					13
f I	las t	he plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					620
		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X				
		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i						
art V	1	Pension Funding Compliance							
		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
2	s thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction	302 of	ERISA?		Yes	X
(lf "Ye	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
Ç	ranti	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver	th						
-		impleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	406				
		the minimum required contribution for this plan year			12b				
		the amount contributed by the employer to the plan for this plan year			12c				
		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)			12d				
e \	Vill th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
rt V	11	Plan Terminations and Transfers of Assets							
a H	las a	resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>				Yes	X No
ŀ	"Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				
		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?					Г	Yes	X
C I	f duri	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)					<u></u>	1	Ш
13c(1) Name of plan(s):					c(2) El	N(s)		13c(3)) PN(s)
		penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
3 or \$	Sche	Ities of perjury and other penalties set forth in the instructions, I declare that I have examined this retudule MB completed and signed by an enrolled actuary, as well as the electronic version of this returnate. correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/08/2011	VINCENT SPOSARI
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/08/2011	VINCENT SPOSARI
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Pension Benefit Guaranty Corporation

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OMB Nos. 1210-0110 1210-0089

2010

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	Pension Benefit Guaranty Corporation			h the instructions to the Form 5	500-SF.	mspection			
-		Identification Information							
For	r the calendar plan year 2010 o	r fiscal plan year beginning	01/0	1/2010 and ending	12	/31/2010			
	· ·	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first retum/report	final return	n/report					
		an amended return/report	short plan	year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automatic	extension	Г	DFVC program			
		special extension (enter descript	tion)		-				
P	art II Basic Plan Info	rmation — enter all requested in	nformation.						
1a	Name of plan				1b	Three-digit			
	MR ROOTER 401(K) PLAI	N				plan number			
	• • • • • • • • • • • • • • • • • • • •					(PN) ► 001 Effective date of plan			
_						03/01/1997			
2a		ress (employer, if for single-employe	er plan)			Employer Identification Number			
	MR ROOTER					(EIN) 91-1573274			
	1120 SOUTH WEST 16TH	ST SUITE 1A			2C Plan sponsor's telephone number (425) 226-0603				
us	RENTON	WA 98055			2d	Business code (see instructions)			
		address (If same as plan employer,	. enter "Same"	'		238220 Administrator's EIN			
	Same	(,	,		Administrator & Env			
					30	Administrator's telephone number			
						Administrator s telephone humber			
4	If the name and/or FIN of the n	plan sponsor has changed since the	last ratura/ran	ort filed for this plan, and a this	4b EIN				
•	name, EIN and the plan number	er from the last return/report. Sponso	or's Name	ort liled for this plan, enter the					
<u>5a</u>	Total number of nerticinants at	Man handanda a fille a la			4c	PN			
b		the beginning of the plan year the end of the plan year			. <u>5a</u> . 5b	42			
C	Total number of participants wi	ith account balances as of the end o	of the plan yea	r (defined benefit plans do not	. 30	44			
	complete this item)				. 5c	25			
oa b	Were all of the plan's assets du	uring the plan year invested in eligibl	le assets? (Se	e instructions.)		· · · · XYes No			
U	under 29 CFR 2520.104-46? (\$	e annual examination and report of See instructions on waiver eligibility a	an independer and conditions	nt qualified public accountant (IQPA	()	XYes No			
		er 6a or 6b, the plan cannot use Fo			• • •	· · · · Elles [140			
Pa	art III Financial Inform	nation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
a	Total plan assets		7a	296,521		142,610			
b	Total plan liabilities		7b						
C	Net plan assets (subtract line 7	'b from line 7a)	. 7c	296,521		142,610			
8	Income, Expenses, and Transfe	ers for this Plan Year		(a) Amount		(b) Total			
a	Contributions received or received		0-41						
			8a(1)	15.760					
		· · · · · · · · · · · · · · · · · · ·		15,760	200				
b				(1,226)		數學的學術學的學術學			
C	` ,	Ba(2), 8a(3), and 8b)		(1,220)		44 534			
đ	Benefits paid (including direct re	ollovers and insurance premiums				14,534			
				167,405					
е	Certain deemed and/or correcti	ive distributions (see instructions) .	. 8e						
f		s (salaries, fees, commissions)	. 8f	1,040					
g	Other expenses		- 8g						
h		8e, 8f, and 8g)				168,445			
i		8h from line 8c)				(153,911)			
<u>j</u>	Transfers to (from) the plan (se	e instructions)	. 8]						

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Page	2-	

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Par	IV Plan Characteristics								
9a	f the plan provides pension benefits, enter the applicable pension fea	ture codes from the L	ist of Plan Characte	ristic	Codes	in the	instructions		
_	2E 2F 2J 2K 3D								
b	f the plan provides welfare benefits, enter the applicable welfare feat	are codes from the Lis	st of Plan Characteri	istic C	odes i	n the i	nstructions:		
Par	Compliance Questions								
10	During the plan year:				Yes	No	T	Amount	
а	Was there a failure to transmit to the plan any participant contribution	n within the time peri	od described in					anount	
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	ry Correction Program	m)	10a	<u> </u>	х			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)			10b		x			
С				10c					20.00
d	Was the plan covered by a fidelity bond?			100	┡ <u></u>			· · · · · · · · · · · · · · · · · · ·	30,00
-	or dishonesty?			10d		ж			
е	Were any fees or commisions paid to any brokers, agents, or other	persons by an insura	nce carrier.						
	insurance services or other organization that provides some or all of	the benefits under th	e plan? (See	100	x				13
f	instructions.)			10e		x			
						1			···
g h	Did the plan have any participant loans? (If "Yes," enter amount as o			10g	х		************	AND THE REAL PROPERTY.	6,20
11	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)	ee instructions and 29	O CFR	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the	required notice or on	e of the						
	exceptions to providing the notice applied under 29 CFR 2520.101-3	3		101					
Pari									
	Is this a defined benefit plan subject to minimum funding requirement 5500))	nts? (If "Yes," see ins	tructions and comple	ete Sc	hedul	e SB (Form	. 🔲 Yes	X No
12	Is this a defined contribution plan subject to the minimum funding re							. Tyes	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical								
а	If a waiver of the minimum funding standard for a prior year is being	amortized in this plan	n year, see instructio	ons, ai	nd ent	er the	date of the I	etter ruling	
lf v	granting the waiver		Mon	nth		Day	/	Year	
b	Enter the minimum required contribution for this plan year		*		Г	12b			
С	Enter the amount contributed by the employer to the plan for this pla				-	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the								
	negative amount)	• • • • • • •			. [12d			
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?		•			Yes	□No	□N/A
Part				·					
13a	Has a resolution to terminate the plan been adopted during the plan		n		نے ۰	• •		Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em			•		13a	-		
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to another	plan, or brought und	der the	e conti	ol			—
C	If during this plan year, any assets or liabilities were transferred from	this plan to another p	olan(s), identify the p	olan(s)) to	• •	• • • •	Yes	x No
	which assets or liabilities were transferred. (See instructions.)								
1	3c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)
							· · · · · · · · · · · · · · · · · · ·		
Cautio	n: A penalty for the late or incomplete filling of this return/report	will be accessed up	lese reseanable as			- II-b-	<u> </u>		····
	penalties of perjury and other penalties set forth in the instructions, I de							. 0-11-1-	
SB or	schedule MB completed and signed by an enrolled actuary, as well as	s the electronic version	n of this return/repo	eport, ert, and	to the	iiiy, ii e best	applicable, a of my know	s Schedule ledge and	
belief,	it is true/correct, and complete.							-	
SIG	2 / / /// // // // // // // // // // //	6/30/11							
HEF		Date /	Enter name of ind	ividua	l signi	ng as	plan adminis	strator	
SIGI		[0/35/11							
HEF	Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								

Enter name of individual signing as employer or plan sponsor