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

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

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

	art I		Identification Informat									
For	calenda	ar plan year 2010 or fis	cal plan year beginning 0	1/01/201	1	and ending)2/09/2	2011				
Α.	This ret	is return/report is for: Single-employer plan multiple-employer plan (not multiemployer)						one-participant plan				
		turn/report is for:										
	11113 161	turr/report is for.	first return/report an amended return/repor	. X	final retur	n year return/report (less than 12 mo	ntha)					
_			<u>'</u>	՝ H	•	, ,	111115)					
C	Check b	box if filing under:	Form 5558	Ш	automatic	extension		DFVC program				
			special extension (enter of									
Pa	rt II	Basic Plan Infor	rmation—enter all requeste	d informa	ation							
1a	Name	of plan					1b	Three-digit				
DRAI	KE PLU	JMBING HEATING CO	401K PLAN					plan number 001				
								(PN) •				
							1c	Effective date of plan				
							01.	01/01/2001				
		ponsor's name and add JMBING HEATING CO	dress (employer, if for single-e	employer	plan)		2D	Employer Identification Number (EIN) 82-0232051				
DIVA	KL I LO	JINDING FILATING GO					20	Plan sponsor's telephone number				
		SE AVE					20	208-343-4653				
BOIS	E, ID 8	3706					2d	Business code (see instructions)				
								238220				
3a DRAI	Plan ad	dministrator's name and	d address (if same as Plan sp 2500	onsor, e	nter "Same SE AVE) ")	3b	Administrator's EIN 82-0232051				
				SE, ID 83			30	Administrator's telephone number				
								208-343-4653				
						port filed for this plan, enter the	4b	EIN				
1	name, E	EIN, and the plan numb	per from the last return/report.	Sponso	r's name		10	PN				
52	Total r	number of participants	at the heginning of the plan w	aar			 	10				
			0 0 , ,				5a	a				
							5b					
C						rear (defined benefit plans do not	5c	0				
6a		•				(See instructions.)	1	X Yes ☐ No				
		•	. ,	•		ndent qualified public accountant (IQ						
						ons.)		X Yes No				
_				ot use Fo	orm 5500-	SF and must instead use Form 55	00.					
Pa	rt III	Financial Inform	nation				-					
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year				
а	Total p	plan assets			. 7a	1564	5	0				
b	Total p	plan liabilities			7b		0	0				
С	Net pla	an assets (subtract line	7b from line 7a)		7c	1564	5	0				
8	Incom	e. Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) Total				
а		butions received or rec				(a) i miodini		(2)				
	(1) Er	mployers			8a(1)		0					
	(2) Pa	articipants			8a(2)		0					
	(3) Ot	thers (including rollover	rs)		8a(3)		0					
b	Other	income (loss)			8b	2	3					
С	Total i	income (add lines 8a(1)), 8a(2), 8a(3), and 8b)		8c			23				
d	Benefi	its paid (including direc	t rollovers and insurance prer	niums		1566	0					
	•	,				1566						
е	e Certain deemed and/or corrective distributions (see instructions)			. 8e		0						
f	Admin	nistrative service provide	ers (salaries, fees, commission	ns)	. 8f		0					
g	Other	expenses			. 8g		0					
h	Total e	expenses (add lines 8d	, 8e, 8f, and 8g)		8h			15668				
i	Net in	come (loss) (subtract li	ne 8h from line 8c)		. 8i			-15645				
j	Transf	fers to (from) the plan (see instructions)		8j							
			· · · · · · · · · · · · · · · · · · ·		رد	I .						

	Form 5500-SF 2010 Page 2-				
ar	t IV Plan Characteristics				
<u>а</u>	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2A 2E 2F 2G 2J 2K 3D	acteris	tic Co	des in	the instructions:
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:
_					
art	V Compliance Questions				
)	During the plan year:		Yes	No	Amount
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	X		15000
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		X	
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	Х		1
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
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			
rt	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))				
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	02 of E	ERISA? Yes 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				
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			- 7 -	
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	of a		12d	

Part VII Plan Terminations and Transfers of Assets

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

O

Were all the plan possets distributed to posticipants or beneficiaries transformed to execute a specific resolution or brought under the control.

N/A

No

X Yes No

Yes

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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(s)

13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	09/14/2011	NICK SUTHEIMER
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

DRAKE PLUMBING

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Lebor Employee Benefits Security Administration

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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public

· · · ·	Pension Benefit Guaranty Corporation	Complete all entries in acc	ordance w	ith the instructions to the Form 550	0-8F.	Inspi	ection			
	Part I Annual Report Identification Information									
For	calendar plan year 2010 or fisca		2011 and ending	and ending 02/09/2011						
Α	This return/report is for:	single-employer plan	multiple multiple	-employer plan (not multlemployer)		one-participant	plan			
В	This return/report is for:	urn/report		_						
		an amended return/report	short pla	an year return/report (less than 12 mg	nths)					
С	Check box if filing under:	Form 5558	auloma	tic extension		DFVC program				
	Ī	special extension (enter descrip	otion)							
P.	art II Basic Plan Inform	nation—enter all requested infor	•	· · · · · · · · · · · · · · · · · · ·		-				
	Name of plan	The state of the s	madon		15	Three-digit				
	DRAKE PLUMBING HEAT	ING CO 401K PLAN			'"	plan number				
						(PN)	001			
					1c Effective date of plan					
2a	Plan sponsor's name and addre	ass (employer If for single employe	er plant	 	26	01/01/2001	and a section			
	DRAKE PLUMBING HEAT	ess (employer, if for single-employed ING CO	er plan)		2 0	Employer Identification (EIN) 82-02320	ation Number 051			
					2c	Plan sponsor's tel				
	2500 W BOISE AVE				<u></u>	(208)343-46	<u> 53</u>			
	BOTSE			ID 83706	2d	Business code (se 238220	e instructions)			
3a		address (if same as Plan sponsor,	enter "San		3h	Administrator's Elf				
	DAME.	(,			<u> </u>			
					3с	Administrator's tele	phone number			
4 1	the name and/or FIN of the nie.	n sponsor has changed since the l	lost returnir	enort filed fee this plan, antor the	41					
1	name, EIN, and the plan number	from the last return/report. Spons	sor's name	eport med for this plan, enter the	4b_	EIN				
					4c	PN				
5a Total number of participants at the beginning of the plan year										
					5b		(
¢	Total number of participants wit	h account balances as of the end	of the plan	year (defined benefit plans do not						
6-					5c	<u> </u>				
b	Are you claiming a waiver of th	iring the plan year invested in eligi e annual exemination and round o	ible assetsî	? (See instructions.)			X Yes No			
_	under 29 CFR 2520,104-46? (\$	iee instructions on waiver aligibility	and condi	tions.)			Yes No			
_	If you answered "No" to eithe	or da or 6b, the plan cannot use I	Form <u>5</u> 500	-SF and must instead use Form 55	00.					
	rt III Financial Informa	tion			,					
7	Plan Assets and Liabilities		7 (1) (1) 7 (1) (1)	(a) Beginning of Year		(b) End of	Year			
		1-,,,,,,		15,64	5		0			
		('es()) k			0		0			
		from line 7a)		15,64	5					
8	Income, Expenses, and Transfe					(b) Total				
а	Contributions received or receiv (1) Employers	able from:	. 8a(1)		المرام					
			J		7.3					
					0 35.					
				-	4					
С	Total income (add lines 8a(1), 8a	8(2), 8a(3), and 8b)	8b 8c	2		وَ الْمُعَالِينَ الْمُعَالِينَ اللَّهُ مِنْ اللَّهُ مِنْ اللَّهُ مِنْ اللَّهُ مِنْ اللَّهُ مِنْ اللَّهُ مُنْ أ	74 mm - 47 mg -			
d	Benefits paid (including direct ro	flovers and insurance premiums		The same and the s	1000	man and a second in the second	23			
	to provide benefits)		8d	15,668	8					
		e distributions (see instructions)	8e		기원보					
		(salaries, fees, commissions)	. 8f		ງ ∵ ເ					
			. 8g							
h	Total expenses (add lines 8d, 8e	, 8f, and 8g)	. 8h	करा सम्बद्धाः विशेषुक्ति अन्तरिक्षिकार्यः ।	1 '	32 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15,668			
i	Net Income (loss) (subtract line (Sh from line 8c)		· (2) 新文章 (2) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1 -		(15,645)			
1	Transfers to (from) the plan (see	instructions)	· RI		1905	The property of the Control of the Control				
or P	perwork Reduction Act Notice and O	MB Control Numbers, see the instruction	202 (24 52	2200 45	$\mathbf{p}(x)(x)$	g to be a second	4 4			

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	Form 5500-SF 2010		Page 2			,	1			
Part	IV Plan Characteristics		·				-			
9a	If the plan provides pension benefits, enter the applicable pension	feature codes from th	e List of Plan Char	acteris	tic Ço	des in	the instruc	tions:		
b	2A 2E 2F 2G 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare for	eature codes from th	e List of Plan Chars	icterist	ic Cod	des in t	the instruct	ions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contribut					v				
h	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	_		10a		Х				
_	on line 10a.)			106		х				
C	Was the plan covered by a fidelity bond?			10c	х				15	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х				,
e	Were any fees or commissions paid to any brokers, agents, or oth- insurance service or other organization that provides some or all o instructions.)	f the benefits under t	he plan? (See	10e	х					1
f	Has the plan failed to provide any benefit when due under the plan			101		х	·			
а	Did the plan have any participant loans? (If "Yes," enter amount as			10g		X				
•	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instructions and	29 CFR	10g		Х	* * * * * * * * * * * * * * * * * * * *			·····
i	If 10h was answered "Yes," check the box If you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required notice or o	one of the	101						
Part										-
11	Is this a defined benefit plan subject to minimum funding requireme 5500))	ents? (If "Yes," see in	structions and com	plete S	ched	ule SB	(Form		res 🖟	No
a If y b c	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicated for a prior year is being granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schodule Enter the minimum required contribution for this plan year	g amortized in this pl MB (Form 5500), a lan year	Moni	th	 [nter th Day 12b 12c	e date of ti	ie letter Year_	r ruling	9
	Subtract the amount in line 12c from the amount in line 12b. Enter I negative amount)					12d				
	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?.	<u></u>				Yes	No		N/A
Part \			,							
	Has a resolution to terminate the plan been adopted during the plan							XY	es	No
.	If "Yes," enter the amount of any plan assets that reverted to the en	nployer this year		9-9		13a				0
	Were all the plan assets distributed to participants or beneficiaries, of the PBGC?		***************************************			ntrol 		X	es [No
	which assets or liabilities were transferred. (See instructions.)	m this plan to anothe	r plan(s), loentify th	e plan	(8) (0					
13	c(1) Name of plan(s):				13c(2) EIN(s)			130	(3) PI	N(s)
		~								
								 -	_	
Cautio	n: A peneity for the late or incomplete filing of this return/repo	ort will be assessed	IIII GGG PARPONON'	0.000	م جا ۾	ntabli	nhod		-	
Under SB or	pepalties of perjury and other penalties set forth in the instructions. Schodule MB completed and signed by an enrolled actuary, as well is true, corroct, and complete.	I declare that I have	avandand this satu	/			(4 1) 1	ole, a S nowled	ichedi Ige an	ıle d
SIGN	Dandal Make									
HERE	Organizate of plan administrator	Date 7/2/4	Enter name of inc	dividue	l sign	ing as	plan admir	istrato	<u></u>	<u>-</u>
SIGN HERE										