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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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;
- [X] 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:
- [ ] 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 94597-3114

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.	09/26/2012	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 94597-3114

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**	146
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**	105
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	34
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	139
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	139
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	93
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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 2G

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 Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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	NONE	32940	Yes [ ] No [X]	Yes [ ] No [ ]		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	NONE	21471	Yes [ ] No [X]	Yes [ ] No [ ]		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	NONE	7400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LPL FINANCIAL

(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	NONE	5135	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

(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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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	262462	27
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6539	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	146397	3780577
(2) U.S. Government securities	1c(2)	1485144	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	260555	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	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	4513826	3780604
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		344289
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	344289
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4513826	3436315

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)	1	
	(B) U.S. Government securities	2b(1)(B)	19746	
	(C) Corporate debt instruments	2b(1)(C)	12697	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		32444
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	61593	
	(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)		61593
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	752789	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		752789
(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		-6539
d Total income. Add all **income** amounts in column (b) and enter total	2d		840287
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	208934	
(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)		208934
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)	28871	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	38075	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		66946
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		275880
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		564407
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		1641918

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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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, 2011 AND 2010

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

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Johnston, Gremaux & Rossi, LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

September 14, 2012

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 benefits of the GENERAL PLUMBING SUPPLY COMPANY, INC. PROFIT SHARING PLAN AND TRUST as of June 30, 2011 and 2010, the related statement of changes in net assets available for benefits for the year ended June 30, 2011, and the supplemental schedules of assets (held at end of year) as of June 30, 2011 and schedule of assets (acquired and disposed of within the year) for the year ended June 30, 2011. 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 benefits of the GENERAL PLUMBING SUPPLY COMPANY, INC. PROFIT SHARING PLAN AND TRUST as of June 30, 2011 and 2010, and the changes in the net assets available for benefits for the year ended June 30, 2011, 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 at end of year) and schedule of 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 BENEFITS
JUNE 30, 2011 AND 2010

	2011	2010
Assets:		
Investments, at fair value:		
U.S. government securities	$ -	$ 1,468,958
Common stocks	-	2,352,729
Other corporate debt instruments	-	196,523
California municipal bonds	-	64,032
Total investments	-	4,082,242
Receivables:		
Other receivable	-	6,539
Accrued interest and dividends	-	16,186
Total receivables	-	22,725
Cash:		
Interest-bearing cash	3,780,577	146,397
Noninterest-bearing cash	27	262,462
Total cash	3,780,604	408,859
Total assets	3,780,604	4,513,826
Liabilities:		
Transfer in transit	344,289	-
Net assets available for benefits	$ 3,436,315	$ 4,513,826

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 BENEFITS
FOR THE YEAR ENDED JUNE 30, 2011

Additions:	
Additions to net assets attributed to:	
Investment income:	
Net investment gain from registered investment companies (Note 3)	$ 736,477
Interest	44,624
Dividends	65,725
	846,826
Less investment expenses	(38,075)
Total investment income	808,751
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	208,934
Professional fees	28,871
Administrative fees - other	6,539
Total deductions	244,344
Net increase	564,407
Net assets available for benefits:	
Beginning of year	4,513,826
Transfer of assets from this plan	(1,641,918)
End of year	$ 3,436,315

See Independent Auditors' Report and notes to financial statements.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2011

SCHEDULE I -Schedule H, line 4i Schedule of Assets (Held at End of Year)
For the Plan Year Beginning July 1, 2010 and ending June 30, 2011
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	$ 25	$ 25
	LPL Financial	Cash	2	2
	Hartford	General account	3,780,577	3,780,577
			$ 3,780,604	$ 3,780,604

See Independent Auditors' Report.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2011 AND 2010

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, 2011 and 2010, forfeited non-invested accounts totaled $21,348 and $14,978 respectively. Forfeitures of non-vested contributions are reallocated among remaining participants in the Plan based on participant account balances.

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.

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.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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.

f) Subsequent events

Subsequent events have been evaluated through September 14, 2012, which is the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

All investments are non-participant directed. The following presents investments at June 30, 2011 and 2010, that represent 5% or more of the Plan's net assets.

	June 30, 2011	June 30, 2010
Bank of America Cash*	$ -	$ 261,370
General Account**	3,780,577	-
U.S. Trsy Inflation Note 3% 07152012*	-	228,127
	$ 3,780,577	$ 489,497

* Denotes 5% or more of the Plan's net assets in 2010 only.
** Denotes 5% or more of the Plan's net assets in 2011 only.

NOTE 3 - INVESTMENTS (Continued)

During the year ended June 30, 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $736,477.

Net Change in Fair Value

	Year Ended June 30, 2011
U.S. government securities	$ 246,060
Common stocks	420,840
California municipal bonds	69,577
Net change in fair value	$ 736,477

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, 2011	June 30, 2010
Net Assets:		
U.S. government securities	$ -	$ 1,468,958
Common stocks	-	2,352,729
Corporate bonds	-	196,523
California municipal bonds	-	64,032
General account	3,780,577	-
Other receivable	-	6,539
Accrued interest and dividends	-	16,186
Cash	27	408,859
Transfer in transit	(344,289)	-
	$ 3,436,315	$ 4,513,826

See Independent Auditors' Report.

NOTE 4 - NONPARTICIPANT - DIRECTED INVESTMENTS (Continued)

	Year Ended June 30, 2011
Changes in Net Assets:	
Net investment gain from registered investment companies	$ 736,477
Interest	44,624
Dividends	65,725
Investment expenses	(38,075)
Benefits paid to participants	(208,934)
Professional fees	(28,871)
Administrative expenses - other	(6,539)
Transfer of assets from this plan	(1,641,918)
	$ (1,077,511)

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, 2011 and 2010.

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 at 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2011:

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of June 30, 2011

	Level 1	Level 2	Level 3	Total
U.S. government securities	$ -	$ -	$ -	$ -
Common stocks	-	-	-	-
Corporate debt instruments	-	-	-	-
California municipal bonds	-	-	-	-
Total assets at fair value	$ -	$ -	$ -	$ -

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

NOTE 6 - TRANSFERS

During the plan year ending June 30, 2011, the Plan elected to convert into two independent plans, classified as the North and South Plans. The original Plan was amended, restated and classified as the South Plan (effective July 1, 2011); the new plan was classified as the North Plan (See Note 15). The plan sponsor has several workplace locations that determine eligible participants for the

NOTE 6 - TRANSFERS (Continued)

North and South Plans. Stipulations of the conversion required that the South Plan would transfer participant accounts to the North Plan based on the location of the Plan participants' employment. Additionally, the conversion required that the South Plan transfer the participant accounts of all previously terminated employees on or before June 30, 2006 that still have account balances, to the North Plan.

Effective June 15, 2011, the South Plan transferred participant accounts, totaling $1,641,918, to the North Plan. Of that transfer, $344,289 has yet to be transferred by the South Plan and is being recognized on the Plan's Statement of Net Assets Available for Benefits as a liability.

NOTE 7 - 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 8 - 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 9 - 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 10 - 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.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2011, there are no uncertain tax positions taken by the Plan or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to the 2007 plan year.

NOTE 11 - AMOUNTS ALLOCATED TO PARTICIPANTS BUT NOT YET PAID

As of June 30, 2011, four participants have requested distributions during the plan year that have not yet been paid. The total vested balance as of June 30, 2011, was $23,183.

NOTE 12 - CHANGE IN PLAN CUSTODIANS

Effective June 15, 2011, the Plan transferred its assets from LPL Financial brokerage accounts, Merrill Lynch brokerage accounts, a Bank of America cash account, and a West America cash account to a general account held by The Hartford. As of June 30, 2011, the funds were not yet allocated to participant directed investments and were all invested in The Hartford's general cash account.

NOTE 13 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The June 30, 2011, 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, 2011, 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, 2010, 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 14 - 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.

NOTE 15 - SUBSEQUENT EVENTS

The administrative committee of the Plan amended and restated the Plan effective July 1, 2011. The Plan was retitled and is subsequently identified as the South Plan. The Plan converted from a profit sharing plan into a 401(k) profit sharing plan. The new provisions of the Plan permit participant direction of investments, participant pre-tax deferrals and discretionary matching contributions.

See Independent Auditors' Report.

SUPPLEMENTARY INFORMATION

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2011

SCHEDULE II - Schedule of Assets (Acquired and Disposed of Within the Year)
For the Plan Year Beginning July 1, 2010 and ending June 30, 2011
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	US Treasury notes	$ 247,752	$ 253,769
Merrill Lynch	Dr. Pepper Snapple Group	102,208	100,610
Merrill Lynch	Archer Daniels Midld	93,418	92,607
Merrill Lynch	Caterpllar Inc.	90,539	126,991
Merrill Lynch	Sapag Shs	88,698	118,611
Merrill Lynch	Marathon Oil Corp.	72,902	108,654
Merrill Lynch	Automatic Data Processing	69,923	78,524
Merrill Lynch	Schlumberger	68,748	92,812
Merrill Lynch	T Rowe Price Group	67,760	78,028
Merrill Lynch	Genuine Parts Co.	67,603	77,390
Merrill Lynch	Microsoft Corp.	65,525	61,304
Merrill Lynch	Occidental Pete Corp.	60,949	60,499
Merrill Lynch	Target Corp.	46,011	40,045
Merrill Lynch	Pharm Product Development Inc.	43,932	43,991
Merrill Lynch	Digital Rltytr Inc.	39,284	41,571
Merrill Lynch	Viacom Inc.	26,517	25,694
Merrill Lynch	Novartis ADR	25,569	31,835
Merrill Lynch	Honeywell Intl. Inc.	20,157	28,006
Merrill Lynch	American Waterworks Co. Inc.	19,186	23,384
Merrill Lynch	United Techs Corp.	16,971	16,845
Merrill Lynch	Enbridge Inc. Com	16,313	17,662
Merrill Lynch	Wisconsin Energy Corp	16,129	15,265
Merrill Lynch	Carnival Corp.	8,712	7,351
Merrill Lynch	International Business Machines	3,880	4,269
Merrill Lynch	Cardinal Health Inc.	3,813	4,425
Merrill Lynch	Covidien PLC SHS New	3,793	4,669
Merrill Lynch	Walgreen Co.	3,785	4,536
Merrill Lynch	United Parcel Service	3,774	3,675
Merrill Lynch	Costco Wholesale Corp.	3,746	4,478
Merrill Lynch	McDonalds Corp. Com	2,884	3,247
Merrill Lynch	America Movil SAB DE	2,874	2,526
Merrill Lynch	Pepsico Inc.	2,838	2,780
Merrill Lynch	American Express Company	2,821	3,124
Merrill Lynch	Praxair Inc.	1,934	2,098
Merrill Lynch	AFLAC Inc.	1,904	1,636
Merrill Lynch	Ace Limited	1,869	2,135
Merrill Lynch	Texus Instruments	1,405	1,323
Merrill Lynch	Hewlett Packard Co.	1,380	1,225
Merrill Lynch	Donaldson Co. Inc.	1,377	1,275
Merrill Lynch	Apache Corp.	1,081	1,204
	Balance forward	1,419,964	1,590,073

See Independent Auditors' Report.

GENERAL PLUMBING SUPPLY COMPANY, INC.
PROFIT SHARING PLAN AND TRUST
SUPPLEMENTARY INFORMATION
JUNE 30, 2011

SCHEDULE II - Schedule of Assets (Acquired and Disposed of Within the Year)
For the Plan Year Beginning July 1, 2010 and ending June 30, 2011
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
	Balance forward	$ 1,419,964	$ 1,590,073
Merrill Lynch	Waddell & Reed Finl A	1,057	1,041
Merrill Lynch	Quest Diagnostics Inc.	1,051	1,059
Merrill Lynch	Staples	1,046	1,005
Merrill Lynch	Baker Hughes Inc.	1,045	900
Merrill Lynch	General Mills	1,037	1,092
Merrill Lynch	Omnicom Group Com	680	715
LPL Financial	Nuveen Build America	36,065	37,664
LPL Financial	Blackrock Funds II Strategic Income Opportunities	25,606	25,181
LPL Financial	Eaton Vance Mutual Funds	25,165	25,058
LPL Financial	Meridian Fund Inc	25,027	24,925
LPL Financial	Touchstone Instl Funds Trust Sands Cap Instl Growth Fund	25,027	28,094
LPL Financial	Artisan Mid Cap Fund Artmix	25,000	24,585
LPL Financial	San Diego County CA Regional	15,518	14,500
LPL Financial	Wells Fargo Advantage Funds Diversified Income Builder Fund	3,371	3,462
		$ 1,606,659	$ 1,779,354

See Independent Auditors' Report.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0 1210-0
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.	2010 This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 06/30/2011

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

B This return/report is: [ ] the first return/report; [X] an amended return/report; [ ] the final 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: [ ] 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

US WALNUT CREEK CA 94597-3114

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.

Evelyn Amaro Signature of plan administrator	9/26/2012 Date	Evelyn Amaro Enter name of individual signing as plan administrator
Evelyn Amaro Signature of employer/plan sponsor	9/26/2012 Date	Evelyn Amaro Enter name of individual signing as employer or plan sponsor
Signature of DFE	Date	Enter name of individual signing as DFE

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

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**	**146**
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**	**105**
b	Retired or separated participants receiving benefits	**6b**	**0**
c	Other retired or separated participants entitled to future benefits	**6c**	**34**
d	Subtotal. Add lines **6a, 6b** and **6c**	**6d**	**139**
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	**0**
f	Total. Add lines **6d** and **6e**	**6f**	**139**
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	**93**
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	**4**
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 2G

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)

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning **07/01/2010** and ending **06/30/2011**

Name of plan

GENERAL PLUMBING SUPPLY COMPANY INC PROFIT SHARING PLAN & TRUST

Employer Identification Number

94-1682669

Three-digit plan number ► **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
	HARTFORD	CASH ACCOUNT		3,780,577
	LPL	CASH ACCOUNT		2
	BANK OF AMERICA	CASH ACCOUNT		25