

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), 6057(b), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>T & A SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>11/01/1981</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>T & A SUPPLY COMPANY, INC.</u> <u>6807 SOUTH 216TH STREET</u> <u>KENT, WA 98032</u>	2b Employer Identification Number (EIN) <u>91-0718794</u> 2c Sponsor's telephone number <u>206-282-3770</u> 2d Business code (see instructions) <u>423300</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/01/2012</u>	<u>MARK STRECKER</u>
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") T & A SUPPLY COMPANY, INC. 6807 SOUTH 216TH STREET KENT, WA 98032		3b Administrator's EIN 91-0718794	
		3c Administrator's telephone number 206-282-3770	
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	220
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	185
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits.....		6c	34
d Subtotal. Add lines 6a , 6b , and 6c		6d	220
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....		6e	1
f Total. Add lines 6d and 6e		6f	221
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	205
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	14
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 2F 2G 2J 2K 2T 3D 3H			
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)		9b Plan benefit arrangement (check all that apply)	
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance		
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts		
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust		
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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		b General Schedules	
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)		
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)		
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information)		
	(4) <input checked="" type="checkbox"/> C (Service Provider Information)		
	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)		
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>T & A SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>T & A SUPPLY COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>91-0718794</u>

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

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37 60	RECORDKEEPER	3385	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY

26-4310632

(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?
49 99	ADVISOR	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	308	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
CALVERT EQUITY A - BOSTON FINANCIAL	0.25%	
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
CALVERT INCOME A - BOSTON FINANCIAL	0.25%	
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
DREY OP MIDCAP VAL A - DREYFUS TRAN	0.35%	
13-5673135		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
EV GOVT OBLIGATION A - BNY MELLON I P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
INVS EQL WT S&P500 A - INVESCO CANA P.O. BOX 4739 HOUSTON, TX 77210-4739	0.25%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
INVS MDCP CORE EQ A - INVESCO CANAD P.O. BOX 219078 KANSAS CITY, MO 64121-9078	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
INVS REAL ESTATE A - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
IVK COMSTOCK A - INVESCO CANADA LTD P.O. BOX 219078 KANSAS CITY, MO 64121-9078	0.35%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
IVK EQUITY INCOME A - INVESCO CANAD P.O. BOX 4739 HOUSTON, TX 77210-4739	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
IVK SMALL CAP VAL A - INVESCO CANAD P.O. BOX 4739 HOUSTON, TX 77210-4739	0.35%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
MNSTY LG CAP GRTH R2 - BOSTON FINAN 04-2526037	0.25%	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div>		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div>		
PIM TOTAL RETURN A - BOSTON FINANCI 04-2526037	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
TEMPLETON FOREIGN A - FRANKLIN TEMP 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG INT VAL R4 - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	99	0

(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.
INVESCO AIM DISTRIBUTORS INC. 74-1894784	ANNUAL RATE OF 0.15% OF AVERAGE DAILY ASSETS ON EQUITY AND FIXED INCOME INVESTMENTS

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
(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
(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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>T & A SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>T & A SUPPLY COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>91-0718794</u>	

Part I	Asset and Liability Statement
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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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	240000	186428
(2) Participant contributions	1b(2)	0	439
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1707208	1698741
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	153077	229909
(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)	8409366	8275184
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	10509651	10390701

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10509651	10390701
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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)	189415	
(B) Participants	2a(1)(B)	525381	
(C) Others (including rollovers)	2a(1)(C)	110259	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		825055
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	78	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	8814	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8892
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	218201	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		218201
(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		-409724
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		642424

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	745305	
(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)		745305
f Corrective distributions (see instructions)	2f		12684
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3385	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3385
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		761374

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-118950
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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 ☐ No

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

(1) Name: BADER MARTIN PS

(2) EIN: 91-1501421

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>T & A SUPPLY COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>T & A SUPPLY COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>91-0718794</u>

Part I	Distributions
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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	<u>0</u>
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): <u>04-6568107</u>		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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 (include any prior year accumulated funding deficiency not waived)	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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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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. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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): _____

- 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)

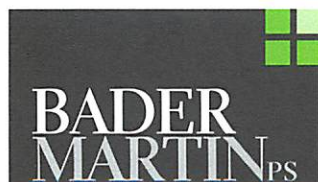
a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____

**T & A SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN
AND TRUST**

2011
FINANCIAL STATEMENTS



EIN: 91-0718794
Plan number 001

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statements of net assets available for benefits	2
Statements of changes in net assets available for benefits	3
Notes to financial statements	4-10
Supplemental schedule:	
Assets held at end of year	11



Independent Auditors' Report

Trustees

T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust

We were engaged to audit the accompanying statements of net assets available for benefits of T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets held at end of year as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bader Martin, P.S.

September 13, 2012

Bader Martin, P.S. Certified Public Accountants + Business Advisors

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**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2011	2010
<hr/>		
Assets:		
Investments, at fair value:		
Mutual funds	\$ 8,275,183	\$ 8,409,366
Money market fund	<u>1,698,741</u>	<u>1,707,208</u>
	<u>9,973,924</u>	<u>10,116,574</u>
 Employer contribution receivable	 186,428	 240,000
Notes receivable from participants	<u>229,909</u>	<u>153,077</u>
	<u>416,337</u>	<u>393,077</u>
 Net assets available for benefits	 <u><u>\$ 10,390,261</u></u>	 <u><u>\$ 10,509,651</u></u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2011	2010
Investment income (loss):		
Net investment gain (loss) from mutual funds	\$ (409,724)	\$ 985,000
Dividends	218,201	163,119
Interest	8,892	7,975
	<u>(182,631)</u>	<u>1,156,094</u>
Contributions:		
Participants	524,942	495,246
Employer	189,415	240,000
Rollovers	110,258	
	<u>824,615</u>	<u>735,246</u>
Deductions:		
Benefits paid to or on behalf of participants	745,305	200,351
Corrective distributions	12,684	14,615
Administrative expenses	3,385	2,494
	<u>761,374</u>	<u>217,460</u>
Net increase (decrease)	(119,390)	1,673,880
Net assets available for benefits, beginning of year	<u>10,509,651</u>	<u>8,835,771</u>
Net assets available for benefits, end of year	<u>\$ 10,390,261</u>	<u>\$ 10,509,651</u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of the T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan for employees of the T & A Supply Company, Inc. and Pacific Mat and Commercial Flooring, LLC (collectively, the Company). The Plan was established on November 1, 1981, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility:

Employees who are at least 20 years of age are eligible to participate at the quarterly enrollment date following completion of twelve months and at least 1,000 hours of service. Participants must be employed on the last day of the plan year to be eligible for a profit sharing contribution.

Contributions:

Participants:

Participants may elect to defer up to 70% of annual compensation, not to exceed that permitted by applicable law. The Plan allows for "catch up" contributions for participants who are 50 or older. These "catch up" contributions are limited to \$5,500 for 2011 and 2010. Participants are given the option to contribute pre-tax earnings to a standard 401(k) account or post-tax earnings to a Roth 401(k) account. Participants may also make rollover contributions from other qualified plans.

Company:

Employer matching or profit sharing contributions may be made at the discretion of the Company. There were no matching contributions made during 2011 or 2010. The Company made profit sharing contributions of \$186,428 and \$240,000 for 2011 and 2010, respectively. The 2011 profit sharing contribution is net of forfeitures of \$53,572. Profit sharing contributions are allocated to participants' accounts based on their shares of total eligible compensation in a formula that is integrated with Social Security.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Participant accounts:

Each participant's account is credited with the participant's contribution and pro rata shares of Company contributions and the investment income earned by the respective investments into which each participant has directed their account balances. Allocations are based on each participant's compensation or account balance. Each participant is entitled to the vested benefit from their individual account.

Participants may direct the investment of their accounts by choosing among the investment alternatives selected by the plan administrator.

Vesting periods:

Participants are 100% vested in their voluntary contributions at all times. Participants become vested in employer matching and profit sharing contributions based on their years of service, as follows:

Completed years of service	Employer matching and profit sharing contributions percentage vested	Profit sharing prior to January 1, 2007 percentage vested
2	20%	0%
3	40%	20%
4	60%	40%
5	80%	60%
6	100%	80%
7		100%

Forfeitures:

Forfeitures may be used to reduce employer contributions and pay administrative expenses. Unallocated forfeitures totaled approximately \$36,600 as of December 31, 2010. There were no unallocated forfeitures as of December 31, 2011. Forfeitures used to pay administrative expenses were \$871 and \$628 in 2011 and 2010, respectively.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Notes receivable from participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or \$50,000, less the highest outstanding loan balance in the prior 12 months. Each note receivable is carried at amortized cost, is secured by the borrower's vested plan benefits, bears interest at a commercially reasonable rate (from 5.25% to 10.25% on loans outstanding as of December 31, 2011), and may have terms ranging from one to five years (unless the loan qualifies as a home loan). Principal and interest are paid through semi-monthly payroll deductions.

The Plan's management considers a note receivable from a participant to be past due at the end of the calendar quarter following a quarter for which there is an outstanding payment due. The Plan's management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual note balances. Notes receivable from participants are deemed distributed once the Plan's management has exhausted all its collection efforts. The Plan's management does not consider an allowance necessary as of December 31, 2011 and 2010.

Plan termination:

The Company reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. Upon Plan termination, each participant shall become 100% vested. Benefits would then be disbursed in accordance with the Plan's provision for termination.

Retirement:

Normal retirement age is 65 years old.

Death or disability:

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while employed by the Company, 100% of the participant's account will become vested and be distributed in the same manner as if the participant had retired.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Payment of benefits:

On termination of service, a participant may receive a lump-sum cash payment for the vested balance in his or her account.

Hardship withdrawals:

While still employed by the Company, participants are permitted to withdraw a single lump sum up to their total vested account balance under certain conditions. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements are prepared on the accrual basis of accounting. Benefit payments to participants are recorded when paid.

Use of estimates in preparation of financial statements:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect amounts reported and related disclosures. Actual results could differ from those estimates.

Valuation of assets:

Investments are stated at fair value. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is accrued when earned. Gains and losses (realized and unrealized) are reported in net investment gain (loss) from mutual funds.

Subsequent events:

The Plan has evaluated subsequent events through September 13, 2012, the date on which the financial statements were available to be issued.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. Tax status:

The Plan is a Fidelity-sponsored prototype plan with an opinion letter dated March 31, 2008, in which the Internal Revenue Service (IRS) stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The prototype plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Accordingly, no provision for income tax has been included in these 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 tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is no longer subject to tax examinations by tax authorities for years before 2008.

4. Information certified by trustee:

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee as complete and accurate:

- Investments, at fair value
- Notes receivable from participants
- Investment income
- Schedule of assets held at end of year

5. Investments and fair value measurements:

The fair values of mutual funds and the money market fund are based on quoted net asset values from active markets (level 1 measurements in the fair value hierarchy).

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Investments and fair value measurements (continued):

There have been no changes in the method used to value investments as of December 31, 2011 and 2010. The fair values of the Plan's investments, all valued using level 1 inputs within the fair value hierarchy, were as follows:

	2011	2010
Mutual funds:		
Large cap equity funds	\$ 2,584,305	\$ 2,419,032
Mid cap equity funds	1,389,918	1,705,128
Fixed income funds	1,284,305	1,351,740
Specialty funds	1,248,767	1,131,878
Global equity funds	650,872	763,879
Balanced fund	609,447	592,973
Target date funds	476,213	444,736
Small cap equity funds	31,356	
Money market fund	1,698,741	1,707,208
	<u><u>\$ 9,973,924</u></u>	<u><u>\$ 10,116,574</u></u>

The Plan's investments are exposed to various risks such as interest rate, market, credit and concentration risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31:

	2011	2010
Fidelity Prime Fund	\$ 1,698,741	\$ 1,707,208
Invesco Equally-Weighted S&P 500 Class A	1,528,531	1,710,971
PIMCO Total Return A	1,108,799	1,042,224
Invesco Real Estate Fund Class A	1,087,150	987,867
Fidelity Advisor Leveraged Company Stock Fund	806,664	1,039,990
Van Kampen Equity and Income Fund Class A	609,447	592,973
Five percent of net assets available for benefits	\$ 519,513	\$ 525,483

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Party-in-interest transactions:

The Plan invests in shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Transactions in such investments qualify as party-in-interest transactions under ERISA. As of December 31, 2011 and 2010, fair market values of the mutual funds managed by the party-in-interest were \$3,143,235 and \$3,335,945, respectively.

The Plan paid an affiliate of the trustee \$3,385 and \$2,494 for record-keeping fees during 2011 and 2010, respectively.

Notes receivable from participants qualify as party-in-interest transactions under ERISA.

7. Administrative expenses:

Administrative expenses not paid by the Plan are paid directly by the Company.

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2011

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

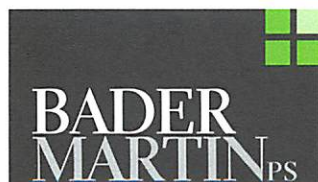
(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Prime Fund	Money Market Fund	**	\$ 1,698,741
	Calvert Income Fund A	Registered Investment Company	**	83,202
	Calvert Equity Fund A	Registered Investment Company	**	190,799
	Dreyfus Midcap Value A	Registered Investment Company	**	349,307
	Eaton Vance Government Obligations A	Registered Investment Company	**	92,304
*	Fidelity Advisor Energy Class A	Registered Investment Company	**	161,617
*	Fidelity Advisor Freedom 2010	Registered Investment Company	**	1,875
*	Fidelity Advisor Freedom 2015	Registered Investment Company	**	7,459
*	Fidelity Advisor Freedom 2020	Registered Investment Company	**	116,003
*	Fidelity Advisor Freedom 2025	Registered Investment Company	**	27,588
*	Fidelity Advisor Freedom 2030	Registered Investment Company	**	164,748
*	Fidelity Advisor Freedom 2035	Registered Investment Company	**	55,811
*	Fidelity Advisor Freedom 2040	Registered Investment Company	**	100,186
*	Fidelity Advisor Freedom 2045	Registered Investment Company	**	2,418
*	Fidelity Advisor Freedom INC A	Registered Investment Company	**	125
*	Fidelity Advisor Leveraged Company Stock Fund	Registered Investment Company	**	806,664
	Invesco Equally-Weighted S&P 500 Class A	Registered Investment Company	**	1,528,531
	Invesco Midcap Core Equity Fund Class A	Registered Investment Company	**	233,947
	Invesco Real Estate Fund Class A	Registered Investment Company	**	1,087,150
	Invesco Van Kampen Comstock Fund Class A	Registered Investment Company	**	410,252
	Invesco Van Kampen Equity and Income Fund Class A	Registered Investment Company	**	609,447
	Invesco Van Kampen Small Cap Value A	Registered Investment Company	**	31,356
	MainStay Large Cap Growth R2	Registered Investment Company	**	454,723
	PIMCO Total Return A	Registered Investment Company	**	1,108,799
	Templeton Foreign A	Registered Investment Company	**	397,099
	Thornburg International Value R4	Registered Investment Company	**	253,773
*	Notes receivable from participants	Interest between 5.25% and 10.25%	\$ 0	229,909
				<u><u>\$ 10,203,833</u></u>

* A party-in-interest, as defined by ERISA

** Cost information is not required, as investments are participant-directed

**T & A SUPPLY COMPANY, INC.
401(k) PROFIT SHARING PLAN
AND TRUST**

2011
FINANCIAL STATEMENTS



EIN: 91-0718794
Plan number 001

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

CONTENTS

	Page
Independent auditors' report	1
Financial statements:	
Statements of net assets available for benefits	2
Statements of changes in net assets available for benefits	3
Notes to financial statements	4-10
Supplemental schedule:	
Assets held at end of year	11



Independent Auditors' Report

Trustees

T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust

We were engaged to audit the accompanying statements of net assets available for benefits of T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets held at end of year as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bader Martin, P.S.

September 13, 2012

Bader Martin, P.S. Certified Public Accountants + Business Advisors

1000 Second Avenue, 34th Floor, Seattle, Washington 98104-1022 | 206.621.1900 | FAX 206.682.1874 | www.badermartin.com

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2011	2010
<hr/>		
Assets:		
Investments, at fair value:		
Mutual funds	\$ 8,275,183	\$ 8,409,366
Money market fund	<u>1,698,741</u>	<u>1,707,208</u>
	<u>9,973,924</u>	<u>10,116,574</u>
 Employer contribution receivable	 186,428	 240,000
Notes receivable from participants	<u>229,909</u>	<u>153,077</u>
	<u>416,337</u>	<u>393,077</u>
 Net assets available for benefits	 <u><u>\$ 10,390,261</u></u>	 <u><u>\$ 10,509,651</u></u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year ended December 31,	
	2011	2010
Investment income (loss):		
Net investment gain (loss) from mutual funds	\$ (409,724)	\$ 985,000
Dividends	218,201	163,119
Interest	8,892	7,975
	<u>(182,631)</u>	<u>1,156,094</u>
Contributions:		
Participants	524,942	495,246
Employer	189,415	240,000
Rollovers	110,258	
	<u>824,615</u>	<u>735,246</u>
Deductions:		
Benefits paid to or on behalf of participants	745,305	200,351
Corrective distributions	12,684	14,615
Administrative expenses	3,385	2,494
	<u>761,374</u>	<u>217,460</u>
Net increase (decrease)	(119,390)	1,673,880
Net assets available for benefits, beginning of year	<u>10,509,651</u>	<u>8,835,771</u>
Net assets available for benefits, end of year	<u>\$ 10,390,261</u>	<u>\$ 10,509,651</u>

See notes to financial statements.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of the T & A Supply Company, Inc. 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the plan documents for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan for employees of the T & A Supply Company, Inc. and Pacific Mat and Commercial Flooring, LLC (collectively, the Company). The Plan was established on November 1, 1981, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Eligibility:

Employees who are at least 20 years of age are eligible to participate at the quarterly enrollment date following completion of twelve months and at least 1,000 hours of service. Participants must be employed on the last day of the plan year to be eligible for a profit sharing contribution.

Contributions:

Participants:

Participants may elect to defer up to 70% of annual compensation, not to exceed that permitted by applicable law. The Plan allows for "catch up" contributions for participants who are 50 or older. These "catch up" contributions are limited to \$5,500 for 2011 and 2010. Participants are given the option to contribute pre-tax earnings to a standard 401(k) account or post-tax earnings to a Roth 401(k) account. Participants may also make rollover contributions from other qualified plans.

Company:

Employer matching or profit sharing contributions may be made at the discretion of the Company. There were no matching contributions made during 2011 or 2010. The Company made profit sharing contributions of \$186,428 and \$240,000 for 2011 and 2010, respectively. The 2011 profit sharing contribution is net of forfeitures of \$53,572. Profit sharing contributions are allocated to participants' accounts based on their shares of total eligible compensation in a formula that is integrated with Social Security.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Participant accounts:

Each participant's account is credited with the participant's contribution and pro rata shares of Company contributions and the investment income earned by the respective investments into which each participant has directed their account balances. Allocations are based on each participant's compensation or account balance. Each participant is entitled to the vested benefit from their individual account.

Participants may direct the investment of their accounts by choosing among the investment alternatives selected by the plan administrator.

Vesting periods:

Participants are 100% vested in their voluntary contributions at all times. Participants become vested in employer matching and profit sharing contributions based on their years of service, as follows:

<u>Completed years of service</u>	<u>Employer matching and profit sharing contributions percentage vested</u>	<u>Profit sharing prior to January 1, 2007 percentage vested</u>
2	20%	0%
3	40%	20%
4	60%	40%
5	80%	60%
6	100%	80%
7		100%

Forfeitures:

Forfeitures may be used to reduce employer contributions and pay administrative expenses. Unallocated forfeitures totaled approximately \$36,600 as of December 31, 2010. There were no unallocated forfeitures as of December 31, 2011. Forfeitures used to pay administrative expenses were \$871 and \$628 in 2011 and 2010, respectively.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Notes receivable from participants:

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or \$50,000, less the highest outstanding loan balance in the prior 12 months. Each note receivable is carried at amortized cost, is secured by the borrower's vested plan benefits, bears interest at a commercially reasonable rate (from 5.25% to 10.25% on loans outstanding as of December 31, 2011), and may have terms ranging from one to five years (unless the loan qualifies as a home loan). Principal and interest are paid through semi-monthly payroll deductions.

The Plan's management considers a note receivable from a participant to be past due at the end of the calendar quarter following a quarter for which there is an outstanding payment due. The Plan's management provides for probable uncollectible amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual note balances. Notes receivable from participants are deemed distributed once the Plan's management has exhausted all its collection efforts. The Plan's management does not consider an allowance necessary as of December 31, 2011 and 2010.

Plan termination:

The Company reserves the right to amend or terminate the Plan at any time subject to the provisions of ERISA. Upon Plan termination, each participant shall become 100% vested. Benefits would then be disbursed in accordance with the Plan's provision for termination.

Retirement:

Normal retirement age is 65 years old.

Death or disability:

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while employed by the Company, 100% of the participant's account will become vested and be distributed in the same manner as if the participant had retired.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

1. Description of the Plan (continued):

Payment of benefits:

On termination of service, a participant may receive a lump-sum cash payment for the vested balance in his or her account.

Hardship withdrawals:

While still employed by the Company, participants are permitted to withdraw a single lump sum up to their total vested account balance under certain conditions. A participant's right to make deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

2. Summary of significant accounting policies:

Basis of accounting:

The financial statements are prepared on the accrual basis of accounting. Benefit payments to participants are recorded when paid.

Use of estimates in preparation of financial statements:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect amounts reported and related disclosures. Actual results could differ from those estimates.

Valuation of assets:

Investments are stated at fair value. Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is accrued when earned. Gains and losses (realized and unrealized) are reported in net investment gain (loss) from mutual funds.

Subsequent events:

The Plan has evaluated subsequent events through September 13, 2012, the date on which the financial statements were available to be issued.

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

3. Tax status:

The Plan is a Fidelity-sponsored prototype plan with an opinion letter dated March 31, 2008, in which the Internal Revenue Service (IRS) stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The prototype plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Accordingly, no provision for income tax has been included in these 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 tax position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that at December 31, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is no longer subject to tax examinations by tax authorities for years before 2008.

4. Information certified by trustee:

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee as complete and accurate:

- Investments, at fair value
- Notes receivable from participants
- Investment income
- Schedule of assets held at end of year

5. Investments and fair value measurements:

The fair values of mutual funds and the money market fund are based on quoted net asset values from active markets (level 1 measurements in the fair value hierarchy).

T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

5. Investments and fair value measurements (continued):

There have been no changes in the method used to value investments as of December 31, 2011 and 2010. The fair values of the Plan's investments, all valued using level 1 inputs within the fair value hierarchy, were as follows:

	2011	2010
Mutual funds:		
Large cap equity funds	\$ 2,584,305	\$ 2,419,032
Mid cap equity funds	1,389,918	1,705,128
Fixed income funds	1,284,305	1,351,740
Specialty funds	1,248,767	1,131,878
Global equity funds	650,872	763,879
Balanced fund	609,447	592,973
Target date funds	476,213	444,736
Small cap equity funds	31,356	
Money market fund	1,698,741	1,707,208
	<u><u>\$ 9,973,924</u></u>	<u><u>\$ 10,116,574</u></u>

The Plan's investments are exposed to various risks such as interest rate, market, credit and concentration risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of the Plan's investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

The following investments represent 5% or more of the Plan's net assets available for benefits as of December 31:

	2011	2010
Fidelity Prime Fund	\$ 1,698,741	\$ 1,707,208
Invesco Equally-Weighted S&P 500 Class A	1,528,531	1,710,971
PIMCO Total Return A	1,108,799	1,042,224
Invesco Real Estate Fund Class A	1,087,150	987,867
Fidelity Advisor Leveraged Company Stock Fund	806,664	1,039,990
Van Kampen Equity and Income Fund Class A	609,447	592,973
Five percent of net assets available for benefits	\$ 519,513	\$ 525,483

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

6. Party-in-interest transactions:

The Plan invests in shares of mutual funds managed by Fidelity Investments, an affiliate of the trustee. Transactions in such investments qualify as party-in-interest transactions under ERISA. As of December 31, 2011 and 2010, fair market values of the mutual funds managed by the party-in-interest were \$3,143,235 and \$3,335,945, respectively.

The Plan paid an affiliate of the trustee \$3,385 and \$2,494 for record-keeping fees during 2011 and 2010, respectively.

Notes receivable from participants qualify as party-in-interest transactions under ERISA.

7. Administrative expenses:

Administrative expenses not paid by the Plan are paid directly by the Company.

**T & A SUPPLY COMPANY, INC. 401(k) PROFIT SHARING
PLAN AND TRUST**

SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2011

FORM 5500, SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Fidelity Prime Fund	Money Market Fund	**	\$ 1,698,741
	Calvert Income Fund A	Registered Investment Company	**	83,202
	Calvert Equity Fund A	Registered Investment Company	**	190,799
	Dreyfus Midcap Value A	Registered Investment Company	**	349,307
	Eaton Vance Government Obligations A	Registered Investment Company	**	92,304
*	Fidelity Advisor Energy Class A	Registered Investment Company	**	161,617
*	Fidelity Advisor Freedom 2010	Registered Investment Company	**	1,875
*	Fidelity Advisor Freedom 2015	Registered Investment Company	**	7,459
*	Fidelity Advisor Freedom 2020	Registered Investment Company	**	116,003
*	Fidelity Advisor Freedom 2025	Registered Investment Company	**	27,588
*	Fidelity Advisor Freedom 2030	Registered Investment Company	**	164,748
*	Fidelity Advisor Freedom 2035	Registered Investment Company	**	55,811
*	Fidelity Advisor Freedom 2040	Registered Investment Company	**	100,186
*	Fidelity Advisor Freedom 2045	Registered Investment Company	**	2,418
*	Fidelity Advisor Freedom INC A	Registered Investment Company	**	125
*	Fidelity Advisor Leveraged Company Stock Fund	Registered Investment Company	**	806,664
	Invesco Equally-Weighted S&P 500 Class A	Registered Investment Company	**	1,528,531
	Invesco Midcap Core Equity Fund Class A	Registered Investment Company	**	233,947
	Invesco Real Estate Fund Class A	Registered Investment Company	**	1,087,150
	Invesco Van Kampen Comstock Fund Class A	Registered Investment Company	**	410,252
	Invesco Van Kampen Equity and Income Fund Class A	Registered Investment Company	**	609,447
	Invesco Van Kampen Small Cap Value A	Registered Investment Company	**	31,356
	MainStay Large Cap Growth R2	Registered Investment Company	**	454,723
	PIMCO Total Return A	Registered Investment Company	**	1,108,799
	Templeton Foreign A	Registered Investment Company	**	397,099
	Thornburg International Value R4	Registered Investment Company	**	253,773
*	Notes receivable from participants	Interest between 5.25% and 10.25%	\$ 0	229,909
				<u><u>\$ 10,203,833</u></u>

* A party-in-interest, as defined by ERISA

** Cost information is not required, as investments are participant-directed