# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ACE CLEARWATER ENTERPRISES 401(K) PROFIT SHARING PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1993

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ACE CLEARWATER ENTERPRISES
C/O CPI-QPC, INC.

P.O. BOX 1167
GREAT BEND, KS 67530

**2b** Employer Identification Number (EIN)
95-2136491

**2c** Sponsor's telephone number
620-793-8473

**2d** Business code (see instructions)
336410

**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. | 10/15/2010 | GEN PEREZ |
| | **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")
ACE CLEARWATER ENTERPRISES

P.O. BOX 1167
GREAT BEND, KS 67530

**3b** Administrator's EIN
95-2136491

**3c** Administrator's telephone number
620-793-8473

**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** | 280 |
| **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** | 202 |
| **b** | Retired or separated participants receiving benefits | **6b** | 2 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 66 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 270 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 270 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 149 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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 3D

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | 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)** | X | 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)** | X | 1 | **A** (Insurance Information) |
| **(4)** | X | | **C** (Service Provider Information) |
| **(5)** | | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ACE CLEARWATER ENTERPRISES 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500.
ACE CLEARWATER ENTERPRISES

**D** Employer Identification Number (EIN)
95-2136491

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 74-1625348 | 70238 | 60908 | 145 | 01/01/2009 | 12/31/2009 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 2548 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
MARINI, JOE A
2929 ALLEN PARKWAY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 2328 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
SCHAEFFER, MICHAEL J
2929 ALLEN PARKWAY
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 199 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

WEXLER, ART
2929 ALLEN PARKWAY
HOUSTON, TX 77019

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| 21 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 655814 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 690330 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 56424 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 22434 | | |
| | (4) Transferred from separate account | 7c(4) | 85911 | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 164769 |
| **d** | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 855099 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 112201 | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | 87084 | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 199285 |
| **f** | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 655814 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | 0 |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | 0 |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ACE CLEARWATER ENTERPRISES 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
ACE CLEARWATER ENTERPRISES

**D** Employer Identification Number (EIN)
95-2136491

## 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)

VALIC

74-1625348

| (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 37 50 60 62 63 64 | NONE | 4781 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

**(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 |
|---|---|---|
| | | |

| **(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ACE CLEARWATER ENTERPRISES 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
ACE CLEARWATER ENTERPRISES

**D** Employer Identification Number (EIN)
95-2136491

## 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | 3197 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 165016 | 198294 |
| **(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) | 1753789 | 2301535 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 690330 | 655814 |
| **(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 | 2609135 | 3158840 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 4230 | 0 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 4230 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2604905 | 3158840 |

## 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) | 214514 | |
| | **(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) | | 214514 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 8359 | |
| | **(F)** Other | 2b(1)(F) | 22434 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 30793 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(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) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (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) | | 483660 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 728967 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 175032 | |
| (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) | | 175032 |
| **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) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 0 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 175032 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 553935 |
| **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) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: MULLER, KING, MATHYS ACKER & LOPEZ (2) EIN: 95-2693314

**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 | | 4664 |
| **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 | | 1000000 |
| **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

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ACE CLEARWATER ENTERPRISES 401(K) PROFIT SHARING PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
ACE CLEARWATER ENTERPRISES

**D** Employer Identification Number (EIN)
95-2136491

## 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): 74-1625348

**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):

# ACE CLEARWATER ENTERPRISES 401(K) PROFIT SHARING PLAN

## FINANCIAL STATEMENTS

## December 31, 2009 and 2008

## ACE CLEARWATER ENTERPRISES 401(k) PROFIT SHARING PLAN

### Index

### December 31, 2009 and 2008


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# MULLER, KING, MATHYS, ACKER & LÓPEZ

AN ACCOUNTANCY CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS

CHARLES J. KING, C.P.A.
PAUL J. MATHYS, C.P.A.
C. ROY ACKER, C.P.A., M.B.A.
ARLENE G. LOPEZ, C.P.A.

MEMBERS:
AMERICAN INSTITUTE OF C.P.A.'S
CALIFORNIA SOCIETY OF C.P.A.'S


## INDEPENDENT AUDITORS REPORT

To the Participants and Administrator
of the ACE Clearwater Enterprises 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of ACE Clearwater Enterprises 401(k) Profit Sharing Plan as of December 31, 2009 and 2008 and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and schedules 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 10, which was certified by Valic, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodian 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the custodian, has been audited by us in accordance with U.S. generally accepted auditing standards and, in our opinion, is 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.

MULLER, KING, MATHYS, ACKER & LOPEZ

muller, King, Mathys, Acker & Lopez

Downey, California
October 12, 2010


BUSINESS PHONE
(562) 923-7581

8112 FLORENCE AVENUE,
DOWNEY, CA 90240

FAX NUMBER
(562) 869-4292

## ACE CLEARWATER ENTERPRISES 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Plan Benefits
December 31, 2009 and 2008

### ASSETS

| | 2009 | 2008 |
|---|---|---|
| Participant contributions receivable | $ 3,197 | $ 0 |
| Investments in registered investment companies (Mutual Funds) at fair value | 2,301,535 | 1,753,789 |
| Unallocated insurance contracts, at contract value | 655,814 | 690,330 |
| Participants loans | 198,294 | 165,016 |
| **TOTAL ASSETS** | 3,158,840 | 2,609,135 |

### LIABILITIES

| | | |
|---|---|---|
| Excess contributions | 0 | 4,230 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 3,158,840 | $ 2,604,905 |

The accompanying notes are an integral part of the financial statements.

## ACE CLEARWATER ENTERPRISES 401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended December 31, 2009

| | |
|---|---|
| Additions | |
| Interest Income | $ 30,793 |
| Contributions - participants | 214,514 |
| Net increase in fair value of investments | 483,660 |
| Total additions | 728,967 |
| Deductions | |
| Benefit payments and withdrawals | 175,032 |
| Total deductions | 175,032 |
| Net increase (decrease) | 553,935 |
| Net assets available for benefits, beginning of year | 2,604,905 |
| Net assets available for benefits, end of year | $ 3,158,840 |

The accompanying notes are an integral part of the financial statements.

## NOTE 1 - DESCRIPTION OF THE PLAN:

The following description of the ACE Clearwater Enterprises 401(k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### *General*

The Plan is a defined contribution plan established effective January 1, 1993 and most recently amended effective March 1, 2000. Employees of ACE Clearwater Enterprises (the "Company") become eligible to participate upon completing 3 months of service. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### *Contributions*

Participants may contribute an amount not to exceed 15 percent of their compensation for the contribution period up to the maximum amount as prescribed by law. The Company may make a profit-sharing contribution at its discretion. No profit-sharing contributions were made during the years 2009 and 2008. "Catch-up" contributions are allowed for individuals over age 50.

### *Participant Accounts*

Each participant's account is credited with the participants contribution and allocation of the Company's contribution, if any, and Plan earnings. Earnings are allocated by fund based on the ratio of a participant's account invested in a particular fund to all participants' investments in that fund. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures, if any, are allocated annually to the remaining participants at year end.

### *Vesting*

Participants are immediately vested in their voluntary contributions and actual earnings thereon. The balance of vesting in the participant's accounts is based on the years of service. A participant becomes 20 percent vested after 1 year of service, 40 percent vested after 2 years of service, 60 percent vested after 3 years of service, 80 percent vested after 4 years of service and 100 percent vested after 5 years of service.

## NOTE 1 - DESCRIPTION OF THE PLAN: (Cont'd)

### *Investment Options*

Upon enrollment in the Plan, a participant may currently direct contributions among several available options of fixed and/or equity funds. Participants may change their investment options at January 1, and July 1. All investments are participant-directed.

### *Payment of Benefits*

On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of his or her account, or a distribution in the form of an annuity. Distributions are subject to the applicable provisions of the Plan agreement.

### *Participants Loans*

Participants may borrow up to the lesser of $50,000 or 50 percent of the vested portion of their account balance, subject to certain restrictions, in accordance with interest rates and collateral requirements established by the Plan.

## NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

### *Method of Accounting*

The Plan's financial statements are prepared on the accrual basis of accounting.

### *Investments*

All the Plan's investments were invested at the year end in annuity contracts. The majority of the investments were in annuity contracts which were invested in mutual funds at fair value. The remainder of the Plan's investments were invested in guaranteed investment contracts (insurance company general accounts) at contract value and are benefit responsive. Guaranteed investment contracts average yield for the 2008 year was 3.63% and 3% and 3.41% and 3% for 2009.

### *Administrative Expenses*

Expenses related to the administration of the Plan's investment transactions, recordkeeper and custodian fees and other expenses incurred in administration of the Plan are paid by the Company.

## NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES - (Cont'd)

### *Date of Management's Review*

Subsequent events were evaluated through October 12, 2010, which is the date the financial statements were available to be issued.

### *Use of Estimates*

The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### *Contributions*

Employee contributions are recorded on a weekly basis. Company profit-sharing contributions, if any, are recorded annually. There were no Company profit-sharing contributions during either 2009 or 2008.

### *Benefits*

Benefit claims are recorded as expenses when they have been paid by the custodian in accordance with the provisions of the Plan document.

## NOTE 3 - INVESTMENTS

The following presents investments at December 31, 2008 and 2007 that represent 5% or more of the Plan's net assets.

| | 2009 | 2008 |
|---|---|---|
| Fixed Account Plus | 454,057 | 512,921 |
| Science and Technology Fund | 247,102 | 177,054 |
| Short Term Fixed Account | 201,757 | 177,409 |
| Money Market II Fund | 313,741 | 325,512 |
| Growth Fund | 354,407 | 258,620 |

## NOTE 3 - INVESTMENTS - (Cont'd)

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased in value by $483,660 as follows:

| | |
|---|---|
| Mutual funds | $ 483,660 |

## NOTE 4 - INCOME TAX STATUS

The Company has adopted a Valic prototype plan which has been determined by the Internal Revenue Service to be in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has not filed an individual determination letter. However, the Plan's administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## NOTE 5 - PLAN TERMINATION

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

## NOTE 6 - PARTICIPANTS LOANS

Under the terms of the Plan, participants may borrow from their accounts up to the lesser of $50,000 of 50% of their vested account balance. Loan transactions are treated as a transfer to/from the investment fund from/to Participant Loans. A loan is collateralized by the balance in the participant's account and bears interest at a rate commensurate with market rates for similar loans, as defined (between 3% and 5% for the years ended December 31, 2009 and 2008).

## NOTE 7 - FORFEITURES

Forfeitures result from nonvested benefit payments remaining in the Plan for all terminated employees. Forfeitures generated are added to the forfeitures holding account balance within the Holding Account, and are subsequently reallocated to the remaining participants in the Plan in accordance with the Plan's provisions. There were no forfeitures outstanding at December 31, 2009 and 2008.

## NOTE 8 - BENEFIT RESPONSIVE CONTRACTS

The Plan entered into benefit-responsive contracts with Variable Anniuty Life Insurance Company (VALIC). VALIC maintains contributions in fixed accounts. The accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported by VALIC. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. As described in Note 2, because some investment contracts are fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contracts.

The fair value of the investment contracts are December 31, 2009 and 2008 was $667,556 and $684,321, respectively. The crediting interest rate is based on a formula agreed upon with the issuer.

The average yields for the investment contracts varied from 3% to 3.41% in 2009 and 3% to 3.63% in 2008.

## NOTE 9: FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board Statement No. 157, Fair Value Measurements (FASB Statement No. 157), 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described below:

## NOTE 9: FAIR VALUE MEASUREMENTS (Cont'd)

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.

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

**Assets at Fair Value as of December 31, 2009**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 2,301,535 | $ 0 | $ 0 | $ 2,301,535 |
| Unallocated insurance contracts | 0 | 655,814 | 0 | 655,814 |
| Participant loans | 0 | 0 | 198,294 | 198,294 |
| Total assets at fair value | $ 2,301,535 | $ 655,814 | $ 198,294 | $ 3,155,643 |

## NOTE 9: FAIR VALUE MEASUREMENTS (Cont'd)

The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance.

### Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009.

**Level 3 Assets**
**Year Ended December 31, 2009**

| | Participant loans |
|---|---|
| Balance, beginning of year | $ 165,016 |
| Purchases, sales, issuances and settlements (net) | 33,278 |
| Balance, end of year | $ 198,294 |

**Assets at Fair Value as of December 31, 2008**

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | $ 1,753,789 | $ 0 | $ 0 | $ 1,753,789 |
| Unallocated insurance contracts | 0 | 690,330 | 0 | 690,330 |
| Participant loans | 0 | 0 | 165,016 | 165,016 |
| Total assets at | $ 1,753,789 | $ 690,330 | $ 165,016 | $ 2,609,135 |

### Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2008.

## NOTE 9: FAIR VALUE MEASUREMENTS (Cont'd)

**Level 3 Assets**
**Year Ended December 31, 2008**

| | Participant loans |
|---|---|
| Balance, beginning of year | $ 183,081 |
| Purchases, sales, issuances and settlements (net) | (18,065) |
| Balance, end of year | $ 165,016 |

## NOTE 10 - INFORMATION PREPARED AND CERTIFIED BY THE CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been and certified to as complete and accurate by the custodians.

| | 2008 | 2008 |
|---|---|---|
| Investments in registered investment companies (mutual funds) | 2,301,535 | 1,753,789 |
| Unallocated insurance contract | 655,814 | 690,330 |
| Interest income | 30,793 | 30,460 |
| Unrealized gains (losses) on investments-net | 483,660 | (823,810) |

## NOTE 11 - RISKS AND UNCERTAINTIES

The Plan invests in various investments 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 amount reported in the statement of net assets available for benefits.

## NOTE 12 - SUBSEQUENT EVENTS

Due to recent legislation and guidance issued by the Internal Revenue Service, on April 26, 2010, the Plan was modified effective January 1, 2010. The material modifications allowed: 1) non-spouse beneficiaries to rollover a death distribution to an IRA, 2) allow a distribution in the form of a Qualified Joint and Survivor Annuity unless the participant specifically elects a different form of distribution and 3) change the existing vesting schedule for employee contributions in accordance with a "top heavy" vesting schedule with 100% vesting occuring after six years.

# ACE CLEARWATER ENTERPRISES 401(k) PROFIT SHARING PLAN

Schedule of Assets Held for Investment Purposes

December 31, 2009

Federal Employer I.D. #95-2136491

Plan Number: 002

Contract # 60908

| (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 |
|---|---|---|---|---|
| | AGGRESSIVE GROWTH LIFESTYLE | VALUE OF INT IN REGIST INVEST CO | n/a | 1,210 |
| | ARIEL APPRECIATION FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 306 |
| | ARIEL FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 19,118 |
| | ASSET ALLOCATION FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 1,052 |
| | BLUE CHIP GROWTH FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 77,725 |
| | CAPITAL APPRECIATION FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 15,092 |
| | CAPITAL CONSERVATION | VALUE OF INT IN REGIST INVEST CO | n/a | 1,064 |
| | CONSERVATIVE GROWTH LIFESTYLE | VALUE OF INT IN REGIST INVEST CO | n/a | 2,779 |
| | CORE BOND FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 325 |
| | FIXED ACCOUNT PLUS | VALUE OF INT IN INUSURANCE GEN ACCOUNT | n/a | 454,057 |
| | FOREIGN VALUE | VALUE OF INT IN REGIST INVEST CO | n/a | 5,349 |
| | GLOBAL EQUITY | VALUE OF INT IN REGIST INVEST CO | n/a | 47,965 |
| | GLOBAL SOCIAL AWARENESS FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 57 |
| | GLOBAL STRATEGY | VALUE OF INT IN REGIST INVEST CO | n/a | 22,018 |
| | GOVERNMENT SECURITIES FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 67,438 |
| | GROWTH FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 354,407 |
| | HEALTH SCIENCES FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 10,474 |
| | HIGH YIELD BOND FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 11,666 |
| | INFLATION PROTECTED FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 32,597 |
| | INTERNATIONAL EQUITIES FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 45,784 |
| | INTERNATIONAL GOVERNMENT BOND | VALUE OF INT IN REGIST INVEST CO | n/a | 635 |
| | INTERNATIONAL GROWTH I FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 13,902 |
| | INTL SMALL CAP EQUITY | VALUE OF INT IN REGIST INVEST CO | n/a | 7,455 |
| | LARGE CAP VALUE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 5,929 |
| | LARGE CAPITAL GROWTH | VALUE OF INT IN REGIST INVEST CO | n/a | 119,873 |
| | MID CAP INDEX FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 130,634 |
| | MID CAP STRATEGIC GWTH | VALUE OF INT IN REGIST INVEST CO | n/a | 107,452 |
| | MID CAP VALUE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 14,901 |
| | MODERATE GROWTH LIFESTYLE | VALUE OF INT IN REGIST INVEST CO | n/a | 82,457 |
| | MONEY MARKET I FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 33,385 |
| | MONEY MARKET II FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 313,741 |
| | NASDAQ-100(R) INDEX FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 132,357 |
| | PARTICIPANT LOANS | LOANS 3% | n/a | 198,294 |
| | SCIENCE & TECHNOLOGY FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 247,102 |
| | SHORT TERM FIXED ACCOUNT | VALUE OF INT IN INUSURANCE GEN ACCOUNT | n/a | 201,757 |
| | SM CAP AGGRESSIVE GWTH | VALUE OF INT IN REGIST INVEST CO | n/a | 4,878 |
| | SMALL CAP FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 107 |
| | SMALL CAP GROWTH FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 5,693 |
| | SMALL CAP INDEX FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 108,337 |
| | SMALL CAP SPECIAL VALUE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 28 |
| | SMALL MID GROWTH FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 7,167 |
| | SOCIALLY RESPONSIBLE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 4,979 |
| | STOCK INDEX FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 96,553 |
| | STRATEGIC BOND FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 861 |
| | VALUE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 10,476 |
| | VANGUARD LIFESTRATEGY CONSER | VALUE OF INT IN REGIST INVEST CO | n/a | 3,596 |
| | VANGUARD LIFESTRATEGY GROWTH | VALUE OF INT IN REGIST INVEST CO | n/a | 8,075 |
| | VANGUARD LIFESTRATEGY MODERA | VALUE OF INT IN REGIST INVEST CO | n/a | 5,545 |
| | VANGUARD LONG-TERM TREASURY | VALUE OF INT IN REGIST INVEST CO | n/a | 16,268 |
| | VANGUARD LT INV-GRADE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 3,060 |
| | VANGUARD WELLINGTON FUND, INC. | VALUE OF INT IN REGIST INVEST CO | n/a | 88,436 |
| | VANGUARD WINDSOR II | VALUE OF INT IN REGIST INVEST CO | n/a | 11,227 |
| | | | | |

**ACE CLEARWATER ENTERPRISES 401(k) PROFIT SHARING PLAN**

Schedule H Line 4a - Schedule of Delinquent Participant Contributions

December 31, 2009

| 2009 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions | | | | |
|---|---|---|---|---|
| Participant contributions Transferred Late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
| | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Corrections in VFCP | |
| $4,663.73 | 0 | $4,663.73 | 0 | 0 |

☐ Late participant loan repayments included in schedule.

**Schedule H/I, Line 4a**
**Schedule of Late Participant Contributions**

Name of Plan:

►Ace Clearwater Enterprises 401(k) Profit Sharing Plan

Employer Identification No.: ► 95-2136491

Plan year (beginning/ending):► 01/01/2009 -12/31/2009 Plan number:► 002

| **(a)** Late Contributions | **(b)** Late Contributions not Corrected | **(c)** Correction outside VFCP | **(d)** Correction using VFCP | **(e)** Contributions Pending Correction in VFCP | **(f)** Total Corrected |
|---|---|---|---|---|---|
| $4,644 | $4,644 | $0 | $0 | $0 | $0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

Name of Plan:

► Ace Clearwater Enterprises 401(k) Profit Sharing Plan

Employer Identification Number:► 95-2136491

For plan year (beginning/ending):► 01/01/2009 to 12/31/2009 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 |
|---|---|---|---|---|
| | AGGRESSIVE GROWTH LIFESTYLE | VALUE OF INT IN REGIST INVEST CO | n/a | 1,210 |
| | ARIEL APPRECIATION FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 306 |
| | ARIEL FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 19,118 |
| | ASSET ALLOCATION FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 1,052 |
| | BLUE CHIP GROWTH FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 77,725 |
| | CAPITAL APPRECIATION FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 15,092 |
| | CAPITAL CONSERVATION | VALUE OF INT IN REGIST INVEST CO | n/a | 1,064 |
| | CONSERVATIVE GROWTH LIFESTYLE | VALUE OF INT IN REGIST INVEST CO | n/a | 2,779 |
| | CORE BOND FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 325 |
| | FIXED ACCOUNT PLUS | VALUE OF INT IN INUSURANCE GEN ACCOUNT | n/a | 454,057 |
| | FOREIGN VALUE | VALUE OF INT IN REGIST INVEST CO | n/a | 5,349 |
| | GLOBAL EQUITY | VALUE OF INT IN REGIST INVEST CO | n/a | 47,965 |
| | GLOBAL SOCIAL AWARENESS FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 57 |
| | GLOBAL STRATEGY | VALUE OF INT IN REGIST INVEST CO | n/a | 22,018 |
| | GOVERNMENT SECURITIES FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 67,438 |
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| | INTERNATIONAL EQUITIES FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 45,784 |
| | INTERNATIONAL GOVERNMENT BOND | VALUE OF INT IN REGIST INVEST CO | n/a | 635 |
| | INTERNATIONAL GROWTH I FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 13,902 |
| | INTL SMALL CAP EQUITY | VALUE OF INT IN REGIST INVEST CO | n/a | 7,455 |
| | LARGE CAP VALUE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 5,929 |
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| | PARTICIPANT LOANS | LOANS 3% | n/a | 198,294 |
| | SCIENCE & TECHNOLOGY FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 247,102 |
| | SHORT TERM FIXED ACCOUNT | VALUE OF INT IN INUSURANCE GEN ACCOUNT | n/a | 201,757 |
| | SM CAP AGGRESSIVE GWTH | VALUE OF INT IN REGIST INVEST CO | n/a | 4,878 |
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| | SMALL CAP GROWTH FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 5,693 |
| | SMALL CAP INDEX FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 108,337 |
| | SMALL CAP SPECIAL VALUE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 28 |
| | SMALL MID GROWTH FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 7,167 |
| | SOCIALLY RESPONSIBLE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 4,979 |
| | STOCK INDEX FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 96,553 |
| | STRATEGIC BOND FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 861 |
| | VALUE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 10,476 |
| | VANGUARD LIFESTRATEGY CONSER | VALUE OF INT IN REGIST INVEST CO | n/a | 3,596 |
| | VANGUARD LIFESTRATEGY GROWTH | VALUE OF INT IN REGIST INVEST CO | n/a | 8,075 |
| | VANGUARD LIFESTRATEGY MODERA | VALUE OF INT IN REGIST INVEST CO | n/a | 5,545 |
| | VANGUARD LONG-TERM TREASURY | VALUE OF INT IN REGIST INVEST CO | n/a | 16,268 |
| | VANGUARD LT INV-GRADE FUND | VALUE OF INT IN REGIST INVEST CO | n/a | 3,060 |
| | VANGUARD WELLINGTON FUND, INC. | VALUE OF INT IN REGIST INVEST CO | n/a | 88,436 |
| | VANGUARD WINDSOR II | VALUE OF INT IN REGIST INVEST CO | n/a | 11,227 |
| | | | | |