	Form 5500-SF Short Form Annual Return/Report of Small Employee										
	Department of the Treasury Internal Revenue Service										
Er	Department of Labor nployee Benefits Security Administration	e e	2010 This Form is Open to Public								
Ρ	Employee Benefits Security Administration Internal Revenue Code (the Code). Inis Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Inspection Inspe										
		entification Information	_		0/04/0	2010					
_	calendar plan year 2010 or fisca	al plan year beginning 01/01/2010			2/31/2	8					
	This return/report is for:	mployer plan (not multiemployer)	one-participant plan								
B	This return/report is for:	first return/report	final retur	•							
_	an amended return/report is short plan year return/report (less than 12 months)										
C	C Check box if filing under:										
		special extension (enter descriptio									
		nation—enter all requested informa	ation		1h	Three digit					
	Name of plan PAVING CO., INC. 401(K) PLA	N			a	Three-digit plan number					
/IOL						(PN) • 001					
					1c	Effective date of plan 01/01/1995					
	Plan sponsor's name and addree PAVING CO., INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-0869307					
	BOX 2027				2c	Plan sponsor's telephone number 360-479-4200					
SILV	ERDALE, WA 98383				2d	Business code (see instructions) 238900					
3a ACE	Plan administrator's name and PAVING CO., INC.	3b	Administrator's EIN 91-0869307								
		3c	3C Administrator's telephone number 360-479-4200								
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. Sponsor's name											
	name, EIN, and the plan numbe		4c	PN							
5a	Total number of participants at	the beginning of the plan year			5a	16					
b	Total number of participants at	5b	20								
C	Total number of participants wi complete this item)	5c	11								
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No					
b		e annual examination and report of a				X Yes No					
	`	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,							
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		7a	839797	7	918362					
b	Total plan liabilities		7b								
C	Net plan assets (subtract line 7	b from line 7a)	7c	839797	7	918362					
8	Income, Expenses, and Transf			(a) Amount		(b) Total					
а	Contributions received or recei	vable from:	8a(1)	10428	3						
	., .,		8a(2)	18752	2						
			8a(3)								
b			8b	80547	7						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			109727					
d	Benefits paid (including direct i	ollovers and insurance premiums	. 8d	20628	3						
е	,	ive distributions (see instructions)	8e	7640)						
f		s (salaries, fees, commissions)	8f								
g	Other expenses		8g	2894	1						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			31162					
i	Net income (loss) (subtract line	8h from line 8c)	8i			78565					
j	Transfers to (from) the plan (se	e instructions)	8j								

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

Part IV **Plan Characteristics**

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2K 2T 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:

Part	V	Compliance Questions							
10	Du	ring the plan year:		Yes	No		Amo	unt	
а									
b					x				
С	W	as the plan covered by a fidelity bond?	10c	Х					91836
d									
е									
f	Has the plan failed to provide any benefit when due under the plan?				X				
g	Die	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					36808
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Π	Yes	No
12	ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of I	ERISA?		Yes	× No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	 a 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 letter ruling granting the waiver. Month Day Year 								
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	En	ter the minimum required contribution for this plan year			12b				
С	En	ter the amount contributed by the employer to the plan for this plan year			12c				
d	· · · · · · · · · · · · · · · · · · ·								
е	 Will the minimum funding amount reported on line 12d be met by the funding deadline? 					Yes	Ν	0	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	a Has a resolution to terminate the plan been adopted during the plan year or any prior year?								
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	lf c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)							
1	13c(1) Name of plan(s):						1	3c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is i	establ	ished			

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

SIGN	Filed with authorized/valid electronic signature.	10/07/2011	ERIK B. CHRISTOPHERSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF		Report of Small Emplo	port of Small Employee					
Internal Revenue Service	-		clions 104 and 4065 of the Employe	2010				
Department of Labor Employee Benefits Security Administrati	Retirement Income Security A	Act of 1974	(ERISA), and section 6058(a) of the	€	This Form is Open to Public			
Pension Benefit Guaranty Corporatio			Code (the Code).		Inspection			
Part I Annual Repo	ort Identification Information	uance with	n the instructions to the Form 550	U-SF				
For calendar plan year 2010 o			and ending					
A This return/report is for:	X single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	nt plan		
B This return/report is for:	first return/report	final retur	n/report		·			
	an amended return/report	short plar	vear return/report (less than 12 mo	nths)				
C Check box if filing under:	X Form 5558	automatic	extension		DFVC progra	m		
	special extension (enter descriptio	on)						
	formation—enter all requested information	ation				•••••••••••••••••••••••••••••••••••••••		
1a Name of plan				1b	Three-digit			
ACE PAVING CO., INC. 401(K) PLAN				plan number (PN) ▶	001		
				10	Effective date of	2-286-852-0		
					01/01/1			
	address (employer, if for single-employer	plan)		2b	Employer Identif	ication Number		
ACE PAVING CO., INC.				20	(EIN) 91-086			
P.O. BOX 2027				20	Plan sponsor's l 360-479			
SILVERDALE WA 98383				2d	Business code (Business code (see instructions)		
3a Plan administrator's name	and address (if same as Plan sponsor, e	nler "Same	5 ⁿ)	26	238900	715.1		
SAME			•)	30	Administrator's E 91-0869	-IN 9307		
				3c Administrator's telephone numbe				
4 If the name and/or EIN of I	he plan sponsor has changed since the las	et return/re	port filed for this plan, ontor the	46	360-479	9-4200		
name, EIN, and the plan n	umber from the last return/report. Sponso	or's name	port med for this plan, enter the	40	EIN			
For Table 1 - Cart				-	PN			
	nts at the beginning of the plan year			5a		1		
	nts at the end of the plan year			5b		2		
complete this item)	nts with account balances as of the end of	r the plan y	ear (defined benefil plans do not	5c		1		
	sets during the plan year invested in eligib	101111100 C.C.				X Yes N		
b Are you claiming a waive	r of the annual examination and report of a	an independent qualified public accountant (IOPA)						
under 29 CFR 2520,104-	46? (See instructions on waiver eligibility a b either 6a or 6b, the plan cannot use Fo	and conditi	ons.)			X Yes 🗌 N		
Part III Financial Infe		orm 5500-	SF and must instead use Form 55					
7 Plan Assets and Liabilitie			(a) Beginning of Year		(b) End	of Voor		
a Total plan assets		7a	839797			91836		
b Total plan liabilities		7b		-				
c Net plan assets (subtract	line 7b from line 7a)	7c	839797			91836		
8 Income, Expenses, and 1	ransfers for this Plan Year		(a) Amount		(b) Te	otal		
a Contributions received or			10428					
(a) (b) (c)			18752	_				
	overs)		10752	-				
	uvers)		80547					
	a(1), 8a(2), 8a(3), and 8b)		00347			10972		
d Benefits paid (including direct rollovers and insurance premiums				10072				
	•••••••••••••••••••••••••••••••••••••••		20628	-				
		ructions) 8e 7640						
e Certain deemed and/or c	orrective distributions (see instructions)	- CO.C.	7640	_				
e Certain deemed and/or cef Administrative service pro	oviders (salaries, fees, commissions)	8f						
e Certain deemed and/or conff Administrative service prog Other expenses	oviders (salaries, fees, commissions)	8f 8g	2894					
 e Certain deemed and/or of f Administrative service pro g Other expenses h Total expenses (add lines) 	oviders (salaries, fees, commissions) s 8d, 8e, 8f, and 8g)	8f 8g 8h		-		3116		
 e Certain deemed and/or ca f Administrative service pro g Other expenses h Total expenses (add lines i Net income (loss) (subtrational expenses) 	oviders (salaries, fees, commissions)	8f 8g 8h 8i				3116 7856		

Form 5500-SF 2010

Par						-		025.03	
9a	If the plan provides pension benefits, enter the applicable pension feature 2E 2G 2J 2K 2T 3D	e codes from the	List of Plan Chara	acteris	stic Co	des in	the instruct	lions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature	e codes from the	List of Plan Chara	cleris	lic Cor	les in	the instructi	ons;	
Part	V Compliance Questions								
10	During the plan year:			_	Yes	No	r	A ound	
	Was there a failure to transmit to the plan any participant contributions w 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary (Correction Progra	am)	10a	100	x		Amount	
b	Were there any nonexempt transactions with any party-in-interest? (Do non line 10a.)	not include trans	actions reported	10Ь		х			
C	Was the plan covered by a fidelity bond?	•••••••••••••••••••••••••••••••••••••••		10c	х				91836
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	v bond, that was o	caused by fraud	10d		x			
e								199	
f	Has the plan failed to provide any benefit when due under the plan?			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g	x	404			36808
h	If this is an individual account plan, was there a blackout period? (See in 2520.101-3.)	nstructions and 29	CER	10g		х			
1	If 10h was answered "Yes," check the box if you either provided the request exceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or on	e of the	101					
Part									
11	Is this a defined benefit plan subject to minimum funding requirements? (5500))	(If "Yes," see inst	ructions and com	plete S	Schedu	le SB	(Form		
12	Is this a defined contribution plan subject to the minimum funding require	ements of section	1 412 of the Code	or sor		12 of 1		Yes Voc	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а	If a waiver of the minimum funding standard for a prior year is being amo	ortized in this plar	n year, see instruc	tions,	and er	iter lh	e date of the	etter rui	ing
lf y	granting lhe waiver. /ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (I	Form 5500), and	Mont skip to line 13	n		Day_	Y	'ear	
	Enter the minimum required contribution for this plan year					2b			
	Enter the amount contributed by the employer to the plan for this plan year					2c	-		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)	sult (enter a mini	is sign to the left o	of a		2d	3. 31		
е	9 Will the minimum function amount constant on the 10d be east to the table of the second sec						N/A		
Part		3.0739 ····· 2010							
13a	Has a resolution to terminate the plan been adopted during the plan year	r or any prior year	?		l sono sono			1 Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employe	er lhis vear			1	3a			<u>M</u> 10
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another (plan(s), identify the	e plani	s) lo	•••			0
1	3c(1) Name of plan(s):				13c(2) EIN	(5)	13c(3)	PN(s)
				10		1			11(3)
						-			
Cauti									
Unde: SB or	on: A penalty for the late or incomplete filing of this return/report will r penalties of perjury and other penalties set forth in the instructions, I dec Schedule MB completed and signed by an enrolled actuary, as well as th it is true correct, and complete.	lare that I have e	vamined this relu		THE TREAM	Sale Realized		e, a Sche owledge a	dule and
SIGN	xul (1) In	10/6/11	ERIK B. CHRIST	OPHE	RSON	1]
HERI			-						

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HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			a par autilistation
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor