	Form 5500-SF		OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service						2011			
Er	Department of Labor Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 the Internal Revenue Code (the Code).					of This Form is Open to Public				
P	Pension Benefit Guaranty Corporation Inspection									
		entification Information								
	calendar plan year 2011 or fisca				2/31/2					
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	oant plan			
B	This return/report is:	the first return/report		eturn/report						
			•	in year return/report (less than 12 m	onths)	-				
С	Check box if filing under:	Form 5558		extension		DFVC progra	m			
		special extension (enter descriptio								
		nation—enter all requested informa	ation		41					
	Name of plan	K) SALARY REDUCTION PLAN & T	RUST		10	Three-digit plan number				
		NO CALART REDOUTION FEAN & F	Root			(PN) ►	001			
					1c	Effective date or 01/01	•			
	Plan sponsor's name and addre RICAN ENVIRONMENTAL COM	ess; include room or suite number (er NSTRUCTION, LLC	mployer, if	for a single-employer plan)	2b	Employer Identii (EIN) 34-44	fication Number			
7417	4TH AVE SOUTH				2c	Sponsor's telep 206-523				
	TLE, WA 98105				2d	Business code (23890	,			
3a Plan administrator's name and address (if same as plan sponsor, enter " AMERICAN ENVIRONMENTAL CONSTRUCTION, LLC 7417 4TH AVE SO SEATTLE, WA 98				")	3b	Administrator's 3 34-44	EIN 54492			
					3c	Administrator's 1 206-523	elephone number 3-4441			
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN				
а	Sponsor's name			4c	PN					
5a	Total number of participants at	the beginning of the plan year			5a		21			
b	Total number of participants at	the end of the plan year			5b		24			
C		count balances as of the end of the p			5c		15			
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)			🗙 Yes 🗌 No			
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										
Pa	rt III Financial Informa									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets		7a	403015			366385			
b	Total plan liabilities		7b	0			0			
C	Net plan assets (subtract line 7	'b from line 7a)	7c 403015 36				366385			
8	Income, Expenses, and Transf			(a) Amount		(b) 1	otal			
а	Contributions received or recei	vable from:								
			8a(2)	0						
)	8a(3)							
b	() ()	·		-10513						
с	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				-10513			
d	Benefits paid (including direct r	ollovers and insurance premiums	8d	26117						
е	. ,	ive distributions (see instructions)	8e							
f		rs (salaries, fees, commissions)	8f							
g	- · ·		8g							
	•	3e, 8f, and 8g)	8h				26117			
h										
h i		e 8h from line 8c)	8i				-36630			

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

Page 2 - 1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 3E
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	۷	Compliance Questions					
10	Duri	ng the plan year:		Yes	No	A	mount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X		
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				Х		
С							1000000
d					X		
е	e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		10e	x			126
f			10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)				Х		
h			10h		X		
i	 If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 						
Part	VI	Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
12							
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					
	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						
-		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г		1	
b	Ente	r the minimum required contribution for this plan year			12b		
C		r the amount contributed by the employer to the plan for this plan year			12c		
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)				12d		
е	Will 1	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			· ·	Yes X No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	1	3a			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C 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.)							
1	13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PN		13c(3) PN(s)
Caut	ion [.] 4	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cai	ise is	estab	lished	

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.	07/23/2012	ROBERT MORLEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	07/23/2012	ROBERT MORLEY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF		Return/F Benefit	Report of Small Employ Plan	vee	OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be fi	/ee	2011					
Department of Labor Employee Benefits Security Administration	the Inter	t of 1974 (EF mai Revenue	RISA), and section 6057(b) and 605 e Code (the Code).	8(a) of	This Form is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in acco	00-SF.						
Part I Annual Report I	dentification Information							
or the calendar plan year 2011 or fis			1/2011 and ending	12,	/31/2011			
	x a single-employer plan	a muitiple-	employer plan (not multiemployer)		a one-participant plan			
This return/report is:	the first return/report	the final re	turn/report					
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)				
Check box if filing under:	Form 5558	automatic	extension		DFVC program			
	special extension (enter description	n)			-			
	mation enter all requested info	rmation.			······			
a Name of plan					hree-digit			
AMERICAN ENVIRONMENTA	L 401(k) SALARY REDUCTION	PLAN &	TRUST	1	lan number PN) ► 001			
				1c Effective date of plan				
a Plan sponsor's name and addre	ss; include room or suite number (em	niovar of fer-	cincle and final and the	0	1/01/2002			
AMERICAN ENVIRONMENTA	L CONSTRUCTION, LLC	pioyer, if for s	singie-employes plan)		mployer Identification Number			
					EIN) 34-4454492			
7417 4TH AVE SOUTH			.		lan sponsor's telephone number 206) 523-4441			
			5 4		usiness code (see instructions)			
S SEATTLE	WA 98105			238900				
a Fian administrator's name and a Same	address (if same as plan sponsor, ente	er "Same")	January Contraction	3b Administrator's EIN				
				3C Ad	iministrator's telephone number			
If the name and/or EIN of the pla name, EIN, and the plan number	an sponsor has changed since the last r from the last return/report.	t return/report	t filed for this plan, enter the	4 b EI				
name, EIN, and the plan number a Sponsor's Name	r from the last return/report.				N			
a Sponsor's Name Total number of participants at th	r from the last return/report.	· • • • •	· · · · · · · · · · · · · · · · · · ·	4b El 4c Pr 5a	N			
a Sponsor's Name Total number of participants at th Total number of participants at th	r from the last return/report. The beginning of the plan year	· · · · ·		4b El 4c Pt	N N			
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Form 5500-SF 2011

Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 3E

Page 2-

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	During the plan year:		Yes	No	T	Amount	
а				T		Anoune	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Educiary Correction Program)	10a		X			
~	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			x			
-		106	ļ				
c d		10c	x			1,0	000,000
u	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						
_		10d		x	ļ		
e	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carner, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)	10	x				100
f	Has the plan failed to provide any benefit when due under the plan?	10e					126
		10f		x			
g b	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520, 101-3.)						and the
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10 h		x			
	exceptions to providing the notice applied under 29 CFR 2520.101-3					en en la seconda de la seconda d	
Par	VI Pension Funding Compliance				L		<u></u>
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and exercise	Caba	C				
						. Yes	XNo
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se	ction	302 of	FRIS	Δ2	. Yes	
	(If Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	, and	enter t	he da	te of the let	ter rulina	
	granting the waiver	h		Day		Year	
b	Enter the minimum required contribution for this plan year						
с	Enter the amount contributed by the opployer to the plan for this 1	• •	•	126			
d	Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	• •	•	12c			
	negative amount)		1	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	• •		L			<u> </u>
Part	VII Plan Terminations and Transfers of Assets	<u></u>	· ·	<u> </u>	Yes	No []N/A
13a							
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•••	•	· .,	<u> </u>	Yes [X No
b	Were all the plan accente distributed to anticipants of the Software fills year	•••	· 1	3a			
~	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to of the PBGC?	the co	ntrol				
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	(s) to	•••	•••	••••	∐Yes [≱	< No
1	Bc(1) Name of plan(s):					1	
			130(2) EIN	l(s)	13c(3) PN	l(s)
Cautio	n: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause					1	
	z z z z z z z z z z z z z z z z z z z	15 05	tablis	ned.			

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. ľ

SIGN			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Jak Mary	76-16-17	Robert March
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor