## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		lance witl	the instructions to the Form 5500	)-SF.		•	
Pä	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/2011		and ending 1:	2/31/2	011		
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)	Ī	a one-partici	ant plan	
			eturn/report	_		·	
_			'	nthe)			
_			n year return/report (less than 12 mc	лин <i>ъ)</i> Г	7		
С	Check box if filing under:	automatic	extension		DFVC progra	m	
	special extension (enter description	n)					
Pa	Irt II Basic Plan Information—enter all requested informa	ation					
1a	Name of plan			1b	Three-digit		
ACE	PAVING CO., INC. 401(K) PLAN				plan number		
					(PN) ▶	001	
				1C	Effective date of		
2-	Di i i i i i i i i i i i i i i i i i i	,		01.	01/01		
	Plan sponsor's name and address; include room or suite number (en PAVING CO., INC.	nployer, if	for a single-employer plan)		Employer Identif		er
					-		
				2C .	Sponsor's telep 360-479		
	BOX 4520 MERTON, WA 98312			24	Business code (		· o )
DIVLI	ILICION, WA 30312			Zu	23890		15)
3a	Plan administrator's name and address (if same as plan sponsor, en	ter "Same	")	3h	Administrator's I		
	PAVING CO., INC. P.O. BOX 452	20				69307	
	BREMERTON	I, WA 983	12	3c	Administrator's t	elephone num	ber
					360-479	9-4200	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN		
2	name, EIN, and the plan number from the last return/report.  Sponsor's name			4c	DN		
	Total number of participants at the beginning of the plan year				PN T		2
			ŀ	5a			20
b	Total number of participants at the end of the plan year			5b			19
С	Number of participants with account balances as of the end of the pl	• (	·	5c			
	complete this item)					V v 0	NI-
-	Were all of the plan's assets during the plan year invested in eligible		,			X Yes	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a			,		X Yes	No
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		•••••		
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year	
а	Total plan assets	7a	918362		(2) =	906513	
h	Total plan liabilities	7b					
C			918362			906513	
	Net plan assets (subtract line 7b from line 7a)	7c			4.1		
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	otai	
а	(1) Employers	8a(1)	11100				
	(2) Participants	8a(2)	24954				
	```						
h	(3) Others (including rollovers)	8a(3)	-46898	_			
b	Other income (loss)	8b	-40090			-10844	
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				-10044	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	684				
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
			321				
g	Other expenses (add lines od 02 05 and 02)	8g	321			1005	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1005	
ĺ	Net income (loss) (subtract line 8h from line 8c)	8i				-11849	
J	Transfers to (from) the plan (see instructions)	8j					

Form	5500-	SF	201

Page 2 -	1	
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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 2G 2J 2K 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part			.,		<u> </u>		
10	During 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)	10a		Χ			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	X				125000
d	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			
е	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			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q	Χ				25312
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
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	10i					
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.  Mon	ctions,	and e	enter th	e date of the		-
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Γ	12b			
b	Enter the minimum required contribution for this plan year			120 12c			
d	Enter the amount contributed by the employer to the plan for this plan year	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		_		Yes	No	N/A
Part					<u> </u>		
	Has a resolution to terminate the plan been adopted in any plan year?			Y	′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			<u> </u>			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					_	
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	establ	ished.		
Unde SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return. Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.	urn/rep	oort, ir	ncludin	g, if applicab		

SIGN	Filed with authorized/valid electronic signature.	09/17/2012	ROY T. 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

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Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information									
_	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending	12/31/	2011				
25			-employer plan (not multiemployer)		a one-participant plan				
	This return/report is for:  A a single-employer plan  This return/report is:  I the first return/report		elurn/report		a one-participant plan				
19-0-0			n year return/report (less than 12 n	onthe	1				
_			SECTION AND CONTRACTOR AND CONTRACTO	10111115					
C	Check box if filing under:		extension		DFVC program				
	special extension (enter description								
7/32	art II Basic Plan Information—enter all requested information	ation		1 - 22					
	Name of plan			1b	Three-digit				
ACE	PAVING CO., INC. 401(K) PLAN			ĺ	plan number (PN) 001				
				10	Effective date of plan				
				10	01/01/1995				
2a ACE	Plan sponsor's name and address; include room or suite number (e PAVING CO., INC.	mployer, if	for a single-employer plan)	2b	2b Employer Identification Number				
					(EIN) 91-0869307				
				2c Sponsor's telephone number 360-479-4200					
	BOX 4520			24	Business code (see instructions)				
BRE	MERTON WA 98312			Zu	238900				
	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's EIN				
SAM	E			3c	91-0869307 Administrator's telephone number				
			- American		360-479-4200				
4	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.			4b EIN					
а	Sponsor's name			4c	PN				
5a	Total number of participants at the beginning of the plan year	****	4	5a	20				
b	▲D Sent Staff UNI NE COUNTY DE COUNTY DE COUNTY DE COUNTY DE			- 0331010705	19				
С	AND THE CONTROL OF TH			30	13				
	complete this item)				9				
6a	Were all of the plan's assets during the plan year invested in eligible				X Yes 🗌 No				
b		an indepen	dent qualified public accountant (IC	PA) X Yes ∏ No					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo				X Yes No				
Pa	rt III Financial Information	JIII 3300-C	and must mateau use Form 3.	,00.					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	7a	91836	2	906513				
7401	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	91836	2	906513				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:		(a) runount	1	(b) Total				
	(1) Employers	8a(1)	1110	0					
	(2) Participants	8a(2)	2495	4					
	(3) Others (including rollovers)	8a(3)	14 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15						
b	Other income (loss)	d8	-4689	B					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-10844				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	68	1	Y The second second				
е	Certain deemed and/or corrective distributions (see instructions)	8e	***************************************						
f	Administrative service providers (salaries, fees, commissions)	8f	2 \$763 i						
g	Other expenses	8g	32	1					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		t	1005				
i	Net income (loss) (subtract line 8h from line 8c)	8i		-	-11849				
i	Transfers to (from) the plan (see instructions)	Ri			-11049				

Page 2 -	1	
1 age au		

Part IV	Plan Characteristics
9a If th	ne plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

Form 5500-SF 2011

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

	37 319 E	nan promise vendre penerici, ence, una appricazio menare reale		or or real oriended			50 III II	io mondono		
Part	V (	Compliance Questions								
10	During	g the plan year:			(9	Yes	No	1	Amount	
а		here a failure to transmit to the plan any participant contribution FR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		×			2000-00-0
b		there any nonexempt transactions with any party-in-interest? (E a 10a.)			10b		×			
C	Was	the plan covered by a fidelity bond?		1	10c	Х			100	125000
d		e plan have a loss, whether or not reimbursed by the plan's fide honesty?			10d		Х			
е	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						х			
f	f Has the plan failed to provide any benefit when due under the plan?						Х			
g	Did th	e plan have any participant loans? (If "Yes," enter amount as of	year end.)		10g	Х				25312
h		is an individual account plan, was there a blackout period? (See 101-3.)			10h		Х			
i		was answered "Yes," check the box if you either provided the retions to providing the notice applied under 29 CFR 2520.101-3.			10i					l'
Part	VI F	Pension Funding Compliance	11000 11000 11000					1.5 man	***************************************	
11	Is this 5500)	a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see inst	tructions and compl	lete S	ched	ule SB	(Form	Yes	No No
12		s a defined contribution plan subject to the minimum funding req							X Yes	No
		s," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								
а	If a wa	alver of the minimum funding slandard for a prior year is being a ng lhe waiver.	imortized in this plar	ı year, see instructi Month	ions, a	and e	nter th Dav	e date of the	e letter ru Year	ıling
If :		mpleted line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Enter	the minimum required contribution for this plan year		***************************************			12b			
		the amount contributed by the employer to the plan for this plan				L	12c			
d		act the amount in line 12c from the amount in line 12b. Enter the ve amount)				L	12d			
е	Will th	e 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?		***************************************			Y	′es X No	) 	
	If "Yes	s," enter the amount of any plan assets that reverted to the emp	loyer this year	************	13	a				
b		all the plan assets distributed to participants or beneficiaries, tra PBGC?							Yes	X No
C		ng this plan year, any assets or liabilities were transferred from assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	plan	(s) to				
1	3c(1) N	Name of plan(s):			13c(2) EIN(s) 13c(3)			) PN(s)		
Caut	ion: A	penalty for the late or incomplete filing of this return/report	will be accessed t	Inless reasonable	Call	o ic	oetabl	ichad	1	-15
Unde SB o	r penal r Sched	ties of perjury and other penalties set forth in the instructions, I dule MB completed and signed by an enrolled actuary, as well as up correct, engineering the complete.	declare that I have e	examined this return	n/repo	ort, in	cluding	g, if applicat	ole, a Sch nowledge	nedule e and
243.5 . 279.	1./	I the state of	1 8/30/12	ROY T. CHRISTO	JDHE	:Dev	N.	<u> </u>		
SIG	- 1 .	the state of plan administratory	25° 07				CENC	25.7 (27.4 P.C.) (27.5 (27.5 (27.4 P.C.) (27.5 (27.4 P.C.) (27.4 P.C.) (27.4 P.C.) (27.4 P.C.)		
	-   51	grature of plan administrator V	Date	Enter name of ind	ividua	ai sigi	ning as	plan admin	ustrator	
SIG	-			Roy		(100)				
HER	E   Si	gnature of employer/plan sponsor	Date	Enter name of ind	lividua	al sigr	ning as	employer c	or plan sp	onsor