Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
ASHBY LUMBER COMPANY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1985

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

ASHBY LUMBER COMPANY

824 ASHBY AVENUE
BERKLEY, CA 94710

2b Employer Identification Number (EIN)
94-2148502

2c Sponsor's telephone number
510-843-4832

2d Business code (see instructions)
444130

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.	10/05/2012	JEFFREY HOGAN
	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")
ASHBY LUMBER COMPANY

824 ASHBY AVENUE
BERKLEY, CA 94710

3b Administrator's EIN
94-2148502

3c Administrator's telephone number
510-843-4832

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**	124
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**	103
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	124
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	124
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	121
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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 2H 2J 2K 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)		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)		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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

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

A Name of plan
ASHBY LUMBER COMPANY 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
ASHBY LUMBER COMPANY

D Employer Identification Number (EIN)
94-2148502

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)

PURE FINANCIAL

3131 CAMILNO RIO, SUITE 1550
SAN DIEGO, CA 92108

94-3185771

(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?
53			Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

QBI, LLC

21021 VENTURA BLVD., SUITE 100
WOODLAND HILLS, CA 91364

26-2768667

(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?
14			Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

FIDELITY FINANCIAL ADVISORS

100 CROSBY PKWY KCIJ
MAILZONE 8009
COVINGTON, KY 41015

58-1428634

(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 19			Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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

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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

2011

This Form is Open to Public Inspection

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

A Name of plan
ASHBY LUMBER COMPANY 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
ASHBY LUMBER COMPANY

D Employer Identification Number (EIN)
94-2148502

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)	12315	129977
(2) Participant contributions	1b(2)		7194
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	479101	346509
(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)	1024222	763073
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	253200	403492
(5) Partnership/joint venture interests	1c(5)	26118	25960
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	1050000	800000
(8) Participant loans	1c(8)	33051	48782
(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)	3741723	4153242
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	6619730	6678229
Liabilities			
g Benefit claims payable	1g	1883	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	1883	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6617847	6678229

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)	129977	
(B) Participants	2a(1)(B)	167170	
(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)		297147
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)	52822	
(E) Participant loans	2b(1)(E)	1967	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		54789
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	147172	
(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)		147172
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-362259
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		136849
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	60933	
(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)		60933
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)	15534	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15534
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		76467
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		60382
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: DAVID J. CORMIA, CPA (2) EIN: 20-8298840

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	
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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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

2011

This Form is Open to Public Inspection.

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

A Name of plan
ASHBY LUMBER COMPANY 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
ASHBY LUMBER COMPANY

D Employer Identification Number (EIN)
94-2148502

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**

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): 71-0294708 68-0072296

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 (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **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. 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): _____

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):

ASHBY LUMBER COMPANY 401(K)
PROFIT SHARING PLAN

Financial Statements
With Supplemental Schedule

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

David J. Cormia
Certified Public Accountant
5669 Snell Ave. #111
San Jose, CA 95123

ASHBY LUMBER COMPANY 401(K)
PROFIT SHARING PLAN

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Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable, or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended.

David J. Cormia

Certified Public Accountant

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Independent Auditor's Report

To the Plan Administrative Committee
Ashby Lumber Company 401(k) Profit Sharing Plan

I have audited the accompanying statements of net assets available for benefits of Ashby Lumber Company 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011. These financial statements are the responsibility of the Plan's management. My responsibility is to express an opinion on these financial statements based on my audits.

I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. I believe that my audits provide a reasonable basis for my opinion.

In my opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2011 and 2010, and the changes in net assets available for benefits for the year ended December 31, 2011 in conformity with accounting principles generally accepted in the United States of America.

My audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held for investment purposes is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In my opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

David J. Cormia

San Jose, California
September 19, 2012

Ashby Lumber Company 401(k) Profit Sharing Plan

Notes to the Financial Statements

1. DESCRIPTION OF PLAN

The following description of the Ashby Lumber Company 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 was established on January 1, 1985 as a defined contribution plan established to provide eligible employees of the Ashby Lumber Company, (the "Plan Sponsor") with retirement, death and disability benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and Section 401(k) of the Internal Revenue Code (the IRC).

Participant Eligibility, Contribution, and Vesting

Employees are eligible to participate in the Plan providing they have completed a minimum of 12 months of service and having attained 19 years of age. Employees covered under a collective bargaining agreement are not eligible to participate in the plan. Participants may begin deferring a portion of their compensation into the Plan on the first day of each quarter of the plan year following eligibility. Each participant can elect to have their deferrals invested by Benefit Street. Contributions to the Plan are limited to the maximum amount allowable under the provisions of the IRC and to an annual limitation of $16,500 ($22,000 for those participants age 50 and over).

The Plan allows the Company to make discretionary matching and profit sharing contributions to eligible employees. For the year ended December 31, 2011 and 2010, the company made a matching contribution of 25% of employee's contributions up to a maximum of 1% of eligible compensation. The amount of the matching and profit sharing contributions for the year ended December 31, 2011 and 2010 was $129,977 and $162,315, respectively (net of forfeitures).

The Company contribution vests according the employee's years of service, as follows:

Years of Service	Employer Match	Employer Profit Sharing
Less than 1	0%	0%
1 but less than 2	0%	10%
2 but less than 3	20%	20%
3 but less than 4	40%	40%
4 but less than 5	60%	60%
5 but less than 6	80%	80%
7 or more	100%	100%

ASHBY LUMBER COMPANY 401(K) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

Assets:	2011	2010
Investments (participant directed, at fair value):		
Cash and Cash Equivalents	**$ 346,509**	$ 479,101
Common Stocks	**403,492**	253,200
Corporate Debt Instruments	**763,073**	1,024,222
Mutual Funds	**4,153,242**	3,741,723
Real Estate Deeds of Trust	**800,000**	1,050,000
Partnership Interests	**25,960**	26,118
Total investments	**6,492,276**	6,574,364
Receivables:		
Notes receivable from participants	**48,782**	33,051
Employer contributions receivable	**129,977**	12,315
Other receivables	**7,194**	-
Total Receivables	**185,953**	45,366
Total Assets	**6,678,229**	6,619,730
Liabilities:		
Distributions payable	**-**	(1,883)
Net assets available for benefits	**$ 6,678,229**	$ 6,617,847

The accompanying Independent Auditor's Report
and notes are an integral part of these financial statements.

ASHBY LUMBER COMPANY 401(K) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits

For the year ended December 31, 2011

Changes in net assets attributable to:	
Contributions:	
Participants	**$ 167,170**
Plan Sponsor	**129,977**
Total contributions	**297,147**
Investment activity:	
Net realized and unrealized losses	**(362,259)**
Interest and dividends - investments	**199,994**
Net investment activity	**(162,265)**
Interest income on notes receivable from participants	**1,967**
Distributions to participants	**(60,933)**
Administrative expenses	**(15,534)**
Net change	**60,382**
Net assets available for benefits at:	
Beginning of year	**6,617,847**
End of year	**$ 6,678,229**

The accompanying Independent Auditor's Report
and notes are an integral part of these financial statements.

In addition, the Company's contribution is fully vested when a participant reaches the age of 65 and has 5 years of service, or becomes totally disabled, or dies. These accounts may be used to reduce future employer contributions; however the plan sponsor has elected to forego using these funds to reduce employer profit sharing contributions during the year ended December 31, 2011.

Participant Loans
With the Plan trustee's approval, and subject to IRS regulations and limitations, participants may borrow up to the lesser of $50,000 or 50% of their vested account balance with a minimum loan amount of $1,000. Loans are subject to approval by the plan administrator, bear interest at prevailing market rates of interest and must be repaid within five years, except for loans secured by a principal residence, where the repayment period of 30 years is allowed. All loans are secured by the participants' account balances and must be repaid through a direct, after tax payroll deduction.

Participant Accounts
Each participant's account is credited with the employee's payroll contributions; the employer's matching contributions, and Plan earnings and losses. Allocations to participants' accounts are based on participant compensation or account balances in accordance with the provisions of the Plan.

Payment of Benefits
The Plan provides for the payment of benefits to the participant (or, if applicable, the beneficiary) at retirement (the later of age 65 or the 5th anniversary of participation in the Plan), disability, death, financial hardship, or termination of employment. Participants who qualify for retirement benefits and withdrawals may elect to receive their benefits in the form of a lump sum in cash. The benefit to which a participant is entitled is the benefit that can be provided directly from the participant's vested account balance. In-service withdrawals are not allowed by the plan, except for financial hardship withdrawals.

Participants who separate from service and have vested account balances of $1,000 or less are subject to an administrative lump sum distribution at the discretion of the plan administrator. Mandatory distributions of separated participants' vested balances between $1,000 and $5,000 are subject to a direct rollover of their balance into an Individual Retirement Account (IRA) designated by the plan administrator in the name of the separated participant.

Plan Amendments – There were no amendments to the Plan for the year ended December 31, 2011.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the plan are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in conformity accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Valuation of Investments
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

Benefits
Benefits are recorded when paid.

Participant Transaction Fees
The Plan permits the payment of administrative expenses to be made from the Plan's assets and for them to be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. However, substantially all administrative expenses of the Plan are paid by the Company. Expenses relating to specific participant transactions such as loan setup, distribution request are charged directly against the appropriate participant's account.

3. INVESTMENTS

The following is a summary of the information prepared by Ameritrade, Fidelity Investments, various Real Estate Deeds of Trust and independent limited partnership statements, furnished to the Plan administrator and included in the Plan's financial statements and supplemental schedule:

	2011	2010
Interest bearing cash, including money market funds	$ 346,509	$ 479,101
Common Stocks	403,492	253,200
Corporate Debt Instruments	763,073	1,024,222
Mutual Funds	4,153,242	3,741,723
Real Estate Deeds of Trust	800,000	1,050,000
Partnership interests	25,960	26,118
Total investments	$ 6,492,276	$ 6,574,364

The following investments exceeded 5% of net plan assets as of December 31, 2011:

	Value	Percentage of Assets
DFA Intl Value Portfolio	508,290	7.77%
DFA US Core Equity	866,803	13.25%
Holcomb #2 - 500 East Del Mar, Watsonville, CA	800,000	12.23%

During the year ended December 31, 2011, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year), depreciated by $162,265 as follows:

Interest and dividends on investments	$ 199,994
Net realized and unrealized losses	(362,259)
	$ (162,265)

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and disclosures, 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 ASC 820 are described as follows:

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. 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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value at December 31, 2011.

Cash and cash equivalents: Valued at the closing of December 31, 2011

Mutual funds, Common Stocks, Corporate Debt Instruments: Valued at the net asset value (NAV) of shares held by the plan at year end.

Real Estate Deeds of Trust: Valued at the loan stated face value of the note.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2011 and 2010:

	Assets at Fair Value as of December 31, 2011			
	Level 1	***Level 2***	***Level 3***	***Total***
Cash and cash equivalents	$ 346,509	$ -	$ -	$ 346,509
Common Stocks	403,492	-	-	403,492
Corporate Debt Instruments	-	763,073	-	763,073
Mutual Funds				
Balanced funds	380,129	-	-	380,129
Bond funds	458,326	-	-	458,326
Equity funds	2,170,503	-	-	2,170,503
Index funds	32,595	-	-	32,595
International funds	1,077,181	-	-	1,077,181
Specialty funds	34,508	-	-	34,508
Real Estate Deeds of Trust	-	-	800,000	800,000
Partnership Interests	-	-	25,960	25,960
	$ 4,903,243	$ 763,073	$ 825,960	$ 6,492,276

	Assets at Fair Value as of December 31, 2010			
	Level 1	***Level 2***	***Level 3***	***Total***
Cash and cash equivalents	$ 479,101	$ -	$ -	$ 479,101
Common Stocks	253,200	-	-	253,200
Corporate Debt Instruments	-	1,024,222	-	1,024,222
Mutual Funds				
Balanced funds	253,646	-	-	253,646
Bond funds	182,130	-	-	182,130
Equity funds	2,230,102	-	-	2,230,102
Index funds	76,324	-	-	76,324
International funds	948,858	-	-	948,858
Specialty funds	50,663	-	-	50,663
Real Estate Deeds of Trust	-	-	1,050,000	1,050,000
Partnership Interests	-	-	26,118	26,118
	$ 4,474,024	$ 1,024,222	$ 1,076,118	$ 6,574,364

Level 3 Gains and Losses

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2011.

	Deeds of Trust	Partnership Interests
Balance, beginning of year	$ 1,050,000	$ 26,118
Realized gains/(losses)		
Unrealized gains/(losses) relating to instruments still held at the reporting date		
Purchases, sales, issuances, and settlements (net)	(250,000)	(158)
Balance, end of year	$ 800,000	$ 25,960

5. RELATED PARTY TRANSACTIONS

Certain Plan investments are money market cash equivalent fund accounts with City National Bank, the Plan's Trustee and therefore, these transactions qualify as party-in-interest transactions as defined by ERISA.

6. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate or amend the Plan at any time, subject to the provisions of ERISA. In the event of Plan termination, all non-vested account balances would become 100% vested in their employer contributions.

7. TAX STATUS

The plan adopted a prototype profit sharing 401(k) plan with a cash or deferral arrangement which received a favorable opinion letter from the IRS on June 17, 1992. The plan has been amended since the issuance of the opinion letter. However, the plan administrator and the plan's tax counsel believe that the plan is designed and is being operated in full compliance with the legislative changes and requirements under the provisions of the Internal Revenue Code (IRC).

8. RISKS AND UNCERTAINTIES

The plan invests in various investment 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 amounts reported in the statement of net assets available for benefits.

ASHBY LUMBER COMPANY 401(K) PROFIT SHARING PLAN

Plan Sponsor EIN: 94-2148502 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2011

(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	Current (e) Value
	Bank of America			
	Bank of America Money Market	Cash or cash equivalents	^	$ 108,034
	Ameritrade			
	Money Market	Cash or cash equivalents	^	82,584
	Fidelity Investments			
	Fidelity Cash Reserves	Cash or cash equivalents	^	15,145
	Fidelity FMMT Retirement Money	Cash or cash equivalents	^	140,746
			Total Cash or cash equivalents	346,509
	Ameritrade			
	Alcoa 6.0%	Corporate Debt Instruments	^	13,831
	American Express BK 5.55%	Corporate Debt Instruments	^	20,617
	Capital One Financial 6.15%	Corporate Debt Instruments	^	20,810
	Citigroup Inc 5.125%	Corporate Debt Instruments	^	61,405
	Dynegy Inc 8.75%	Corporate Debt Instruments	^	32,750
	General Elec Cap 6.9%	Corporate Debt Instruments	^	67,773
	Goldman Sachs 5.25%	Corporate Debt Instruments	^	56,118
	Hartford Fin Svc 5.5%	Corporate Debt Instruments	^	15,580
	Hospitality Pro 5.125%	Corporate Debt Instruments	^	35,436
	HSBC Bank USA var 2014CD	Corporate Debt Instruments	^	29,717
	Intl Paper Co 5.3%	Corporate Debt Instruments	^	54,075
	Keybank NA 5.5%	Corporate Debt Instruments	^	20,537
	Merrill Lynch 6.05%	Corporate Debt Instruments	^	60,866
	Royal Bank CDA Global 14%	Corporate Debt Instruments	^	60,710
	RR Donnelley SO 5.625%	Corporate Debt Instruments	^	20,000
	SBC Communs 5.625%	Corporate Debt Instruments	^	68,830
	Target 5.375%	Corporate Debt Instruments	^	70,518
	Windstream 8.125%	Corporate Debt Instruments	^	53,500
			Total Corporate Debt Instruments	763,073
	Global Natural Resources ETF	Common Stocks - Ameritrade	^	92,795
	Ishares Barclays Tips Bond Fund	Common Stocks - Ameritrade	^	146,213
	International Govt Inflation Portfolio	Common Stocks - Ameritrade	^	31,780
	Vanguard Reit	Common Stocks - Ameritrade	^	132,704
			Total Common Stocks	403,492

The accompanying Independent Auditor's Report
and notes are an integral part of this schedule.

ASHBY LUMBER COMPANY 401(K) PROFIT SHARING PLAN

Plan Sponsor EIN: 94-2148502 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2011

(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	Current (e) Value
	Advisors Disc TR UT	Mutual Fund - Ameritrade	^	59,193
	DFA Emerging Markets	Mutual Fund - Ameritrade	^	153,008
	DFA Emerging Markets Small Cap	Mutual Fund - Ameritrade	^	30,621
	DFA Five Year Global	Mutual Fund - Ameritrade	^	195,273
	DFA Interm Govt Fixed	Mutual Fund - Ameritrade	^	232,465
	DFA Intl Small Cap Value	Mutual Fund - Ameritrade	^	189,989
	DFA Intl Value Portfolio	Mutual Fund - Ameritrade	^	508,290
	DFA US Core Equity	Mutual Fund - Ameritrade	^	866,803
	DFA US Large Cap Value	Mutual Fund - Ameritrade	^	266,041
	DFA US Small Cap Port	Mutual Fund - Ameritrade	^	166,775
	DFA Vector Equity	Mutual Fund - Ameritrade	^	233,356
	Vanguard Inflation	Mutual Fund - Ameritrade	^	16,562
	DFA International Core Equity	Mutual Fund - Fidelity	^	12,814
	DFA Emerging Markets Portfolio	Mutual Fund - Fidelity	^	15,205
	Dimensional Advisor US Large	Mutual Fund - Fidelity	^	38,367
	Dimensional Advisor US Small Cap	Mutual Fund - Fidelity	^	17,946
	Davis Real Estate Class A	Mutual Fund - Fidelity	^	45,133
	Dodge & Cox Stock Fund	Mutual Fund - Fidelity	^	108,976
	Fidelity Advisor Freedom 2045	Mutual Fund - Fidelity	^	11,294
	Fidelity Advisor Freedom 2025	Mutual Fund - Fidelity	^	16,030
	Fidelity Advisor Freedom 2015	Mutual Fund - Fidelity	^	3,125
	Fidelity Advisor Freedom 2040	Mutual Fund - Fidelity	^	34,008
	Fidelity Advisor Freedom 2030	Mutual Fund - Fidelity	^	70,194
	Fidelity Advisor Freedom 2020	Mutual Fund - Fidelity	^	25,075
	Fidelity Small Cap Stock Fund	Mutual Fund - Fidelity	^	41,258
	Fidelity Contra Fund	Mutual Fund - Fidelity	^	61,775
	Fidelity Fifty Fund	Mutual Fund - Fidelity	^	40,100
	Fidelity Value Fund	Mutual Fund - Fidelity	^	48,949
	American Growth Fund of America	Mutual Fund - Fidelity	^	69,243
	Oakmark Global Fund	Mutual Fund - Fidelity	^	24,393
	Oppenheimer Global Class A	Mutual Fund - Fidelity	^	78,851
	Oppenheimer Main Street Small Cap	Mutual Fund - Fidelity	^	22,553
	T Rowe Price Equity Income Fund	Mutual Fund - Fidelity	^	50,983
	T Rowe Price Growth Stock	Mutual Fund - Fidelity	^	6,126
	Vanguard 500 Index Fund	Mutual Fund - Fidelity	^	32,595

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Plan Sponsor EIN: 94-2148502 Plan Number: 001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2011

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	First Eagle Gold Class A	Mutual Fund - Fidelity	^	74,234
	Harbor Bond Inst	Mutual Fund - Fidelity	^	29,521
	Pimco Total Return Instl	Mutual Fund - Fidelity	^	67,211
	Vanguard Inter-term Bond Index	Mutual Fund - Fidelity	^	54,895
	Dodge & Cox Balance	Mutual Fund - Fidelity	^	46,205
	Fidelity Balanced	Mutual Fund - Fidelity	^	87,807
			Total Mutual Funds	4,153,242
	Real Estate Deeds of Trust			
	Holcomb #2 - 500 East Del Mar, Watsonville, CA	Real Estate Deeds of Trust	^	800,000
			Total Real Estate Deeds of Trust	800,000
	Limited Partnerships			
	Rancon IV	Limited Partnership	^	9,480
	Rancon V	Limited Partnership	^	16,480
			Total Limited Partnerships	25,960
*	***Participant loans***	14 loans Interest rates from 5% to 7%	-	48,782
				$ 6,541,058

* Party in interest to the Plan, as defined by ERISA.

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.

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ASHBY LUMBER COMPANY 401(K) PROFIT SHARING PLAN

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	Bank of America			
	Bank of America Money Market	Cash or cash equivalents	^	$ 108,034
	Ameritrade			
	Money Market	Cash or cash equivalents	^	82,584
	Fidelity Investments			
	Fidelity Cash Reserves	Cash or cash equivalents	^	15,145
	Fidelity FMMT Retirement Money	Cash or cash equivalents	^	140,746
		Total Cash or cash equivalents		346,509
	Ameritrade			
	Alcoa 6.0%	Corporate Debt Instruments	^	13,831
	American Express BK 5.55%	Corporate Debt Instruments	^	20,617
	Capital One Financial 6.15%	Corporate Debt Instruments	^	20,810
	Citigroup Inc 5.125%	Corporate Debt Instruments	^	61,405
	Dynegy Inc 8.75%	Corporate Debt Instruments	^	32,750
	General Elec Cap 6.9%	Corporate Debt Instruments	^	67,773
	Goldman Sachs 5.25%	Corporate Debt Instruments	^	56,118
	Hartford Fin Svc 5.5%	Corporate Debt Instruments	^	15,580
	Hospitality Pro 5.125%	Corporate Debt Instruments	^	35,436
	HSBC Bank USA var 2014CD	Corporate Debt Instruments	^	29,717
	Intl Paper Co 5.3%	Corporate Debt Instruments	^	54,075
	Keybank NA 5.5%	Corporate Debt Instruments	^	20,537
	Merrill Lynch 6.05%	Corporate Debt Instruments	^	60,866
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