	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit		2010							
En	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public						
-	ension Benefit Guaranty Corporation			n the instructions to the Form 550	Inspection							
Pa	art I Annual Report Id	entification Information			0-01.							
For	calendar plan year 2010 or fisca)	and ending 0	5/11/2	2010						
Α -	This return/report is for:	mployer plan (not multiemployer)		one-participant plan								
B -	This return/report is for:	first return/report	final retur	n/report								
		an amended return/report	short plan	year return/report (less than 12 mo	nths)							
C	Check box if filing under:	extension		DFVC program								
		special extension (enter descriptio	n)									
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation									
	Name of plan				1b	Three-digit						
EVEF	RGREEN PRE-CAST, INC. 401	K) PLAN				plan number (PN) ▶ 001						
					1c	Effective date of plan						
						01/01/2003						
	Plan sponsor's name and addre RGREEN PRE-CAST, INC.	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-2091876						
	2 VALLEY AVE E				2c	Plan sponsor's telephone number 253-863-6510						
SUM	NER, WA 98390				2d	Business code (see instructions) 332900						
3a EVER	Plan administrator's name and RGREEN PRE-CAST, INC.	address (if same as Plan sponsor, er 13212 VALLE	nter "Same	?")	3b	Administrator's EIN 91-2091876						
		SUMNER, W	A 98390		3c	Administrator's telephone number 253-863-6510						
4 I	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN						
	name, EIN, and the plan numbe											
	T					PN 10						
		the beginning of the plan year			5a 5b	16 0						
b		the end of the plan year			0							
C		th account balances as of the end of			5c	0						
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		X Yes No						
b		e annual examination and report of a										
	,	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		Yes No						
Pa	rt III Financial Informa		5111 5500-	or and must instead use rorm 55								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year						
а	Total plan assets		7a	367370)	0						
b	Total plan liabilities		7b									
С	Net plan assets (subtract line 7	b from line 7a)	7c	367370)	0						
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Total						
а	Contributions received or recei		80(1)	4736	5							
			8a(1) 8a(2)	2197	,							
			8a(3)									
b	., ,		8b	17523	3							
C		Ba(2), 8a(3), and 8b)	8c			24456						
d		ollovers and insurance premiums										
	· ,		8d	591020	, 							
e		ive distributions (see instructions)	8e									
f	•	s (salaries, fees, commissions)	8f									
g b	•) - 0f	8g			391826						
n i		3e, 8f, and 8g)	8h			-367370						
i		e 8h from line 8c) e instructions)										
1			8j									

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

Part IV **Plan Characteristics**

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

During the plan year:		Yes	No		Am	ount		_		
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)		Х								
Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		х								
Was the plan covered by a fidelity bond?	X					5000	0			
Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х								
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		Х							
Has the plan failed to provide any benefit when due under the plan?	10f		Х							
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х							
If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Х								
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		Х							
VI Pension Funding Compliance										
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor						Yes	× No	<u>_</u>		
 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? 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, and enter the date of the letter ruling granting the waiver										
				re	S	NO	IN/A			
VII Plan Terminations and Transfers of Assets						•				
Has a resolution to terminate the plan been adopted during the plan year or any prior year?				1	X	Yes	No	2		
of the PBGC?					×	Yes		С		
If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			i					
3c(1) Name of plan(s):		13	c (2) El	N(s)		13c(3)	PN(s)			
								_		
	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) Was the equivalence of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 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.) Has the plan failed to provide any benefit when due under the plan? Did the plan have any participant loans? (If 'Yes," enter amount as of year end.) If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3) 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 Is this a defined contribution plan subject to the minimum funding requirements? (If 'Yes," see instructions and con 5500) Is this a defined contribution plan subject to the minimum funding requirements? field waiver. You completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum funding smount reported on line 12b. Enter the result (enter a minus sign to the left negative amount).	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 10b Was the plan covered by a fidelity bond? 10c Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud 10c or dishonestry? 10d Were eary 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 Has the plan failed to provide any benefit when due under the plan? (See instructions and 29 CFR 2520.010-3.) 10f If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.010-3.) 10h If a subsered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.010-3. 10h It is a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete 5500) 10c Is this a defined contribution plan subject to the minimum funding requirements? (If "Yes," see instructions and complete 5500) 10h Is a waiver of the minimum funding standard for a prior year i	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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b Was the plan covered by a fidelity bond? 10c X Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of disonest? 10d 10d Were there are vice or other organization that provides some or all of the benefits under the plan? (See instructions.) 10d 10d It his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10d 10d If his as an individual account plan, was there a blackout period? (See instructions and 29 CFR 250.101-3.) 10d 10d VI Pension Funding Compliance 10d 10d 10d Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sched 5000) 11d 10d Is a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and e regariting the waiver. Mont Mont year complete file 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum funding amount reported on line 12d be met by the fun	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10b X Was the plan covered by a fidelity bond? 10c X 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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported or dishonesty? 10d X Ubit he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X 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.) 10d X Has the plan failed to provide any benefit when due under the plan? 10d X 10g X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10d X 10g X If this is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions, and complete Schedule SE 5500) 10i X 10d X If this a defined contribution plan subject of the minimum funding requirements? (If "Yes,	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a × 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10b × Was the plan covered by a fidelity bond? 10b × 10b × UWere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a). 10d × 10d ×	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X Was the plan covered by a fidelity bond? 10c X Was the plan covered by a fidelity bond? 10c X Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of dishonesty? 10d X Were there 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.) 10d X Has the plan failed to provide any benefit when due under the plan? 10d X 10d X If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10d X 10d X If 10h was answerd "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 X 10d X If 0h was answerd "Yes," check the box if you either provided the required notice or one of the exceptions to providing the molinum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 500). 10t X 10d X 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 leg anting t	Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 29 CFR 25103-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10b X Was the plan covered by a fidelity bond? 10c X Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10c X Ware 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) 10d X Has the plan have any participant loans? (II" Yes," enter amount as of year end.) 10d X 10g X 10 If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2502.101-3) 10h X 10g X 11 If this is an individual account plan, subject to the minimum funding requirements? (II "Yes," see instructions and complete Schedule SB (Form 5500) 10h X 10h X 12 If "Yes," one amount as of year any locan the plan output to the plan output to the plan individual account plan, was there a blackout period? (See instructions and complete Schedule SB (Form 5500)) 10h X 10h X 13 a to fine do antibution plan subject to the minimum funding requirements? (II "Yes," see instructions, and enter th	Was there a failure to transmit to the plan any participant contributions within the time period described in the second of the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud of dishonesty? Image: 1 mage:		

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, 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.	07/29/2010	TREF FARMER
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

EVERGREEN PRECAST

	Form 5500-SF Short Form Annual Return/Report of Small Employee												
	Department of the Trensury Internal Revenue Service	3	2010										
	Department of Labor impleyee Benefits Socurity Administration		This Form is Open to Public										
-	Pension Bonafit Guaranty Corporation			i Code (the Code). In the instructions to the Form 5500	500-SF.								
P	art I Annual Report Id	entification information	Gauge wi	in the matriactions to the Porm 550	ног.								
and the second division of the second divisio	calendar plan year 2010 or fisca		0	and ending 0	5/11/2	2010							
A This return/report is for: A single-employer plan indication in multiple-employer plan (not multiemployer) one-participant plan													
в	This return/report is for:	first return/report	final retu	m/report		-							
] an amended return/report	short pla	n year return/report (less than 12 mor	ths)								
C Check box if filing under:													
		special extension (enter description	on)										
P	art II Basic Plan Inform	nation-enter all requested inform	ation	······································									
	Name of plan				1b	Three-digit							
EVE	RGREEN PRE-CAST, INC. 401(K) PLAN				plan number 001 (PN) ▶							
		1c	Effective date of plan 01/01/2003										
2a	Plan sponsor's name and addre	as (employer, if for single-employer	plan)		2b	Employer Identification Number							
EVE	RGREEN PRE-CAST, INC.				<u>.</u>	(EIN) 91-2091876							
	2 VALLEY AVE E				%C	Plan sponsor's telephone number 253-863-6510							
SUM	NER, WA 98390				2d	Business code (see instructions) 332900							
3a FVF	Plan administrator's name and a RGREEN PRE-CAST_INC	address (if same as Plan sponsor, e 13212 VALLI	nter "Sam	e*)	3Ь	Administrator's EIN 91-2091876							
		SUMNER, W		· · · · · · · · · · · · · · · · · · ·	3c Administrator's telephone number								
						253-863-6610							
		n aponsor has changed since the last from the last return/report. Sponso		sport filed for this plan, enter the	4b	EIN							
	name, env, and the plan significa	non ne ascretori report. Opunat			4c	PN							
5a	Total number of participants at	the beginning of the plan year			5a	16							
b	Total number of participants at	the end of the plan year			5b	0							
с 		h account balances as of the end of		year (defined benefit plans do not	5c	0							
				(See Instructions.)									
þ	Are you claiming a waiver of the under 29 CER 2520 104-462 (S	e annual examination and report of : See instructions on waiver eligibility :	an indeper	ndent qualified public accountant (IQF lons.)	PA)	Yes 🗍 No							
				SF and must instead use Form 550									
Pa	rt III Financial Informa	tion		· · · · · · · · · · · · · · · · · · ·									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year							
a	Total plan assets		7a	367370		0							
b	Total plan liabilities		75	007070									
<u></u>		o from line 7a)	7c	367370		<u>0</u>							
8	Income, Expenses, and Transfer			(a) Amount	-	(b) Total							
a	Contributions received or receiv (1) Employers	8019 ITOITI;	8a(1)	4736									
			8a(2)	2197	1								
	(3) Others (including rollovers).		8a(3)			이는 것이 있는 것은 것이 있는 것이 있는 것이 있는 것이다. 같은 것은 것이 있는 것은 것이 있는 한 같은 것은 것은 것이 같은 것은 것은 것이 있는 것이 있는 것이 있는 것이 있는 것이 같이 있는 것이 있는 것이 있는 것이 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 있는 것이 있는 것이 있							
b	Other income (loss)		8b	17523									
C	Total Income (add lines 8a(1), 8	a(2), 8a(3), and 8b)	8c			24456							
d	Benefits paid (including direct ro to provide benefits)	Novers and Insurance premiums	8d	391826									
е		e distributions (see instructions)	8e		<u>]</u>								
f	Administrative service providers	(salarles, fees, commissions)	8 1			en en en en en anter en							
g	Other expenses		<u>8g</u>										
h	Total expenses (add lines 8d, 8e	e, 8f, and 8g)	8h		1	391826							
i		8h from line \$c)	Bi	ushang ali ing ngang ng binang ng binang Ng binang ng		-367370							
j	Transfers to (from) the plan (see	instructions)	8j		i di								

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

Form 5500-SF 2010

SIGN

NU. 4 HERE Signature of employer/plan sponsor Page 2-

Enter name of individual signing as employer or plan sponsor

Par	t IV	•	Plan	Ch	aracte	ristics																				
9a	lf th 2A	e pia 2E	n prov 2F	ides 2J	pensior	benefits	, ente	er the	appli	cable	e pens	ion fea	ature	code	s fron	n the	e List	of Pla	in Ch	aract	eristic	Code	es in t	he Ins	struc	tlons;

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;		NE 1 16			<u> </u>	1				
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	within the time pe	eriod described in	40.	Yes	No X	+	Amour	nt		
þ	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	not include trans	sactions reported	10a 10b		x					
c	Was the plan covered by a fidelity bond?			100	x	·			50000		
ď							 		50000		
ч	Did the plan have a loss, whether or not reimbursed by the plan's fideli or dishonesty?	ty Dono, that was	causeo by fraud	10d		×					
e											
f	Has the plan failed to provide any benefit when due under the plan?			10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10a		х	<u> </u>				
-	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	Instructions and 2	9 CFR	10 <u>0</u>		X	i della d Nel seconda della	uu olimeet Maaileet Maaileet			
i	If 10h was answered "Yes," check the box if you either provided the rec exceptions to providing the notice applied under 29 CFR 2520.101-3	uired notice or or	ne of the	101	<i>u</i> .	х					
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements7 5500)).	' (If "Yes," see ins	structions and com	plete	Sched	ule SE	l (Form	Y	es 🕅 No		
12	Is this a defined contribution plan subject to the minimum funding requi							Y	es 🕅 No		
	(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 arr granting the waiver.		Mont	tions, h	and e	nter th Day	e date of t	the letter Year _	ruling		
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB		•		·····		r				
Þ	Enter the minimum required contribution for this plan year				·	12b	ļ				
C J	Enter the amount contributed by the employer to the plan for this plan y					12c					
a	Subtract the amount in line 12c from the amount in line 12b. Enter the n negative amount)				[12d					
e	Will the minimum funding amount reported on line 12d be met by the fu	nding deadline?					Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	ır?					<u></u> Y,	es 🗌 No		
	If "Yes," enter the amount of any plan assets that reverted to the employ				A	13a					
	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?							M Ye	as 🚺 No		
c	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See Instructions.)	s plan to another	plan(s), identify the	e plan	ı(s) to						
1	3c(1) Name of plan(s):				130	(2) Ell	N(s)	13c	(3) PN(s)		
Cauti	on: A penalty for the late or incomplete filing of this return/report w	ill be assessed i	unièss reasonable	e cau	30 is (stabil	shed.				
Under SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t it is trye, correct, and complete.	clare that I have	examined this return	m/rep	ort, ind	duding	a, if applica	able, a Si knowledg	chedule ge and		
0.01	hand 5-11/2 10		James	F	5 7	No	LÉp				
SIGN		ate 7-20-10	Enter name of Inc					inistrate-			
			James					mistrator			
SIGN	amer & Ulacke		James	Ē	4	40	MR		1		

Date 7-20-10