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 section 6058(a) of the Internal Revenue Code (the Code).

2009

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

| | art I | | <u>Identification Information</u> | | | | |
|------|--------------|--|--------------------------------------|---------------------------------|--|---------|---|
| For | calend | ar plan year 2009 or fis | cal plan year beginning 01/0 | 1/2009 | and ending | 12/31/2 | 2009 |
| Α | This ret | turn/report is for: | x single-employer plan | multiple-e | employer plan (not multiemployer) | | one-participant plan |
| | | turn/report is for: | first return/report | x final retur | n/report | | |
| _ | 11113 161 | turr/report is for. | an amended return/report | 븜 | · | ntha) | |
| _ | | | | - | n year return/report (less than 12 mo | 111115) | П |
| С | Check I | box if filing under: | Form 5558 | automatio | extension | | DFVC program |
| | | | special extension (enter des | . , | | | |
| Pa | art II | Basic Plan Info | rmation—enter all requested in | nformation | | | |
| 1a | Name | of plan | | | | 1b | Three-digit |
| THE | PROFI | T SHARING PLAN ANI | D TRUST AGREEMENT OF CAS | SCADE CONCE | RETE INDUSTRIES, INC. | | plan number |
| | | | | | | | (PN) ▼ |
| | | | | | | 1c | Effective date of plan 01/01/2000 |
| 20 | Discour | | lance (complement the circular comp | | | 26 | |
| | | ponsor's name and add CONCRETE INDUSTR | dress (employer, if for single-emp | ployer plan) | | 20 | Employer Identification Number (EIN) 91-2009511 |
| 0/10 | ONDE | OONORETE INDOOTIC | 120, 110. | | | 2c | Plan sponsor's telephone number |
| | | AVENUE NE, SUITE | 150 | | | | · iaii openice e telepiiene namice |
| BELI | LEVUE, | , WA 98007 | | | | 2d | Business code (see instructions) |
| _ | | | | | | | 327300 |
| | | dministrator's name an CONCRETE INDUSTR | d address (if same as Plan spon | sor, enter "Same 56TH AVENUE | | 3b | Administrator's EIN 91-2009511 |
| CAS | CADE | CONCRETE INDUSTR | | VUE, WA 98007 | | 30 | Administrator's telephone number |
| | | | | | | 30 | Administrator's telephone number |
| 4 | If the na | ame and/or EIN of the p | olan sponsor has changed since | the last return/re | eport filed for this plan, enter the | 4b | EIN |
| | name, I | EIN, and the plan numb | per from the last return/report. Sp | oonsor's name | | 4- | |
| F | . | | | | | 4c | |
| | | | | | | 5a | 1 |
| | | · | , , | | | 5b | 0 |
| С | | · · · | | | vear (defined benefit plans do not | 5c | 0 |
| ٠- | | • | | | | | <u> </u> |
| | | • | • , , | J | (See instructions.)ndent qualified public accountant (IQ | | res [] No |
| D | | | | | ions.) | | X Yes No |
| | | | | | SF and must instead use Form 55 | | |
| Pa | art III | Financial Inforn | nation | | | | |
| 7 | Plan A | Assets and Liabilities | | | (a) Beginning of Year | | (b) End of Year |
| а | Total | plan assets | | 7a | 127 | 5 | 0 |
| b | Total | plan liabilities | | 7b | | | |
| С | Net pl | an assets (subtract line | . 7b from line 7a) | 7c | 1279 | 5 | 0 |
| 8 | Incom | ne, Expenses, and Tran | sfers for this Plan Year | | (a) Amount | | (b) Total |
| а | | ibutions received or rec | | | (5) | | (3) |
| | (1) E | mployers | | 8a(1) | | | |
| | (2) P | articipants | | 8a(2) | | | |
| | (3) O | thers (including rollover | rs) | 8a(3) | | | |
| b | Other | income (loss) | | 8b | | 4 | |
| С | Total i | income (add lines 8a(1) |), 8a(2), 8a(3), and 8b) | 8c | | | 4 |
| d | | | t rollovers and insurance premiu | | | | |
| | to pro | vide benefits) | | 8d | 1279 | 9 | |
| е | Certai | in deemed and/or corre | ctive distributions (see instruction | ns) 8e | | | |
| f | Admir | nistrative service provid | ers (salaries, fees, commissions) |) 8f | | | |
| g | Other | expenses | | 8g | | | |
| h | Total e | expenses (add lines 8d | , 8e, 8f, and 8g) | | | | 1279 |
| i | | | ne 8h from line 8c) | | | | -1275 |
| i | | ` , ` | see instructions) | | | | |
| • | | , , - 1 · · · | , | l ol | 1 | | |

| Part IV | Plan | Characteristics | c |
|----------|------|-----------------|---|
| railiv i | ГІАП | CHALACLEH SUC: | |

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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 3H

| D ' | 11 1110 | plan provides wellare benefits, effect the applicable wellare feat | ure codes from the | List of Flair Chara | Clerisi | 10 000 | ies III t | ine monuc | MONS. | |
|----------------|--------------|---|-----------------------|----------------------|---------|---------|-----------|--------------|------------|------------------|
| Part | ٧ | Compliance Questions | | | | | | | | |
| 10 | Dur | ng the plan year: | | | | Yes | No | | Amour | nt |
| а | | there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia | | | 10a | | X | | | |
| b | | e there any nonexempt transactions with any party-in-interest? (Dine 10a.) | | | 10b | | X | | | |
| С | Wa | s the plan covered by a fidelity bond? | | | 10c | | X | | | |
| d | | the plan have a loss, whether or not reimbursed by the plan's fide shonesty? | | | 10d | | X | | | |
| | insu | e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thuctions.) | ne benefits under the | e plan? (See | 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.) | | 10g | | X | | | |
| _ | If th | s is an individual account plan, was there a blackout period? (Sec | e instructions and 2 | 9 CFR | 10h | | X | | | |
| i | | h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3. | | | 10i | | X | | | |
| Part ' | VI | Pension Funding Compliance | | | | | | | | |
| 11 | ls th 550 | s a defined benefit plan subject to minimum funding requirements | s? (If "Yes," see ins | tructions and com | plete | Sched | ule SB | (Form | Y | es No |
| 12 | ls t | is a defined contribution plan subject to the minimum funding req | quirements of sectio | n 412 of the Code | or se | ction 3 | 302 of I | ERISA? | Y | es X No |
| | • | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable | , | | | | | | | |
| | | vaiver of the minimum funding standard for a prior year is being a ting the waiver. | | | | | | | | |
| | - | ompleted line 12a, complete lines 3, 9, and 10 of Schedule M | | | | | Day . | | I Cai _ | |
| | | r the minimum required contribution for this plan year | | - | | [| 12b | | | |
| | | r the amount contributed by the employer to the plan for this plan | | | | 1 | 12c | | | |
| d | Sub | ract the amount in line 12c from the amount in line 12b. Enter the | e result (enter a min | us sign to the left | of a | | 12d | | | |
| е | Will | the minimum funding amount reported on line 12d be met by the | funding deadline? | | | | | Yes | No | N/A |
| Part \ | VII | Plan Terminations and Transfers of Assets | | | | | | | | |
| 13a | Has | a resolution to terminate the plan been adopted during the plan y | ear or any prior yea | r? | | | | | X | es No |
| | If "Y | es," enter the amount of any plan assets that reverted to the emp | lover this year | | | Г | 13a | | | 0 |
| | Wer | e all the plan assets distributed to participants or beneficiaries, tra | | | | | ntrol | | X | es No |
| | | ring this plan year, any assets or liabilities were transferred from hassets or liabilities were transferred. (See instructions.) | this plan to another | plan(s), identify th | ne plai | n(s) to | | | | |
| 13 | 3c(1 | Name of plan(s): | | | | 130 | c(2) EI | N(s) | 130 | (3) PN(s) |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Cauti | on: | A penalty for the late or incomplete filing of this return/report | will be assessed u | unless reasonab | le cau | se is | establ | ished. | <u> </u> | |
| Under SB or | per Sch | alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete. | declare that I have | examined this retu | ırn/rep | ort, in | cludin | g, if applic | | |
| SIGN | F | led with authorized/valid electronic signature. | 10/12/2010 | H. FREDRICK PE | TERS | SON | | | | |
| HERE | - Г | Signature of plan administrator | Date | Enter name of in | ndividi | ıal sin | ning as | s plan adr | ninistrato | r |

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 section 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open

| Pe | nsion Benefit | | · Complete all entries in accordance with | tne instru | ctions to | the Fo | rm 5500-SF. | to Public I | Inspection |
|------------|---------------|-------------------------|--|--------------|-------------|----------|----------------|--|--|
| Pa | art I | Annual Report | dentification Information | | | | | | |
| For | calendar p | lan year 2009 or fisca | I plan year beginning 01/01/20 | 9 | | and en | iding 1 | .2/31/200 | 09 |
| Α | This retu | rn/report is for: | X single-employer plan multiple | -employer | plan (not r | multien | nployer) | one-participan | nt plan |
| В | This retur | rn/report is for: | first return/report X final return | urn/report | | | | | |
| _ | | | an amended return/report short pl | an year ret | urn/report | (less t | han 12 month | s) | |
| С | Check bo | ox if filing under: | X Form 5558 automa | tic extensio | on | | | DFVC progran | n |
| | | | special extension (enter description) | | | | _ | | |
| P | art II | Basic Plan Info | rmation - enter all requested information | - | | | | | |
| 1a | Name of | plan | | | | | Three-digit | | |
| TH | E PRO | FIT SHARING | PLAN AND TRUST AGREEN | MENT | | | plan number (| (PN) | 001 |
| OF | CASC | ADE CONCRET | E INDUSTRIES, INC. | | | 1c | Effective date | of plan | |
| | | | | | | | | 1/2000 | |
| 2a | Plan spor | nsor's name and addr | ess (employer, if for single-employer plan) | | | 2b | Employer Ider | ntification Numb | per (EIN) |
| | | | NDUSTRIES, INC. | | | İ | | 009511 | . , |
| | | | | | | 2c | Plan sponsor' | 's telephone nur | mber |
| 12 | 99 15 | 6TH AVENUE | NE, SUITE 150 | | | 1 | | | |
| | | | | | | 2d | Business cod | e (see instructio | ons) |
| BE | LLEVU | E | WA 98007 | | | | 3273 | 00 | , |
| <u>3a</u> | Plan adm | inistrator's name and | address (If same as Plan sponsor, enter "Sa | ame") | | 3b | Administrator | 's EIN | |
| | | | NDUSTRIES, INC. | , | | | | 009511 | |
| 12 | 99 15 | 6TH AVENUE | NE, SUITE 150 | | | 3c | Administrator | 's telephone nu | mber |
| ΒE | LLEVU | E | WA 98007 | | | | | | |
| 4 1 | f the name | and/or EIN of the pla | n sponsor has changed since the last return | /report file | d for this | 4b | EIN | | |
| | | | e plan number from the last return/report. | Sponsor | | | | | |
| | | | · | · | | 4c | PN | | |
| | | | | | | | | | |
| 5a | Total nun | nber of participants at | the beginning of the plan year | | | 5a | | 1 | |
| b | Total nun | nber of participants at | the end of the plan year | | | 5b | | 0 | |
| С | | | ith account balances as of the end of the pl | | | | | | |
| | benefit pl | ans do not complete | this item) | | | 5c | | 0 | |
| 6a | Were all o | of the plan's assets du | uring the plan year invested in eligible assets | ? (See ins | tructions.) | | | XΥ | es No |
| b | Are you o | laiming a waiver of the | e annual examination and report of an indep | endent qu | alified pub | olic acc | countant | _ | |
| | | | -46? (See instructions on waiver eligibility a | | | | | X Y6 | es 🛮 No |
| | If you an | | r 6a or 6b, the plan cannot use Form 550 | | | | | | _ |
| Pa | ırt III | Financial Inform | nation | | | | | | |
| 7 | Plan Asse | ets and Liabilities | | | (a) Be | eginnir | ng of Year | (b) End | of Year |
| а | Total plan | assets | | 7a | | | 1,275 | | (|
| b | Total plan | liabilities | | 7b | | | | | - |
| С | | | b from line 7a) | | | | 1,275 | | (|
| 8 | Income, E | xpenses, and Transfe | ers for this Plan Year | | | (a) Am | ount | (b) T | otal |
| а | Contribut | ions received or recei | vable from: | | | | | | Maria Americania de la comoción de l |
| | (1) Emplo | yers | | 8a(1) | | | | | |
| | (2) Partici | | | | | | | | |
| | (3) Others | (including rollovers) | | | | | | | |
| b | Other inc | ome (loss) | SEE STATEMENT 1 | 8b | | | 4 | | |
| С | Total inco | ome (add lines 8a(1), 8 | a(2), 8a(3), and 8b) | 8c | | | | | 4 |
| d | | | vers and insurance premiums to provide benefits) | | | | 1,279 | STATEME | ENT 2 |
| е | | | ive distributions (see instructions) | | | | | | |
| f | | | s (salaries, fees, commissions) | | | | | | |
| g | Other exp | | | | | | | | |
| h | | | e, 8f, and 8g) | | 11/10/11/2 | | | 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | 1.279 |
| i | | | 8h from line 8c) | | | | | · · · | -1.275 |
| j | | | e instructions) | | | | | Programme and the second of th | 7 PARTIES - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
| | | | | | | | | | the property of the proof. |

| Pai | t IV Plan Characteristics | | | | | | | | |
|-------------------|---|-------------------------|---------|---------------|---------|---------------|----------------------|----------|--|
| 3,-10,-50,5 | If the plan provides pension benefits, enter the applicable pension feature co | odes from the List of I | Plan C | harac | teristi | c Codes ir | n the instr | uctions: | |
| $2\mathbf{E}$ | E 2G 3H | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare feature cod | les from the List of Pl | an Ch | aracte | ristic | Codes in | the instruc | ctions: | |
| Pai | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | Yes | No | | Amount | | |
| а | Was there a failure to transmit to the plan any participant contributions within the time | · • | | | | | | | |
| | in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correc | | 10a | _ | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not in | 1 | | | | | | | |
| _ | transactions reported on line 10a.) | | 10b | \rightarrow | X | | | | |
| | Was the plan covered by a fidelity bond? | | 10c | \rightarrow | X | | | | |
| a | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bor | 1 | 40.4 | | х | | | | |
| _ | was caused by fraud or dishonesty? Were any fees or commissions paid to any brokers, agents, or other persons | | 10d | - | | | | | |
| C | carrier, insurance service or other organization that provides some or all of the | | | | | | | | |
| | the plan? (See instructions.) | | 10e | | х | | | | |
| 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 er | | 10g | | X | | | | |
| | If this is an individual account plan, was there a blackout period? (See instru- | | iog | | | | Tressesson Linear | wa3756 | |
| | and 29 CFR 2520.101-3.) | | 10h | | х | | | | |
| i | If 10h was answered "Yes," check the box if you either provided the required | d notice or one | | | | | | | |
| | of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | I. | 10i | - [| Х | | | | |
| Pai | t VI Pension Funding Compliance | | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If " | Yes," see instructions | and o | comple | ete | | _ | | |
| 10 - | Schedule SB (Form 5500)) | | | | | | Yes | No | |
| 12 | Is this a defined contribution plan subject to the minimum funding requireme | | | | | | _ | = | |
| | section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below the section 302 of ERISA? (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below the section 302 of ERISA? | | | | | | | X No | |
| а | If a waiver of the minimum funding standard for a prior year is being amortize | | | | | | | | |
| | ruling granting the waiver. | | | | | | Year | | |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form | n 5500), and skip to l | line 1 | Г | | | | | |
| | | | | ····· - | 12b | | | | |
| | Enter the amount contributed by the employer to the plan for this plan year | | | ····· | 12c | | | | |
| a | Subtract the amount in line 12c from the amount in line 12b. Enter the result | • | | | 40-1 | | | | |
| _ | the left of a negative amount) | | | L | 12d | es | No | N/A | |
| | Will the minimum funding amount reported on line 12d be met by the funding tyll. Plan Terminations and Transfers of Assets | g deadline? | | | Y | es 📋 | NO | IN/A | |
| | Has a resolution to terminate the plan been adopted during the plan year or a | any prior year? | | | | | X Yes | No | |
| 104 | If "Yes," enter the amount of any plan assets that reverted to the employer the | | | | 13a | | 14 165 | 11100 | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferre | | | | 104 | | | | |
| ~ | under the control of the PBGC? | • | | g | | Ī | X Yes | ∏No | |
| C | If during this plan year, any assets or liabilities were transferred from this plan | | | the p | lan(s) | | | | |
| | liabilities were transferred. (See instructions.) | | | , , | | | | | |
| | 3c(1) Name of plan(s): | | 1 | 3c(2) | EIN(s) | | 13c(3) | PN(s) | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Cau | tion: A penalty for the late or incomplete filing of this return/report will be | assessed unless re | ason | able c | ause | is establi | shed. | | |
| | penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my know | | | | | or Schedule I | //B complete | d and | |
| | | | | | | | | | |
| SIGI | 10/12/2010 H. FREDRICK PETERSON | | | | | | | | |
| | Signature of plan administrato Date Er | nter name of individua | al sign | ing as | plan | administra | tor | | |
| SIGI | | | | | | | | | |
| HER | 10/12/2010 H | | | | | | | | |
| constant Heren | Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | | | |

Page **2-**

Form 5500-SF (2009)

| FORM 5500-SF | OTHER INCOME (LOSS) | STATEMENT | 1 |
|-------------------------------|---------------------|---|----|
| DESCRIPTION | | AMOUNT | |
| INTEREST BEARING CASH | | | 4. |
| TOTAL TO FORM 5500-SF, LINE 8 | В | | 4. |
| | | | |
| FORM 5500-SF | BENEFITS PAID | STATEMENT | 2 |
| FORM 5500-SF DESCRIPTION | BENEFITS PAID | STATEMENT | 2 |
| | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |

Frint 's



Name: THE PROFIT SHARING PLAN AND

TRUST A

IRS Center:

e-Postmark: 10/15/2010 12:54:28 PM

FEIN: 91-2009511

Amount Due: \$0.00

Notification:

| Return History | Return History | | | | | | | | | | |
|----------------|----------------|--|--------------|--|--|--|--|--|--|--|--|
| DCN | DATE | TYPE OF ACTIVITY | UPDATED BY | | | | | | | | |
| | 10/14/2010 | Upload Started | | | | | | | | | |
| | 10/14/2010 | Ready to Release by Customer | | | | | | | | | |
| | 10/15/2010 | Released for Transmission - Validation in Progress | HKP-annetter | | | | | | | | |