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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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;
- [X] 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
SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRU

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 08/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SPEEDY CONCRETE CUTTING INC

2579 NW 19TH STREET
FORT LAUDERDALE, FL 33311

2b Employer Identification Number (EIN)
59-2806796

2c Sponsor's telephone number
954-730-7200

2d Business code (see instructions)
238100

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.	12/02/2010	DEBBIE KING
	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")
SPEEDY CONCRETE CUTTING INC

2579 NW 19TH STREET
FORT LAUDERDALE, FL 33311

3b Administrator's EIN
59-2806796

3c Administrator's telephone number
954-730-7200

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**	138
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**	64
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	88
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	88
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	55
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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 2G 2J 2K 3D 3H

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRU

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPEEDY CONCRETE CUTTING INC

D Employer Identification Number (EIN)
59-2806796

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).. . . . . [X] 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

ALLIANCEBERNSTEIN L.P.

13-4064930

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

BLACKROCK INVESTMENTS, INC.

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DAVIS DISTRIBUTORS, LLC

85-0360310

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

EVERGREEN FUNDS C/O BFDS

04-2144840

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO DISTRIBUTORS, INC.

74-1894784

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

OPPENHEIMER FUNDS INC.

13-2527171

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

(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)

ADP BROKER-DEALER

22-3319984

(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?
60 63	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ADP

22-1467904

(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 37 64 50	RECORD KEEPER	3675	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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?
59 52 63	BROKERAGE	0	Yes [X] No [ ]	Yes [X] No [ ]	2422	Yes [ ] No [X]

(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
ADP BROKER-DEALER	60 63	0

(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.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(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.
DAVIS DISTRIBUTORS, LLC 85-0360310	ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0

(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.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.

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
ADP BROKER-DEALER	60 63	0

(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.
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63	0

(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.
PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	60	0

(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.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

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
MERRILL LYNCH PIERCE FENNER & SMITH	59 52 63	2422

(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.
UNAVAILABLE UNAVAILABLE UNAVAILABLE, NJ 07932	

(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

(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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(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name: KRAMER WEISMAN AND ASSOCIATES LLP	**b** EIN: 74-3046690	
c Position: ACCOUNTANTS		
d Address: 12515 ORANGE DRIVE SUITE 814 DAVIE, FL 33330	**e** Telephone: 954-475-1260	

Explanation: KRAMER WEISMAN'S SERVICES IS NOT UP TO THE MARK

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRU

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPEEDY CONCRETE CUTTING INC

D Employer Identification Number (EIN)
59-2806796

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	66126	75051
(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)	684325	756769
(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	750451	831820
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	750451	831820

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)	16465	
	(B) Participants	2a(1)(B)	107653	
	(C) Others (including rollovers)	2a(1)(C)	2073	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		126191
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)		
	(E) Participant loans	2b(1)(E)	8666	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8666
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	8581	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8581
	(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)		0

			(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)		0
	(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)		156834
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		300272
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	195161	
	(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)		195161
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		20067
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)		
	(4) Other	2i(4)	3675	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3675
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		218903
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		81369
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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PENDER NEWKIRK AND COMPANY LLP **(2)** EIN: 59-1974978

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		76000
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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRU

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
SPEEDY CONCRETE CUTTING INC

D Employer Identification Number (EIN)
59-2806796

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** 0

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): 57-1198022

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 **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 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(es). 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):

---

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):

Financial Statements and Supplemental Schedule

Speedy Concrete Cutting, Inc. 401(k) Profit-Sharing Plan and Trust

As of December 31, 2009 and 2008 and for the Year Ended December 31, 2009

Independent Auditors' Report

Speed Concrete Cutting, Inc.
401(k) Profit-Sharing Plan and Trust

Financial Statements and Supplemental Schedule

As of December 31, 2009 and 2008 and for the
Year Ended December 31, 2009

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Independent Auditors' Report

To the Participants and Administrator
Speed Concrete Cutting, Inc. 401(k) Profit-Sharing Plan and Trust
Ft. Lauderdale, Florida

We were engaged to audit the financial statements and supplemental schedule of the Speedy Concrete Cutting, Inc. 401(k) Profit-Sharing Plan and Trust (the "Plan") as of December 31, 2009 and 2008 and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and the supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of and for the year ended December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report dated November 17, 2009 indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole, and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase Bank N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee, as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted by the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Pender Newkirk & Company LLP

Pender Newkirk & Company LLP
Certified Public Accountants
Tampa, Florida
October 14, 2010

Speedy Concrete Cutting, Inc.
401(k) Profit-Sharing Plan and Trust

Statements of Net Assets Available for Benefits

	December 31, 2009	December 31, 2008
Assets		
Investments at fair value:		
Mutual funds	$ 756,769	$ 684,325
Participant loans	75,051	66,126
Total investments at fair value	831,820	750,451
Receivables:		
Participant contributions	1,633	4,683
Employer contributions	302	730
Total receivables	1,935	5,413
Liabilities		
Excess contributions payable	460	-
Net assets available for benefits	$ 833,295	$ 755,864

The accompanying notes are an integral part of the financial statements.

Speedy Concrete Cutting, Inc.
401(k) Profit-Sharing Plan and Trust

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31, 2009

Additions		
Additions to net assets attributed to investment income:		
Net appreciation in fair value of investments	$	156,834
Interest and dividends		17,247
		174,081
Contributions:		
Participant		104,143
Employer		16,037
Rollover		2,073
		122,253
Total additions		296,334
Deductions		
Deductions from net assets attributed to:		
Benefits paid to participants		215,228
Administrative expenses		3,675
Total deductions		218,903
Net increase in net assets available for benefits		77,431
Net assets available for benefits, beginning of year		755,864
Net assets available for benefits, end of year	$	833,295

The accompanying notes are an integral part of the financial statements.

Speedy Concrete Cutting, Inc.
401(k) Profit-Sharing Plan and Trust

Notes to Financial Statements

As of December 31, 2009 and 2008 and for the
Year Ended December 31, 2009

1. Description of Plan

The following description of the Speedy Concrete Cutting, Inc. 401(k) Profit-Sharing Plan and Trust (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 effective August 1, 1995, by Speedy Concrete Cutting, Inc., as a defined contribution plan covering full-time employees of Speedy Concrete Cutting, Inc. (the "Company") and any participating affiliates who have completed three months of service and are age eighteen or older. The Plan assets are held by JPMorgan Chase Bank N.A. (the "Trustee"). Automatic Data Processing ("ADP") is the Plan's recordkeeper. The Plan is subject to the provisions of the Employee Retirement Income Security Act ("ERISA") of 1974, as amended.

Contributions

Each year, participants may contribute up to 80 percent of pretax annual compensation, as defined in the Plan, subject to the limitations provided by the Internal Revenue Code ("IRC"), which was $16,500 and $15,500 for those under age 50 for 2009 and 2008, respectively, and $22,000 and $20,500 for those who are age 50 or over for December 31, 2009 and 2008, respectively. Participants direct their investment of all contributions credited to their accounts into various mutual fund investment options offered by the Plan. In addition, as of October 1, 2009 participants have the option to elect to have their deferrals as Roth elective deferrals. Participants may also contribute amounts representing distributions from other qualified defined-benefit or contribution plans. The Company contributes up to 25 percent of the first 5 percent of the contributing participant's compensation to the Plan. The matching employer's contribution is invested directly in each participant's account.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of a) the Company's matching contributions and b) Plan earnings, charged with an allocation of administrative expenses not paid by the company, withdrawals and an allocation of Plan losses. Allocations are based on participant earnings and account balances, as defined. The benefit to which is entitled is the benefit that can be provided from the participant's vested account.

1. Description of Plan (continued)

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account is balance is subject to the following vesting schedule: 20%, 40%, 60%, 80% and 100% after two, three, four, five and six years of vesting service, respectively. The Company's contributions also become 100% vested upon a participant reaching normal retirement age or total and permanent disability or death.

Payments of Benefits
Upon termination of service or a permitted in-service distribution, a participant may elect to receive a distribution of benefits in a lump sum or in partial withdrawals. The Plan also provides for in-service distributions upon a qualified hardship, attainment of normal retirement age of 65, or at age 59 ½. The Plan provides for an involuntary distribution of all terminated participant accounts with vested accrued benefits of $5,000 or less, including any portion of the account balance that is attributable to rollover contributions and earnings allocable thereto.

Participant Loans
Participants may borrow from their fund accounts a minimum of $500 up to a maximum equal to the lesser of $50,000, or 50 percent of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Loans fund. Loans must be repaid within five years. The Trustees may grant a longer term only if the loan is used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest at 1% in excess of the prime rate published in the Wall Street Journal, which are commensurate with the interest rates charged by institutions lending money for commercial loans that would be mad under similar circumstances. Principal and interest is paid ratably through payroll deductions.

Forfeited Accounts
At December 31, 2009 and 2008, forfeited non-vested accounts totaled approximately 4,098 and $1, respectively. The Company may use balances in forfeited accounts to reduce Plan expenses and/or to reduce the Company's matching contribution under the Plan. In 2009 and 2008, the Company's matching contributions were reduced by approximately $3,943 and $2,391, respectively, from forfeited non-vested accounts.

1. Description of Plan (continued)

Plan Expenses

The Company pays direct administrative expenses, when incurred. Expenses related to transactions attributed to the individual accounts are considered an expense of the participants and charged to their individual account.

2. Significant Accounting Policies

The significant accounting policies followed are:

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

The financial statements of the Plan are prepared using the accrual basis of accounting.

Investments of the Plan are stated at fair value. Shares of the mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at their outstanding balances, which approximate fair value.

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 realized and unrealized appreciation is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of investments.

The Company may, at its discretion, pay some or all of the expenses of the Plan.

Employee contributions and employer matching contributions are recorded when salaries are paid.

2. Significant Accounting Policies (continued)

Benefits are recorded when paid.

Excess employee and employer contributions, as determined by the relevant non-discrimination and compliance provisions of the Plan, are recorded in the period that the excess contributions were made. At December 31, 2009 and 2008, excess employee contributions amounted to $460 and $0, respectively.

In April 2009, the Financial Accounting Standards Board ("FASB") issued guidance related to disclosures on determining fair value when the volume and level of activity for the asset or liability have significantly decreased and for disclosures on identifying transactions that are not orderly. The guidance expanded disclosures and required that major categories for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments. There was no material impact to the Plan's financial statements.

On July 1, 2009, the FASB issued the FASB Accounting Standards Codification (the "Codification"). The Codification became the single source of authoritative nongovernmental U.S. GAAP, superseding existing FASB, American Institute of Certified Public Accountants (AICPA), Emerging Issues Task Force (EITF) and related literature. The Codification eliminates the previous U.S. GAAP hierarchy and establishes one level of authoritative GAAP. All other literature is considered non-authoritative. There was no impact to the Plan's financial results as this change is disclosure only in nature.

In September 2009, the FASB issued amended guidance concerning fair value measurements of investments in certain entities that calculate net asset value per share (or its equivalent). If fair value is not readily determinable, the amended guidance permits, as a practical expedient, a reporting entity to measure the fair value of an investment using the net asset value per share (or its equivalent) provided by the investee without further adjustment. In accordance with the guidance, the Plan adopted these amendments for the year ended December 31, 2009. There was no material impact on the Plan's financial statements.

3. Information Prepared and Certified by the Trustee

The Trustee holds the Plan's investment assets and executes transactions. The following information, as well as the information in the supplemental schedule, are certified by the Trustee as complete and accurate and, as directed by the plan administrator, are unaudited. Such investments and other related information consist of the following:

	2009	2008
As of December 31, 2009 and 2008:		
Investments at fair value:		
Mutual funds	$ 756,769	$ 684,325
For the year ended December 31, 2009:		
Net appreciation in fair value of investments	156,834	
Interest and dividends	17,247	

4. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter date February 28, 1998, that the Plan and related trust are deigned in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

5. Investments

The following table presents investments that represent five percent or more of the Plan's net assets:

	2009	2008
Aberdeen Natural Resources	$ 56,398	$ 51,717
Alliance Bernstein Int'l Value*	47,415	32,776
Blackrock Global Allocation	98,195	87,125
Blackrock Government Income	47,478	48,991
Blackrock Large Capital Growth	77,152	62,318
Blackrock Large Capital Value **	38,047	43,715
Davis NY Venture	41,039	28,024
Janus Advisor Forty	56,244	38,546
Janus Advisor Int'l Growth**	-	65,479
Janus Overseas *	74,031	-
Ready Assets Prime Money Market	104,758	114,897

* Investment represented five percent or more of the Plan's net assets as of December 31, 2009, but not at December 31, 2008.

** Investment represented five percent or more of the Plan's net assets as of December 31, 2008, but not at December 31, 2009.

During the year ended December 31, 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $156,834

6. Related Party Transactions

Certain Plan investments are shares in mutual funds managed by JPMorgan Chase Bank N.A. JP Morgan Chase Bank N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. ADP is the financial advisor and Plan record keeper. The services performed by ADP also qualify as exempt party-in-interest transactions. Fees paid during the year for accounting and other services rendered by parties-in-interest were based on customary and reasonable rates for such services.

7. Fair Value Measurements

In accordance with current accounting guidance, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2009 and 2008:

Fair Value Measurements at December 31, 2009 Using:

	As of December 31, 2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds:				
Money market fund	$ 104,758	$ 104,758	$ -	$ -
Domestic blend funds	84,996	84,996		
Domestic growth funds	146,433	146,433		
Domestic value fund	49,852	49,852		
Domestic intermediate government fund	47,478	47,478		
International growth fund	74,031	74,031		
International value fund	47,415	47,415		
International multi-sector bond	30,132	30,132		
Domestic/international blend fund	115,276	115,276		
Domestic/international natural resources fund	56,398	56,398		
Total mutual funds	756,769	756,769	-	-
Participant loans	75,051			75,051
	$ 831,820	$ 756,769	$ -	$ 75,051

7. Fair Value Measurements (continued)

Fair Value Measurements at December 31, 2008 Using:

	As of December 31, 2009	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	$ 684,325	$ 684,325	$ -	$ -
Participant loans	66,126			66,126
Total investments	$ 750,451	$ 684,325	$ -	$ 66,126

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the year ended December 31, 2009:

Balance at January 1, 2009	$ 66,126
New loans issued and loans distributed	70,747
Loans deemed distributed	(20,068)
Loan repayments	(41,754)
Balance at December 31, 2009	$ 75,051

Participant loans are stated at the outstanding principal, which approximates fair value.

8. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits to Form 5500 per the financial statements:

	2009	2008
Net assets available for benefits per the financial statements	$ 833,295	$ 755,864
Less current year contribution receivables:		
Participants	(1,633)	(4,683)
Employer	(302)	(730)
Excess contributions payable	460	
Net assets available for benefits per Form 5500	$ 831,820	$ 750,451

The following is a reconciliation of total additions to net assets available for benefits to Form 5500 per the financial statements at December 31, 2009:

Total contribution additions to net assets available for benefits per the financial statements	$ 122,253
Decrease in contributions receivable	3,478
Excess contributions payable	460
Total contribution additions to net assets available for benefits per Form 5500	$ 126,191

10. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of a plan termination, the participants will become fully vested in their accounts.

11. 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.

12. Subsequent Events

Plan management evaluated events and transactions for potential recognition or disclosure in the financial statements through October 14, 2010, the date on which the financial statements were available to be issued.

Supplemental Schedule

Speedy Concrete Cutting, Inc.
401(k) Profit-Sharing Plan and Trust
E.I.N.: 59-2806796
Plan No.: 002

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

As of December 31, 2009

	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate interest, collateral, par, or maturity value	Current Value
	Ready Assets Prime Money Market	Mutual Fund	$ 104,758
	Davis NY Venture	" "	41,039
	Janus Advisor Forty	" "	56,244
	Oppenheimer Main St Small Cap	" "	26,040
	Blackrock Large Capital Value	" "	38,047
	Blackrock Government Income	" "	47,478
	Evergreen Asset Allocation	" "	17,081
	AIM Capital Development	" "	13,037
	Blackrock Large Capital Growth	" "	77,152
	Aberdeen Natural Resources	" "	56,398
	Alliance Bernstein Int'l Value	" "	47,415
	Blackrock Large Cap Core	" "	17,917
	Blackrock Global Allocation	" "	98,195
	Janus Overseas	" "	74,031
	Pioneer Strategic Income	" "	30,132
	Alliance Bernstein Small Mid Cap Value	" "	11,805
*	Participant Loans	Interest Rates from 5.25% to 10.25%, original maturities of 1 to 30 years	75,051
			$ 831,820

* Represents a party-in-interest to the Plan.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF: 12/31/2009

Plan Name: SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRU

Employer EIN: 59-2806796

Plan Number: 002

Run Date: 05/21/2010

(a)	(b)Identity of Issue, Borrower, Lessor or Similar Party	(c)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)		(d)Cost	(e)Current Value
	DAVIS NY VENTURE FUND - R	Registered Investment Company	1,321.2650	n/a	41,038.49
	JANUS FORTY FUND - R	Registered Investment Company	1,810.2220	n/a	56,243.60
	OPPENHEIMER MAIN ST SMALLCAP-N	Registered Investment Company	1,614.3865	n/a	26,040.06
	BLACKROCK LG CAP VAL FUND-R	Registered Investment Company	2,953.9937	n/a	38,047.44
	BLACKROCK GOVERNMENT INC - R	Registered Investment Company	4,605.0325	n/a	47,477.89
	EVERGREEN ASSET ALLOCATION - R	Registered Investment Company	1,512.9277	n/a	17,080.95
	INVESCO CAPITAL DEVELOPMENT R	Registered Investment Company	966.3925	n/a	13,036.63
	BLACKROCK LG CAP GROWTH - R	Registered Investment Company	8,707.9509	n/a	77,152.44
	ABERDEEN NATURAL RESOURCES - R	Registered Investment Company	3,494.2768	n/a	56,397.63
	ALLIANCEBER INTL VALUE FND -R	Registered Investment Company	3,486.3890	n/a	47,414.89
	READY ASSETS PRIME MONEY	Registered Investment Company	104,758.2200	n/a	104,758.22
	BLACKROCK LG CAP CORE FD -R	Registered Investment Company	1,894.0262	n/a	17,917.48
	BLACKROCK GLOBAL ALLOCATION R	Registered Investment Company	5,659.6483	n/a	98,194.90
	JANUS OVERSEAS FUND - R	Registered Investment Company	1,743.9659	n/a	74,031.35
	PIONEER STRATEGIC INCOME - R	Registered Investment Company	2,864.2962	n/a	30,132.40
	ALLIANCEBER SMMID CAP VAL - R	Registered Investment Company	851.7188	n/a	11,804.83
	Participant Loans	Interest Rates (5.25% to 10.25%)		n/a	97,333.00
			TOTAL		854,102.20

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) PAGE 1

Period: 01/01/2009 through 12/31/2009

Plan Name: SPEEDY CONCRETE CUTTING INC 401(K) PROFIT SHARING PLAN & TRU Employer EIN: 59-2806796

Plan Number: 002 Run Date: 05/21/2010

(a)Identity of Issue, Borrower, or Similar Party	(b)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c)Cost of Acquisitions	(d)Proceeds of Dispositions

NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE TRUSTS AND REGISTERED INVESTMENT COMPANIES.

Schedule C

Guide to ADP's preparation of your Form 5500 Schedule C

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Reporting how your retirement plan's Service Providers are paid

Filing an accurate and complete Form 5500 is your legal duty as your retirement plan's administrator. Schedule C of Form 5500 now requires much more information about Compensation received by your plan's Service Providers.

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So what's this Guide about?

ADP Retirement Services ("ADP") wants you to understand what we did with the information we collected in order to present the Service Provider information on your Schedule C.

ADP has prepared Schedule C in accordance with the Schedule C Instructions. In particular, we want you to know about our work methods and assumptions in preparing Schedule C, as well as how we prepared estimates or allocations (if any). This booklet also contains further information about your responsibilities concerning your Schedule C.

In this Guide, we use specially capitalized words the same way they're explained in the booklet entitled "*Words defined for Schedule C reporting*" that we sent you earlier this year.

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A reminder about our Schedule C information-collection methods

As explained in the booklet entitled "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" that we sent you earlier this year, ADP either has in its records, or received, information about Compensation paid by ADP or its affiliates, received by ADP or its affiliates, received by a Service Provider for services you arrange through the ADP service offering, or paid from your plan's trust directly to a payee other than you. We also explained that you would need to ask for Compensation information from any Service Provider that you (as plan sponsor) paid if your plan's trust reimbursed you for that payment; that you hired on your own (not through the ADP service offering) for any service to your plan; that was an employee of your company; or that you, as a plan fiduciary, believed you should ask. Finally, the booklet discussed certain situations for which you might need to seek out additional Compensation information or collect information from your records.

To prepare your plan's Schedule C, we combined information in our records with information provided by Service Providers and Investment Funds made available through the ADP service offering (this information is discussed in detail below) and information you provided in response to our previous request for Schedule C information.

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Figuring out which Service Providers to report

Schedule C doesn't require you to report on every Service Provider. Service Providers that receive Compensation less than a specified amount may be omitted.

In applying thresholds to what does or doesn't need to be reported on your Schedule C, ADP used the following aggregation approach.

$5,000 THRESHOLD FOR INCLUSION ON SCHEDULE C

ADP looked at a Service Provider's total Compensation from a plan – counting Direct Compensation, Eligible Indirect Compensation, and Non-eligible Indirect Compensation. (Remember, for Schedule C reporting purposes, Compensation doesn't include any amount your company paid to a Service Provider using your company's money if your company wasn't reimbursed from your plan's assets for the payment.) We generally did not include on your Schedule C report any Service Provider that received less than $5000 in total Compensation. However, if any Compensation was reported to us as a formula, we assumed, in accordance with the Schedule C instructions, that the $5,000 threshold was met.

In addition, if the Compensation information provided to ADP indicated that a Service Provider (which may have provided services through one or more affiliates) received compensation under more than one Employer Identification Number ("EIN"), ADP

aggregated the compensation received under all of these EINs to see whether it exceeded $5,000. If it did, we treated the Service Provider as having received compensation over the $5000 threshold that should be reported, and reported the compensation by separate EINs (treating each EIN as a Service Provider), even if the compensation reported for an EIN was less than $5,000. In performing this review, we generally didn't aggregate amounts paid from mutual funds to a mutual fund's manager or distributor affiliated with a Service Provider, unless the Service Provider specifically reported such amounts to ADP as part of its Compensation for plan services. We also did not aggregate EINs in determining whether a Service Provider *only* received Eligible Indirect Compensation.

$1,000 THRESHOLD FOR DETAILED REPORTING OF A KEY SERVICE PROVIDER'S INDIRECT COMPENSATION

ADP looked only at Non-eligible Indirect Compensation.

We show each Key Service Provider (by EIN) that received Indirect Compensation of more than $1,000 from one source. If any Compensation received by a Key Service Provider from a single source was reported to us as a formula, we assumed the $1,000 threshold was met, in accordance with the Schedule C instructions. ADP didn't aggregate Service Providers operating under more than one EIN to count whether Indirect Compensation was more than this $1,000 threshold.

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About Direct, Indirect, and Eligible Indirect Compensation

The following subparts describe some work methods we use in putting information about different kinds of Compensation on your Schedule C.

DIRECT COMPENSATION PAID FROM YOUR PLAN'S TRUST

We put on your Schedule C all payments of Direct Compensation (payments from your plan's trust to a Service Provider) in ADP's records, provided the Service Provider that received the Direct Compensation exceeded the thresholds for inclusion on Schedule C. Where ADP has collected Compensation from your Plan for a Service Provider and paid that Compensation over to the Service Provider, we have reported the payments as Direct Compensation from your plan to the Service Provider. Direct Compensation is reported based on your plan year.

If, during the 2009 plan year, you (as plan sponsor) made a payment to a Service Provider out of your own assets and your plan's trust reimbursed you for this payment, you must report this reimbursed payment on Schedule C as a payment of Direct Compensation from your plan to the Service Provider. As we explained in the "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" sent to you earlier this year, while ADP's records show the amount of such a payment in this situation, our records don't show which Service Provider you paid, and they don't contain all information needed to report these payments as payments to the Service Provider. If you provided this information to ADP as we requested, we have used it in reflecting Direct Compensation on your plan's Schedule C. If not, you should provide this information to ADP so that your Schedule C will accurately reflect these Direct Compensation payments as received by your Service Provider instead of by you.

ABOUT INDIRECT COMPENSATION

Indirect Compensation generally

ADP used the 2009 calendar year to compile Indirect Compensation information from our records. We asked the Service Providers (including Investment Funds) made available through the ADP service offering to provide Indirect Compensation data based on the calendar year. The forms we provided to you to help you collect information from other Service Providers also requested information based on the calendar year.

Indirect Compensation that ADP pays

In some circumstances, ADP makes payments to other Service Providers in connection with services provided to your plan. If we make such a payment, we do so from ADP's assets, which might include ADP's revenue from you or your plan, but there are no additional charges to your plan. If the applicable requirements for Schedule C reporting were met, we put the payments on Schedule C as Indirect Compensation that ADP paid to that Service Provider. (But see above regarding payments collected by ADP from your plan's trust if ADP merely paid those amounts over to the Service Provider.)

ABOUT ELIGIBLE INDIRECT COMPENSATION

Some kinds of Indirect Compensation are eligible for limited reporting on Schedule C; the Department of Labor calls this Eligible Indirect Compensation. For Indirect Compensation to be Eligible Indirect Compensation or "EIC", it must be the right kind of Indirect Compensation, and you must have received the right disclosures. (For more background, read ADP's "*Words defined for Schedule C reporting*" and "*Eligible Indirect Compensation Disclosures for Form 5500 Schedule C filers*".) ADP has used the simplified reporting approach available for EIC in preparing Schedule C for your plan wherever possible.

To see ADP's EIC disclosures (if any) and the disclosures that Service Providers and Investment Funds made available through the ADP service offering furnished to us to forward to you, see the booklet entitled "*Eligible Indirect Compensation Disclosures for Form 5500 Schedule C Filers*". Also, read that booklet to understand the assumptions ADP has used about whether to treat a Compensation item as EIC when preparing your Schedule C. If you directed ADP to treat certain Indirect Compensation as EIC based on disclosures provided directly to you by a Service Provider you contacted, ADP has followed your direction.

Other than its own Indirect Compensation, ADP has **not** reviewed any Service Provider's or Investment Fund's characterization of any Indirect Compensation as EIC. ADP likewise has not reviewed any of these disclosures other than its own to check for accuracy or completeness in terms of what an EIC disclosure has to contain. For our preparation of a Schedule C, we relied on the Service Providers and Investment Funds to make these characterizations and to provide EIC disclosures that they believe are sufficient, accurate, and complete.

While we have assumed each Service Provider's or Investment Fund group's disclosures in the EIC disclosure booklet are sufficient to allow simplified reporting of EIC, you must make this decision yourself. If you decide a particular disclosure is not sufficient, you'll need to request more information from the Service Provider or Investment Fund before you sign your Form 5500. Unless you instruct us differently, ADP assumes that you approve treating each of these Service Providers' and Investment Funds' Indirect Compensation covered by these disclosures as EIC in preparing your Schedule C. If you decide that any Indirect Compensation item covered by a Service Provider's or Investment Fund group's EIC disclosure should not be treated as EIC, you must give ADP detailed instructions about exactly what you want to put on Schedule C.

If ADP is listed on a Schedule C as a person furnishing disclosures relating to Compensation as Eligible Indirect Compensation, ADP does **not** make any representation about the accuracy or completeness of information that was prepared by a person other than ADP. This includes information about Investment Funds and about Compensation that relates to Investment Funds.

ABOUT COMPENSATION AMONG AFFILIATES AND SUBCONTRACTOR PAYMENTS

ADP, Inc. may use affiliates and divisions, including ADP Broker-Dealer, Inc., to perform services for your plan. ADP, Inc. and its affiliates may make "intra-company" payments to one another. ADP also may use the services of subcontractors in the course of performing certain services for your plan or, in limited circumstances, act as a subcontractor to another Service Provider to your plan. Under the Schedule C Instructions' bundled-reporting exception, payments between affiliates or to a subcontractor need not be reported on Schedule C except in certain specific situations. ADP's preparation of your Schedule C doesn't report payments between or among ADP, Inc. and its affiliates or subcontractor payments unless specifically required. Other Service Providers also may have applied the bundled-reporting exception in providing their Compensation information.

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Estimates and allocations

Some Compensation amounts we put on your Schedule C might reflect an estimate or an allocation to your plan of a share of a larger amount of Compensation that isn't attributable only to your plan. While the assumptions used in preparing an estimate and any allocation methods used need not be reported on Schedule C itself, they must be disclosed to you. Our allocation methods and any provided to ADP by Service Providers whose services are made available through the ADP service offering are described in an Appendix at the end of this booklet. The Appendix might include information provided by Service Providers your plan didn't use. You need only review information provided by Service Providers your plan used in the reporting year.

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About service/compensation codes and reportable relationships

Schedule C requires service and compensation codes for each Service Provider. (A list of these codes was provided to you when we sent you materials to use in collecting Schedule C information.) In preparing your Schedule C, ADP first used any codes provided by you or the Service Provider in question. If you and the Service Provider didn't provide any codes, we have included service and compensation codes based on what ADP knows about what the Service Provider does for your plan and the Service Provider's Compensation. Also, we assume that a Service Provider doesn't have a reportable relationship to an employer, employee organization, or a party-in-interest regarding your plan, unless you or a Service Provider instruct us with specific information.

You must review the service and compensation codes, and whether there's a relationship to be reported. If you wish to change any entries, you must give ADP detailed instructions about exactly what you want to put on Schedule C. As with everything in Schedule C and Form 5500, you're responsible for your report.

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Some practical limits on what ADP does for you

The Compensation information ADP put on your plan's Schedule C is based on information in ADP's records, information furnished to us by unaffiliated Service Providers and Investment Funds, or furnished by you, our client.

For information about ADP's Compensation, we believe that the information we put on the Data Report is accurate and complete to the best of ADP's knowledge. For every other Service Provider's Compensation or Compensation paid from an Investment Fund, if we used information in our records, it is accurate to the best of our knowledge and we relied on the service provider to tell us if it was complete. If ADP used information furnished by others, we relied on those others as to the accuracy or completeness of the information they provided without performing our own review.

As explained above, ADP has relied on you to request information from certain Service Providers. ADP used each Service Provider information form you sent us in preparing your plan's Schedule C. If you didn't send us a form or forms in response to our information request earlier this year, we assume you concluded there is nothing to report.

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About good-faith disclaimers

A new aspect of Schedule C reporting is a requirement that, if a Service Provider (including an Investment Fund Service Provider) fails to furnish information that you need to complete your Schedule C, you must report that fact on Schedule C.

However, the Department of Labor recognized that the new Schedule C reporting requirements involve so much change that Service Providers might be unable to furnish necessary information in time for the 2009 Form 5500. For 2009 plan year reports, you need not list a Service Provider on Schedule C as failing to furnish necessary information if you received from the Service Provider its statement that it made a good-faith effort to make system changes but was unable to complete the changes for the 2009 plan year.

ADP's good-faith disclaimer for 2009 is set forth in an Appendix to this booklet. Some Service Providers whose services are made available through the ADP service offering have included their good-faith disclaimers for 2009 in their EIC disclosures, if any. (Please refer to the "Eligible Indirect Compensation Disclosures" booklet.) If ADP received any other good-faith disclaimers that may be relevant to your plan, they also are set forth in an Appendix to this booklet. Please note that this booklet might include some disclaimers from Service Providers your plan didn't use in 2009. You need only review the disclaimers of Service Providers that your plan used in that year.

ADP's preparation of a Schedule C doesn't name any Service Provider as having failed to furnish necessary information. If you decide that a Service Provider failed to furnish necessary information (and that the failure wasn't excused with a good-faith disclaimer), you must instruct ADP about exactly what you want to put on this part of Schedule C.

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Why you should read everything

While ADP prepares your Schedule C, you as your plan's administrator sign and file your Form 5500, and are responsible for its accuracy and completeness. Also, the Department of Labor expects you to review your plan's expenses periodically to find at least that all direct and indirect fee arrangements are appropriate, and that each Service Provider receives no more than reasonable compensation for the service that it provides. Reading carefully the information reported on Schedule C can help you meet these duties.

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Why you should keep records

ERISA § 107 requires everyone that's required to file a Form 5500 to keep at least enough records to support everything reported in the Form 5500 (including a decision about what need not be reported). You must keep these records for at least six years after the filing date.

Example: If you file your plan's 2009 calendar-plan-year Form 5500 on October 15, 2010, you must keep records to support that 2009 report until at least October 15, 2016.

A failure to keep records as required is an ERISA violation.

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Questions?

If you have a question or want more information, please contact your ADP Retirement Services Client Services Team.

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About this information

ADP Retirement Services provides information (but not advice) to help people use retirement plans. This overview isn't a substitute for getting your own advice. Any information is only a summary, and can't consider your specific situation. All examples are solely for illustration. Any characters or "facts" portrayed are imaginary, and any resemblance to real-life persons or facts is coincidental and not intended.

This overview includes some explanations about relevant law as of the date we prepared it. Although we've tried to be careful, we don't warrant the accuracy or completeness of any information. You should consider that the law could change at any time. We don't give accounting, tax, or legal advice. If you need advice, you should consult your legal advisor.

ADP is not responsible for any information from a source other than ADP.

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Appendix: Estimate and Allocation Methods

Some items of reportable Indirect Compensation paid by ADP to, or received by ADP from, other Service Providers in connection with your Plan may be fixed fees or per-transaction charges based on transactions or services involving multiple plans. ADP estimates the dollar amount of such Indirect Compensation that is reportable with respect to your Plan by dividing the total dollar amount paid by the number of Plans as of December 31 benefitting from the transactions or services.

Some items of reportable Indirect Compensation ADP pays to or receives from other Service Providers in connection with your Plan may be expressed in dollars and determined based on the assets of multiple plans. ADP estimates the dollar amount of such Indirect Compensation that is reportable with respect to your Plan based on the value of your Plan's assets to which the compensation is attributable compared to the total assets to which the compensation is attributable as of December 31.

If ADP estimates reportable Indirect Compensation paid in connection with multiple plans on behalf of another Service Provider, we use these same methods.

* * * * * * * * *

If a Service Provider has utilized an estimate or allocation in providing Compensation information and provided an explanation of its methodology to ADP, that explanation is set forth below:

ADP has not received any estimate or allocation methodology explanations as part of the Compensation information provided to ADP by Service Providers.

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Appendix: 2009 "Good Faith" Disclaimers

ADP'S GOOD-FAITH DISCLAIMER

ADP has made good-faith efforts to make necessary recordkeeping and information system changes and to collect, track and report required information regarding compensation ADP receives or pays in a timely fashion, and the information regarding compensation received or paid by ADP included on the Schedule C we have prepared for your plan (or in any other report we have provided to you in connection with your Schedule C) is accurate and complete to the best of our knowledge. Despite these efforts, ADP cannot assure you that it has reported all required Schedule C information, or that the information that is provided is entirely accurate and complete. As you may know, legal requirements and industry standards regarding Schedule C reporting are new and continuing to develop. ADP will continue to monitor applicable standards and requirements, and will update its recordkeeping and information systems as reasonable and appropriate to prepare for 2010 plan year reporting.

OTHER SERVICE PROVIDERS' GOOD-FAITH DISCLAIMERS

Some Service Providers who provided Compensation information directly to ADP have included their good-faith disclaimers for 2009 in their EIC disclosures, if any. (Please refer to the "Eligible Indirect Compensation Disclosures" booklet.) If ADP received any other good-faith disclaimers that may be relevant to your plan, they are set forth below. Please note that this booklet might include some disclaimers from Service Providers your plan didn't use in 2009. You need only review the disclaimers of Service Providers that your plan used in that year.

ADP has not received any good faith disclaimers that may be relevant to your plan other than those, if any, included in the "Eligible Indirect Compensation Disclosures" booklet.

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