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 04/01/2009 and ending 03/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1977

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PACIFIC COAST BUILDING PRODUCTS, INC.

10600 WHITE ROCK ROAD, SUITE 100
RANCHO CORDOVA, CA 95741-9074

2b Employer Identification Number (EIN) 94-6103555

2c Sponsor's telephone number 916-631-6500

2d Business code (see instructions) 327900

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.	01/14/2011	DALE WALDSCHMITT
	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")
PACIFIC COAST BUILDING PRODUCTS, INC.

10600 WHITE ROCK ROAD, SUITE 100
RANCHO CORDOVA, CA 95741-9074

3b Administrator's EIN
94-6103555

3c Administrator's telephone number
916-631-6500

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**	4571
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**	1768
b	Retired or separated participants receiving benefits	**6b**	26
c	Other retired or separated participants entitled to future benefits	**6c**	2758
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4552
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	4552
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	4552
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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 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)	X	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)	X	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)	X	3	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	3904270 ETC	174	09/01/2008	08/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ UNISEX; ORIGINAL AGE AT ISSUE

b	Premiums paid to carrier	6b	66992
c	Premiums due but unpaid at the end of the year	6c	35
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LIBERTY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
44-0188050	61492	8002043 ETC	21	09/01/2008	08/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
160	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PETER HAFT
321 33RD STREET
SACRAMENTO, CA 95816-3312

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
160	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ UNISEX; ORIGINAL AGE AT ISSUE

b	Premiums paid to carrier	6b	6511
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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.**

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OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500.
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LAFAYETTE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0457540	65242	C3881	110	09/01/2008	08/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
850	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PETER HAFT
321 33RD STREET
SACRAMENTO, CA 95816-3312

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
850	0	N/A	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ UNISEX; ORIGINAL AGE AT ISSUE

b	Premiums paid to carrier	6b	18179
c	Premiums due but unpaid at the end of the year	6c	0
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add **b** and **c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 04/01/2009 and ending 03/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
PACIFIC COAST BUILDING PRODUCTS, INC.	94-6103555	

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

HARDING LOEVNER

27-0684167

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

GE ASSET MANAGEMENT

06-1238874

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

DODGE & COX

94-1441976

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

SEI

23-1707341

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

ARTISAN

39-1811840

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

VANGUARD

23-1945930

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

AMERICAN BEACON

75-2401150

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

PIMCO FUNDS

95-2632339

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

CONESTOGA CAPITAL ADVISORS

23-3072906

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

STATE STREET MASTER FUNDS

04-3480508

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

LAZARD

20-4571006

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

GOLDMAN SACHS

13-5108880

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

DFA SECURITIES, INC.

36-3147118

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

GENEVA MID CAP GROWTH - HIGHMARK

31-1211022

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

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

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

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

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

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

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)

PENSION CONSULTANTS

94-2455733

(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?
13	NONE	68000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE ADVISORY GROUP OF SAN FRANCISCO

94-3339091

(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?
27	NONE	119579	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HARDING LOEVNER

22-3010247

(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?
28	NONE	58086	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAZARD

05-0530199

(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?
28	NONE	44162	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NWQ

04-3161875

(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?
28	NONE	30165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONESTOGA

23-3072906

(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?
28	NONE	25074	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SSGA

04-1867445

(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?
28	NONE	33181	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENEVA

39-1567956

(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?
28	NONE	18290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RICHMOND CAPITAL

54-1288566

(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?
28	NONE	16360	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GALLINA, LLP

94-2147510

(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?
10	NONE	16000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEN MCCANDLISS

94-6103555

(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?
20	NONE	6000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DAVE PRINGLE

94-6103555

(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?
20	NONE	6000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB

94-1737782

(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?
19	NONE	66478	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(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

(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

(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:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6892139-001	C	5946304

a Name of MTIA, CCT, PSA, or 103-12 IE: SEI STABLE ASSET FUND

b Name of sponsor of entity listed in (a): SEI INVESTMENTS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
23-7654996-001	C	6367869

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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 04/01/2009 and ending 03/31/2010

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

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	66121	45659
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4750000	4350000
(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)	2158924	2127531
(2) U.S. Government securities	1c(2)	2231000	2242313
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2386435	4431580
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21846000	35012998
(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)		
(9) Value of interest in common/collective trusts	1c(9)	8718337	12314173
(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)	45501386	62048931
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1659026	1572150

			(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	89317229	124145335
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	134403	160423
k	Total liabilities (add all amounts in lines 1g through1j)	1k	134403	160423
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	89182826	123984912

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)	4350000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4350000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	206945	
	(B) U.S. Government securities	2b(1)(B)	14187	
	(C) Corporate debt instruments	2b(1)(C)	266942	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		488074
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	93572	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2502063	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2595635
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	46530677	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	48182747	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1652070

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	12473783	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		12473783
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		1499574
	(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)		19386849
c	Other income	2c		95484
d	Total income. Add all **income** amounts in column (b) and enter total	2d		39237329
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3785017	
	(2) To insurance carriers for the provision of benefits	2e(2)	138823	
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3923840
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	166824	
	(3) Investment advisory and management fees	2i(3)	344579	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		511403
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4435243
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		34802086
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GALLINA LLP **(2)** EIN: 94-2147510

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		5000000
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 04/01/2009 and ending 03/31/2010

A Name of plan
PACIFIC COAST BUILDING PRODUCTS, INC. PROFIT SHARING/RETIREMENT PLAN & TRUST AGREEMENT

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

D Employer Identification Number (EIN)
94-6103555

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): 75-2477943

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):

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditors' Report

The Participants and the Administrative Committee
Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan

We have audited the accompanying statements of net assets available for benefits of Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan (the Plan) as of March 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended March 31, 2010, and the supplemental Schedule of Assets (Held at End of Year) as of March 31, 2010. These financial statements and the supplemental schedule are the responsibility of the Plan's Administrative Committee. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of March 31, 2010 and 2009 and the changes in net assets available for benefits for the year ended March 31, 2010 in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule, Schedule H, line 4(i) – Schedule of Assets (Held at End of Year) as of March 31, 2010 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's Administrative Committee. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Gallina LLP

Rancho Cordova, California
January 12, 2011

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan
Statements of Net Assets Available for Benefits

	March 31, 2010	March 31, 2009
Assets:		
Investments:		
Money market funds	$ 2,128,000	$ 2,159,000
Bonds and notes	6,674,000	4,617,000
Equity securities	35,013,000	21,846,000
Mutual funds	57,071,000	42,715,000
Common collective trusts	12,314,000	8,718,000
Real estate investment trusts	4,977,000	2,787,000
Life insurance policies	1,572,000	1,659,000
Total investments	119,749,000	84,501,000
Employer contribution receivable	4,350,000	4,750,000
Cash	46,000	66,000
Total assets	124,145,000	89,317,000
Liabilities:		
Administrative fees payable	160,000	134,000
Net assets available for benefits	$ 123,985,000	$ 89,183,000

See accompanying notes to financial statements.

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan

Statement of Changes in Net Assets Available for Benefits
for the Year Ended March 31, 2010

Increase in net assets attributed to:		
Investment income:		
Dividends	$	2,596,000
Interest		488,000
Net appreciation in fair value of investments		31,708,000
Increase in cash surrender value of life insurance policies		95,000
Total investment income		34,887,000
Employer contribution		4,350,000
Distributions to participants		(3,785,000)
Life insurance premiums		(139,000)
Investment and administrative expenses		(511,000)
Net increase in net assets		34,802,000
Net assets available for benefits, beginning of period		89,183,000
Net assets available for benefits, end of period	$	123,985,000

See accompanying notes to financial statements.

(1) Description of Plan

The following description of the Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is sponsored by Pacific Coast Building Products, Inc. (Employer) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan which provides for retirement, disability and death benefits for substantially all nonunion employees of the Employer. Employees, other than those employees covered under another retirement plan sponsored by the Employer or certain employees hired as a result of an asset acquisition, who have worked 1,000 hours or more within a consecutive twelve month period commencing on their anniversary hiring date, are eligible to participate in the Plan.

(b) Contributions

The Employer has agreed to make a minimum annual contribution equal to 5% of the compensation of all participants. Plan assets are invested at the direction of the Plan Investment Committee and are thus not participant directed.

(c) Participant Accounts

Individual accounts are maintained for each of the Plan's participants as well as the participant's share of the Plan's income (loss) and any related administrative expenses. Allocations are based on participant compensation or account balances, as defined. Participants under 60 may elect to have the Plan purchase life insurance policies for the participant's benefit. Life insurance policies purchased are held by the Plan and the increase in the cash surrender value of the policies and the premium expenses are allocated to the participating participant accounts. Participants over 60 may elect to have up to 40% of their account balance invested in the SEI Stable Value Fund.

(d) Vesting and Forfeitures

A participant is 100% vested after three years of credited service or upon death, total disability or attainment of normal retirement age, as defined. Forfeitures of terminated participants' nonvested amounts are used to offset employer contributions. There were $325,000 of forfeitures for the year ended March 31, 2010, which were used to reduce the Employer's contributions. There were no unallocated forfeitures as of March 31, 2010 and 2009.

(e) Distributions to Participants

The benefit to which a participant is entitled is the benefit that is provided from the participant's account valued as of the preceding Plan quarter end. Upon retirement, as defined, or total and permanent disability, a participant may generally elect to receive a lump sum distribution, an annuity, or a combination of these options. In the event of a participant's death, his or her designated beneficiary will be paid in accordance with the terms of the beneficiary designation form. Any vested account balances equal to $1,000 or less shall be distributed in a lump sum payment.

(f) Plan Administration

The Plan is administered by the Administrative Committee and each member of this Committee was appointed by the Board of Directors of the Employer.

(2) Significant Accounting Policies

(a) Method of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and 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.

(c) Risks and Uncertainties

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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(d) Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for its investments in the common collective trusts and life insurance policies. Money market funds, bonds, notes and equity securities are valued at the closing price reported on the active market on which the individual securities are traded. At March 31, 2010 the Plan held a structured note equity investment classified as an equity security. The instrument is unsecured, matures in August 2010, and has a variable interest rate based on the S&P 500. The investment is valued based on the closing price of the S&P 500 index. Mutual funds and real estate investment trusts are valued at the net asset value (NAV) of shares held by the plan at year end. The common collective trusts consists of: (1) SSgA Emerging Markets Commingled Fund that is valued based upon the value of the underlying assets or contract value and (2) SEI Stable Value Fund (the Fund) that is valued at contract value plus accrued interest which approximates fair value. Life insurance policies are valued at cash surrender value (CSV).

The Fund includes investments in investment contracts and is included in the financial statements at contract value (which represents contributions made under the contract plus earnings, less withdrawals and administrative expenses), because it is fully benefit responsive. The Fund is considered fully benefit responsive as withdrawals or transfers can be made at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value included in the financial statements approximates fair value as of March 31, 2010 and 2009. As of March 31, 2010, the Fund had an average yield of approximately 0.90% while the investment was held during the current period, and a crediting interest rate of 0.34%. As of March 31, 2009, the Fund had an average yield of approximately 10.25% while the investment was held during the current period, and a crediting interest rate of 7.26%.

Purchases and sales of investments are reported on a trade date basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year. Interest income is recognized on the accrual basis.

(e) Fair Value Hierarchy

The objective of a fair value measurement is to determine the price that would be received when selling an asset or paid when transferring a liability. The Financial Accounting Stands Board (FASB) Accounting Standards Codification (ASC) 820 outlines a fair value hierarchy that gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.
- Level 2 – Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.
- Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

Disclosures required by ASC 820 are included in Note 3.

(f) Benefits

Benefits paid to participants are recorded as deductions from net assets available for benefits when approved and paid by the Plan.

(g) Administrative Expenses

Administrative expenses incurred by the Plan are allocated to each participant account based on participant account balances.

(3) Investments

The following table presents the Plan's investments that represent 5% or more of the Plan's net assets available for benefits at March 31,:

	2010	2009
Equity securities:		
Goldman Sachs Structured Note (S&P 500)	$ 11,590,000	$ -
Mutual funds:		
Pimco Total Return II	11,935,000	6,449,000
Vanguard Institutional Index Fund	9,567,000	16,815,000
Common collective trust:		
SEI Stable Value Fund	6,368,000	5,181,000

During the year ended March 31, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

Bonds and notes	$ 269,000
Equity securities	11,397,000
Mutual funds	16,284,000
Common collective trusts	1,501,000
Real estate investment trusts	2,257,000
	$ 31,708,000

The following table sets forth by level, within the fair value hierarchy, the fair value of Plan investments:

	Fair value	Hierarchy level 1	Hierarchy level 2	Hierarchy level 3
At March 31, 2010:				
Money market funds	$ 2,128,000	$ 2,128,000	$ —	$ —
Bonds and notes	6,674,000	6,674,000	—	—
Equity securities	35,013,000	23,423,000	11,590,000	—
Mutual funds	57,071,000	57,071,000	—	—
Common collective trusts	12,314,000	—	12,314,000	—
Real estate investment trusts	4,977,000	4,977,000	—	—
Life insurance policies	1,572,000	—	—	1,572,000
	$ 119,749,000	$ 94,273,000	$ 23,904,000	$ 1,572,000
At March 31, 2009:				
Money market funds	$ 2,159,000	$ 2,159,000	$ —	$ —
Bonds and notes	4,617,000	4,617,000	—	—
Equity securities	21,846,000	21,846,000	—	—
Mutual funds	42,715,000	42,715,000	—	—
Common collective trusts	8,718,000	—	8,718,000	—
Real estate investment trusts	2,787,000	2,787,000	—	—
Life insurance policies	1,659,000	—	—	1,659,000
	$ 84,501,000	$ 74,124,000	$ 8,718,000	$ 1,659,000

Summary of changes in fair value of the Plan's hierarchy level 3 assets for the years ended March 31, are as follows:

	2010	2009
	Life insurance policies	Life insurance policies
Balance, beginning of year	$ 1,659,000	$ 1,605,000
Purchases, sales, issuances and settlements (net)	(87,000)	54,000
Balance, end of year	$ 1,572,000	$ 1,659,000

(4) Related Party Transactions

Certain Plan investments in money market funds are managed by Schwab Institutional, who is a custodian as defined by the Plan. These transactions are party-in-interest transactions.

(5) Plan Termination

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue employer contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(6) Income Tax Status

The Internal Revenue Service issued its latest determination letter in January 2004 which stated that the Plan and its underlying trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, management believes that the Plan's current design and operation is in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(7) Date of Evaluation – Subsequent Events

Subsequent events are evaluated through January 12, 2011, the date on which the financial statements were available to be issued. See note 9.

(8) Other Matters

The Administrative Committee became aware of a potential issue involving the interpretation of the formula used to determine the annual Employer contribution. The Administrative Committee and the Employer are diligently investigating the matter and have retained ERISA counsel and the Employer has engaged an independent trustee to conclude the investigation. The Administrative Committee anticipates the matter to be resolved in 2011.

(9) Subsequent Event

On December 16, 2010, the custodian of the Plan assets changed from Charles Schwab to Wells Fargo.

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan
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as of March 31, 2010

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(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Money market funds:			
*	Schwab Institutional		$ 76,000	$ 76,000
*	Harding Loevner		188,000	188,000
*	Lazard		1,688,000	1,688,000
*	Richmond Capital		93,000	93,000
*	Geneva		21,000	21,000
*	Conestoga		62,000	62,000
	Total money market funds		2,128,000	2,128,000
	Bonds and notes:			
	Aflac Inc	20,000 face value, 8.500% due May 2019	$ 21,000	$ 24,000
	American Express Co	65,000 face value, 5.500% due Sep 2016	65,000	68,000
	American Express Cr Corp Mtnbe	15,000 face value, 7.300% due Aug 2013	15,000	17,000
	Archer Daniels Midland	25,000 face value, 7.500% due Mar 2027	31,000	30,000
	AT T Broadband	20,000 face value, 9.455% due Nov 2022	21,000	27,000
	Atlantic Richfield Co	40,000 face value, 9.125% due Aug 2031	58,000	57,000
	Bank New York Mtn Bk Ent	20,000 face value, 5.450% due May 2019	20,000	21,000
	Bank Of America Corporation	40,000 face value, 6.250% due Apr 2012	43,000	43,000
	Bank Of America Corporation	50,000 face value, 4.875% due Sep 2012	50,000	52,000
	BB&T Corp	75,000 face value, 5.200% due Dec 2015	72,000	79,000
	Bear Stearns Cmbs 2003-Pwr2	75,000 face value, 5.186% due May 2039	79,000	78,000
	Becton Dickinson Deb	10,000 face value, 7.000% due Aug 2027	11,000	12,000
	Bellsouth Corp	50,000 face value, 5.200% due Sep 2014	51,000	54,000
	Berkshire Hathaway Fin Corp	65,000 face value, 5.400% May 2018	69,000	69,000
	Best Foods	25,000 face value, 6.625% due Apr 2028	27,000	27,000
	Boeing Cap Corp	75,000 face value, 6.500% due Feb 2012	82,000	82,000
	Burlington Northn Santa Fe Cp	15,000 face value, 6.150% due May 2037	14,000	16,000
	Cambell Soup Debenture	25,000 face value, 8.875% due May 2021	32,000	33,000
	Caterpillar Fin Tr 2007-A	125,000 face value 5.340% due Jun 2012	43,000	37,000
	Citigroup Inc	40,000 face value, 6.125% due Nov 2017	35,000	41,000
	Cme Group Inc	45,000 face value, 5.750% due Feb 2014	50,000	49,000
	Coca-Cola Ent	20,000 face value, 8.500% due Feb 2022	25,000	26,000
	Conoco Inc	20,000 face value, 6.950% due Apr 2029	23,000	23,000
	Cooper U S Inc	50,000 face value, 5.250% due Nov 2012	54,000	54,000
	Cooper U S Inc	35,000 face value, 6.100% due Jul 2017	40,000	38,000
	Costco Whsl Corp New	50,000 face value, 5.500% due Mar 2017	56,000	55,000
	CSX Corp	60,000 face value, 6.300% due Mar 2012	65,000	65,000
	Disney Walt Co	75,000 face value, 4.500% due Dec 2013	74,000	81,000
	Dover Corp	20,000 face value, 6.650% due Jun 2028	22,000	22,000
	Duke Energy Carolinas Llc	60,000 face value, 7.000% due Nov 2018	70,000	71,000
	Du Pont E I De Nemours & Co	60,000 face value, 6.000% due Jul 2018	67,000	67,000
	Eaton Corp	45,000 face value, 5.600% due May 2018	45,000	48,000
	Emerson Elec Co	35,000 face value, 5.375% due Oct 2017	33,000	38,000
	Equitable Cos Inc	35,000 face value, 7.000% due Apr 2028	41,000	36,000
	Federal Express Note	50,000 face value, 9.650% due Jun 2012	66,000	57,000
	Federal Home Loan Banks	50,000 face value, 3.625% due Sep 2011	52,000	52,000
	FGIC Pl #Eo1279	160,000 face value, 5.500% due Jan 2018	23,000	24,000
	FGLMC PL #C76726	225,000 face value, 6.000% due Feb 2033	33,000	35,000
	FHLMC PC GOLD CASH 15	260,000 face value, 6.500% due Jul 2016	9,000	9,000
	FHLMC PC GOLD CASH 30	285,000 face value, 6.000% due May 2033	50,000	53,000
	FHLMC PC GOLD COMB 15	55,354 face value, 5.500% due Nov 2018	17,000	18,000
	FHLMC PC GOLD COMB 15	69,000 face value, 5.500% due Feb 2019	25,000	26,000
	FHLMC PC GOLD COMB 15	135,000 face value, 5.000% due Apr 2020	59,000	64,000
	FHLMC PC GOLD COMB 30	60,000 face value, 5.500% due Nov 2033	20,000	21,000
	FHLMC PC GOLD COMB 30	95,000 face value, 5.500% due Jan 2034	28,000	28,000
	FHLMC PC GOLD COMB 30	135,000 face value, 6.000% due Jun 2034	49,000	52,000
	FHLMC PC GOLD GUAR 15	100,000 face value, 5.000% due Jul 2018	29,000	30,000
	FHLMC PC GOLD MULTI 30	5,477,009 face value, 7.500% due Nov 2026	52,000	54,000
	FHLMC PL #301157	60,000 face value, 6.000% due Jun 2017	4,000	4,000

Pacific Coast Building Products, Inc. **Supplemental Schedule**
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as of March 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	FHLMC PL #A10630	150,000 face value, 6.500% due Jun 2029	$ 13,000	$ 14,000
	FHLMC Pl #C01410 Gold	300,000 face value, 6.000% due Oct 2032	29,000	31,000
	FHLMC Pl #C01428 Gold	140,000 face value, 5.500% due Nov 2032	25,000	26,000
	FHLMC Pl #C80334 Gold	1,000,000 face value, 7.500% due Aug 2025	10,000	11,000
	FHLMC Pl #E92829 Gold	175,000 face value, 5.000% due Dec 2017	38,000	39,000
	FHLMC REMIC SERIES R002	175,000 face value, 4.750% due Jul 2015	37,000	37,000
	FHLMC REMIC SERIES R010	60,000 face value, 5.500% due Dec 2019	30,000	31,000
	FNMA #535213	320,000 face value, 7.000% due Mar 2015	6,000	6,000
	FNMA PASS-THRU Int 15 Year	150,000 face value, 4.000% due Jul 2018	52,000	56,000
	FNMA PASS-THRU Int 15 Year	95,000 face value, 4.500% due Apr 2020	40,000	43,000
	FNMA PASS-THRU Int 20 Year	250,000 face value, 6.000% due Jul 2024	78,000	79,000
	FNMA PASS-THRU LNG 30 Year	170,000 face value, 4.500% due Mar 2034	89,000	94,000
	FNMA PASS-THRU LNG 30 Year	75,000 face value, 5.000% due Mar 2034	35,000	36,000
	FNMA PASS-THRU LNG 30 Year	100,000 face value, 5.500% due Mar 2034	49,000	50,000
	FNMA PASS-THRU LNG 30 Year	160,000 face value, 5.000% due Mar 2034	82,000	84,000
	FNMA PASS-THRU LNG 30 Year	125,000 face value, 5.000% due May 2034	65,000	68,000
	FNMA PASS-THRU LNG 30 YEAR	75,000 face value, 6.000% due Jan 2039	71,000	73,000
	FNMA PASS-THRU LNG 30 YEAR	125,000 face value, 6.000% due May 2039	86,000	87,000
	FNMA PASS-THRU LNG 30 Year	200,000 face value, 5.500% due Dec 2034	98,000	103,000
	FNMA PASS-THRU MEGA MULTI 7	105,000 face value, 5.424% due Feb 2016	96,000	107,000
	FNMA PASS-THRU MEGA MULTI 7	110,000 face value, 5.659% due Feb 2016	103,000	113,000
	FNMA PL #251752	800,000 face value, 6.500% due Jun 2028	18,000	19,000
	FNMA PL #251925	110,000 face value, 6.500% due Jul 2028	6,000	6,000
	FNMA PL #254548	150,000 face value, 5.500% due Dec 2032	29,000	30,000
	FNMA PL #390176	127,733 face value, 7.500% due May 2027	7,000	7,000
	FNMA PL #545485	400,000 face value, 7.000% due Feb 2032	15,000	16,000
	FNMA PL #739168	72,946 face value, 5.500% due Sep 2018	22,000	23,000
	FNMA PL #743002	90,000 face value, 5.500% due Oct 2018	16,000	17,000
	FNMA PL 931195	235,000 face value, 4.500% due May 2024	194,000	197,000
	Freddie Mac	85,000 face value, 5.125% due Jul 2012	93,000	92,000
	Ge Cap Comm Mtg	100,000 face value, 6.531% due May 2032	103,000	103,000
	General Elec Cap Corp Mtn Be	50,000 face value, 5.875% due Feb 2012	54,000	54,000
	General Electric Co	75,000 face value, 5.250% due Dec 2017	79,000	79,000
	GNMA #781390	300,000 face value, 7.500% due Jan 2032	6,000	6,000
	GNMA #781429	300,000 face value, 8.000% due Mar 2032	8,000	8,000
	GNMA PL #487582	500,000 face value, 6.500% due Mar 2029	34,000	35,000
	GNMA PL #550986	50,000 face value, 6.500% due Oct 2031	3,000	3,000
	GNMA PL #587081	765,000 face value, 7.000% due May 2032	22,000	23,000
	GNMA PL #595048	220,000 face value, 6.000% due Oct 2032	40,000	41,000
	GNMA PL #780777	150,000 face value, 7.000% due Apr 2028	4,000	4,000
	Goldman Sachs Group Inc	30,000 face value, 6.600% due Jan 2012	34,000	33,000
	Goldman Sachs Group Inc	30,000 face value, 5.625% due Jan 2017	29,000	31,000
	Goldman Sachs Group Inc Mtn Be	45,000 face value, 6.000% due May 2014	49,000	49,000
	Greenwich Cap Cmbs 2003-C2	125,000 face value, 4.533% due Jan 2036	124,000	126,000
	Halliburton Co	30,000 face value, 6.700% due Sep 2038	30,000	33,000
	Hartford Finl Svcs Group Inc	20,000 face value, 6.300% due Mar 2018	16,000	21,000
	Heinz H J Co Deb	20,000 face value, 6.375% due Jul 2028	21,000	20,000
	Hershey Co	20,000 face value, 5.450% due Sep 2016	20,000	21,000
	Honeywell Intl Inc	50,000 face value, 5.300% due Mar 2017	55,000	53,000
	J P Morgan Chase CMBS 2005-LDP1	50,000 face value, 4.625% due Mar 2046	25,000	26,000
	J P Morgan Chase & Co Mtn Be	40,000 face value, 5.375% due Jan 2014	39,000	43,000
	JP Morgan Chas Glbl Sb Nt	90,000 face value, 6.625% due Mar 2012	98,000	98,000
	Johnson & Johnson	35,000 face value, 6.730% due Nov 2023	40,000	42,000
	Keycorp Medium Term Nts Be	50,000 face value, 6.500% due May 2013	41,000	53,000
	Kraft Foods Inc	30,000 face value, 6.125% due Aug 2018	29,000	33,000
	L-B Ubs CMBS	100,000 face value, 5.594% due Jun 2031	104,000	105,000
	L-B Ubs Comm Mtg	75,000 face value, 4.310% due Feb 2030	14,000	14,000
	Lincoln Natl Corp Ind	30,000 face value, 8.750% due Jul 2019	37,000	36,000

Pacific Coast Building Products, Inc.
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as of March 31, 2010

Supplemental Schedule

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Mcdonalds Corp Med Term Nt Be	45,000 face value, 5.350% due Mar 2018	$ 45,000	$ 49,000
	Mellon Fdg Corp	40,000 face value, 5.000% due Dec 2014	40,000	43,000
	Merrill Lynch Co Inc Mtn Be	40,000 face value, 6.400% due Aug 2017	40,000	42,000
	Metlife Inc	15,000 face value, 5.000% due Jun 2015	14,000	16,000
	Metlife Inc	55,000 face value, 7.717% due Feb 2019	63,000	64,000
	Michigan Bell Tel Co	25,000 face value, 7.850% due Jan 2022	31,000	29,000
	Morgan Stanley	45,000 face value, 6.600% due Apr 2012	49,000	49,000
	Morgan Stanley	85,000 face value, 4.750% due Apr 2014	82,000	87,000
	M & T Bk Corp	100,000 face value, 5.375% due May 2012	104,000	105,000
	National City Corp	55,000 face value, 4.900% due Jan 2015	55,000	58,000
	News Amer Hldgs Inc	30,000 face value, 8.500% due Feb 2025	35,000	36,000
	Norfolk Southern Note	75,000 face value, 8.625% due May 2010	90,000	76,000
	Occidental Pete Corp Del	30,000 face value, 4.125% due Jun 2016	29,000	31,000
	Ohio Pwr Co	35,000 face value, 5.750% due Sep 2013	35,000	38,000
	Parker-Hannifin Corp Mtns Be	20,000 face value, 6.250% due May 2038	21,000	21,000
	Pepsi Bottling Grp Gtd Sr Nt	20,000 face value, 7.000% due Mar 2029	24,000	23,000
	Pfizer Inc	55,000 face value, 6.200% due Mar 2019	62,000	62,000
	Procter & Gamble	20,000 face value, 6.450% due Jan 2026	22,000	23,000
	Progressive Corp Ohio	70,000 face value, 6.375% due Jan 2012	73,000	75,000
	Prudential Finl Inc Mtns Book	75,000 face value, 3.625% due Sep 2012	75,000	77,000
	Sara Lee Corp	100,000 face value, 6.250% due Sep 2011	107,000	106,000
	Suntrust Bks Inc	55,000 face value, 6.000% due Sep 2017	55,000	56,000
	Travelers Companies Inc	30,000 face value, 5.750% due Dec 2017	31,000	32,000
	Union Pac Corp	35,000 face value, 7.875% due Jan 2019	41,000	42,000
	United States Treasury Note	70,000 face value, 2.750% due Feb 2019	65,000	65,000
	United Technologies Corp	60,000 face value, 6.125% due Feb 2019	68,000	67,000
	US Treasury Bond	65,000 face value, 6.250% due Feb 2027	82,000	82,000
	US Treasury Bond	205,000 face value, 4.750% due Feb 2037	221,000	208,000
	Verizon Communications Inc	55,000 face value, 8.750% due Nov 2018	63,000	69,000
	Verizon Global Fdg Corp	30,000 face value, 7.250% due Dec 2010	33,000	31,000
	Wells Fargo & Co New	55,000 face value, 5.125% due Sep 2016	52,000	57,000
	Total bonds and notes		6,517,000	6,674,000
	Equity securities:			
	Abaxis Inc.	2,925 shares common	$ 84,000	$ 80,000
	Adobe Sys Inc Com	1,165 shares common	36,000	41,000
	Advent Software	2,550 shares common	101,000	114,000
	Advisory Board Co	2,375 shares common	113,000	75,000
	Aerovironment Inc.	4,225 shares common	116,000	110,000
	Affiliated Managers Group	460 shares common	28,000	36,000
	Air Liquide Adr	13,907 shares common	250,000	335,000
	Alberto-Culver Co	1,060 shares common	28,000	28,000
	Alcon Inc	1,530 shares common	217,000	247,000
	Allianz Se	19,700 shares common	200,000	247,000
	America Movil Sa De Cv Spon Adr L Shares	4,400 shares common	227,000	221,000
	Ametek Inc	745 shares common	27,000	31,000
	Amphenol Corp Cl A	1,200 shares common	40,000	51,000
	Anheuser Busch Co	4,398 shares common	234,000	222,000
	Ansys Inc	2,780 shares common	98,000	120,000
	Assa Abloy Ab	15,462 shares common	172,000	152,000
	Atlas Copco	14,390 shares common	167,000	224,000
	Bae Sys Plc Spn Adr	7,900 shares common	248,000	178,000
	Barclays Bank Plc Adr	11,458 shares common	160,000	249,000
	Barrick Gold Corp	4,570 shares common	213,000	175,000
	Bg Group Plc Ads	3,691 shares common	361,000	319,000
	Bhp Billiton Ltd (Aus)	1,990 shares common	111,000	160,000
	Blackbaud Inc	3,475 shares common	88,000	88,000
	Blackboard Inc	2,725 shares common	93,000	114,000
	BNP Paribas Spons Ad	4,639 shares common	149,000	178,000

Pacific Coast Building Products, Inc.
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Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
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(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Bottomline Technologies	4,675 shares common	$ 76,000	$ 79,000
	British Amern Tob Plc Sponsored Adr	4,914 shares common	352,000	339,000
	British Pete Plc	4,550 shares common	287,000	260,000
	Bunge Limited	3,690 shares common	262,000	227,000
	C H Robinson Worldwide	845 shares common	45,000	47,000
	C R Bard Inc	440 shares common	34,000	38,000
	Canon Inc Sponsored Adr	11,449 shares common	510,000	529,000
	Capella Education Company	1,025 shares common	64,000	95,000
	Carbo Ceramics Inc.	1,800 shares common	67,000	112,000
	Cenovus Energy Inc.	2,820 shares common	70,000	74,000
	Cerner Corp	770 shares common	41,000	65,000
	China Res Enterp Adr	11,380 shares common	77,000	85,000
	Chipotle Mexican Grill Inc	325 shares common	32,000	37,000
	Church & Dwight Co Inc	655 shares common	33,000	44,000
	Citrix Systems	1,145 shares common	35,000	54,000
	Coach Inc	945 shares common	28,000	37,000
	Cognizant Technology Solutions	1,310 shares common	35,000	67,000
	Comscore Inc New	4,300 shares common	75,000	72,000
	Copart Inc	825 shares common	28,000	29,000
	Core Laboratories NV	450 shares common	37,000	59,000
	Costar Group	2,625 shares common	124,000	109,000
	Covance Inc	645 shares common	34,000	40,000
	Credit Suisse Group	4,537 shares common	213,000	233,000
	Crh Public Limited Company	5,307 shares common	159,000	132,000
	Dassault Systems Adr	4,950 shares common	266,000	293,000
	Dbs Group Hlds Adr	4,660 shares common	205,000	191,000
	Dentsply International Inc	1,210 shares common	36,000	42,000
	Dicks Sporting Goods Inc	1,910 shares common	41,000	50,000
	Donaldson Company Inc	585 shares common	21,000	26,000
	Eaton Vance Cp Non Voting	870 shares common	26,000	29,000
	Ems Technologies Inc	1,125 shares common	26,000	19,000
	Encana Corp	2,820 shares common	76,000	88,000
	Eni S P A Spon Adr	2,355 shares common	204,000	111,000
	Erste Group Bank Ag	9,380 shares common	257,000	197,000
	Esprit Holdings Ltd Adr	14,562 shares common	185,000	230,000
	Expeditors Intl Of Washington	1,100 shares common	38,000	41,000
	Factset Research Systems Inc	1,445 shares common	76,000	106,000
	Fanuc Ltd adr funsponsored adr	5,906 shares common	232,000	314,000
	Fastenal Co	1,065 shares common	39,000	51,000
	Fiserv Inc Com	825 shares common	38,000	42,000
	Flir Systems Inc	1,290 shares common	35,000	36,000
	Flowers Industries	1,500 shares common	32,000	37,000
	Flowserve Corp	445 shares common	31,000	49,000
	Fmc Technologies Inc	875 shares common	33,000	57,000
	Fresenius Med Ads	2,670 shares common	138,000	150,000
	Glaxosmithkline Plc	7,856 shares common	380,000	303,000
	Global Payments Inc	680 shares common	25,000	31,000
	Goldman Sachs Structured Note (S&P 500)	10,000 shares common	10,001,000	11,590,000
	Hdfc Bank Limited Adr	900 shares common	81,000	125,000
	Heineken N V Adr	3,870 shares common	58,000	100,000
	Hittite Microwave Co	1,500 shares common	61,000	66,000
	Hoya Corp	15,710 shares common	370,000	432,000
	Hsbc Hldgs Plc Adr New	6,054 shares common	374,000	307,000
	Icici Bank Ltd	3,690 shares common	151,000	158,000
	Iconix Brand Group Inc	2,900 shares common	62,000	45,000
	Idex Corp Com	880 shares common	24,000	29,000
	Idexx Labs Inc	830 shares common	39,000	48,000
	Ihs Inc	630 shares common	28,000	34,000

Pacific Coast Building Products, Inc. **Supplemental Schedule**
Profit Sharing/Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
as of March 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Iivi Inc	2,725 shares common	$ 88,000	$ 92,000
	Imperial Oil Ltd	4,350 shares common	200,000	169,000
	Imperial Tobacco Group	3,666 shares common	229,000	224,000
	Integra Lifesci Hl	1,350 shares common	60,000	59,000
	Intercntntlexchange Inc	310 shares common	31,000	35,000
	Intuit Com	1,375 shares common	38,000	47,000
	Jupiter Telecom Adr	2,730 shares common	125,000	210,000
	Komatsu Ltd	5,780 shares common	64,000	121,000
	Kubota Cp	4,230 shares common	154,000	193,000
	L Oreal Co Adr	9,550 shares common	228,000	201,000
	L-3 Communications Holdings Inc	585 shares common	47,000	54,000
	Landauer Inc	1,300 shares common	63,000	85,000
	Li Fung Ltd	40,710 shares common	184,000	200,000
	Lincoln Electric Holdings Inc	420 shares common	18,000	23,000
	Lkq Corporation	1,915 shares common	29,000	39,000
	Lloyds Tsb Group Adr	78,565 shares common	347,000	302,000
	Lvmh Moet Henn Unsp	20,244 shares common	317,000	475,000
	Mcafee Inc	1,115 shares common	42,000	45,000
	Meridian Biosciences Inc	2,875 shares common	85,000	59,000
	Micros Systems Inc	3,335 shares common	67,000	110,000
	Mitsubishi Estate Co	1,521 shares common	308,000	249,000
	Morningstar Inc	1,630 shares common	58,000	78,000
	Mtn Group Ltd Sp Adr	11,310 shares common	180,000	172,000
	Neogen Corp	1,887 shares common	34,000	47,000
	Nestle Sa Adr	9,473 shares common	404,000	486,000
	Nokia Adr	20,854 shares common	280,000	324,000
	Nomura Hldgs New Adr	28,701 shares common	272,000	210,000
	Novartis Ag Adr	4,836 shares common	293,000	262,000
	Novo-Nordisk A-S Adr	4,619 shares common	255,000	356,000
	Nve Corp	1,650 shares common	35,000	75,000
	O Reilly Automotive Inc	1,250 shares common	46,000	52,000
	Oceaneering International Inc	345 shares common	23,000	22,000
	Oil STS Intl Inc Com	490 shares common	23,000	22,000
	Oao Gazprom Adr	8,060 shares common	228,000	188,000
	Panera Bread Co	705 shares common	36,000	54,000
	Petroleo Brasileiro Sa Sponsored Adr	3,890 shares common	132,000	154,000
	Phase Forward Inc Com	3,825 shares common	62,000	50,000
	Prudential Plc	8,078 shares common	112,000	134,000
	Pt Telekomunikasi Indonesia	4,140 shares common	152,000	148,000
	Qiagen Nv	8,060 shares common	155,000	185,000
	Quality Systems Inc	1,675 shares common	54,000	103,000
	Range Resources Corp	795 shares common	40,000	37,000
	Raven Industries Inc	2,450 shares common	72,000	72,000
	Resmed Inc	850 shares common	33,000	54,000
	Ritchie Bros Auctioneers Inc	415 shares common	95,000	89,000
	Roche Hldg Ltd Spn Adr	11,213 shares common	483,000	455,000
	Rogers Commun Cl B	3,821 shares common	148,000	130,000
	Rollins Inc	3,875 shares common	63,000	84,000
	Roper Inds Inc New Com	860 shares common	43,000	50,000
	S A P Aktiengesell Adr	8,994 shares common	454,000	433,000
	Sanofi Aventis Adr	9,571 shares common	377,000	358,000
	Sasol Limited Adr	2,020 shares common	73,000	83,000
	Schlumberger Ltd	2,200 shares common	169,000	140,000
	Schneider Electric S	8,640 shares common	65,000	102,000
	Sigma-Aldrich Corp	520 shares common	26,000	28,000
	Simpson Manufacturing Co Inc	3,450 shares common	88,000	96,000
	Singapore Tele Adr	6,013 shares common	130,000	136,000
	Somanetics Corporation	5,875 shares common	107,000	112,000

Pacific Coast Building Products, Inc. **Supplemental Schedule**
Profit Sharing/Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
as of March 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	Southwestern Energy Co	1,005 shares common	$ 37,000	$ 41,000
	St. Mary Land & Exploration Co.	1,125 shares common	40,000	39,000
	Stericycle Inc	845 shares common	43,000	46,000
	Strayer Education	185 shares common	36,000	45,000
	Sumitomo Mitsui Fin Adr	58,528 shares common	344,000	194,000
	Sun Hung Kai Pttys L	5,713 shares common	90,000	86,000
	Sun Hydraulics Corporation	4,275 shares common	106,000	111,000
	Sunnodics Inc	2,150 shares common	101,000	45,000
	Taiwan Semiconductor	27,617 shares common	230,000	290,000
	Techne Corp	1,250 shares common	75,000	79,000
	Telecommunication Systems Inc.	3,350 shares common	30,000	25,000
	Tesco Corporation	4,525 shares common	65,000	53,000
	Tesco Plc	18,345 shares common	368,000	364,000
	Tetra Tech Inc.	2,600 shares common	62,000	60,000
	Teva Pharmaceuticals	2,860 shares common	138,000	180,000
	Total Fina Elf Sa Adr (1 Rep 1/2 Ord Cl B)	3,557 shares common	275,000	206,000
	Tractor Supply Company	835 shares common	33,000	48,000
	Trimble Navigation Ltd	1,310 shares common	32,000	38,000
	Tullow Oil	9,431 shares common	110,000	89,000
	Tyler Technologies Inc	5,825 shares common	86,000	109,000
	Ubs Ag	11,423 shares common	240,000	186,000
	Unilever Plc Adr New	11,542 shares common	392,000	338,000
	Urban Outfitters Inc	605 shares common	22,000	23,000
	Varian Medical Systems	980 shares common	36,000	54,000
	Vodafone Group Plc	13,961 shares common	411,000	325,000
	W P P Group Plc Adr New	5,620 shares common	211,000	290,000
	Wal-Mart De Cv Spn Adr	6,690 shares common	205,000	343,000
	Westwood Holdings Group Inc	2,150 shares common	74,000	79,000
	Wm Morison Supermarket	3,486 shares common	110,000	77,000
	Xstrata Plc Adr	24,830 shares common	92,000	94,000
	Yahoo Japan Corporation	1,049 shares common	159,000	127,000
	Zurich Finl Svcs Adr	10,545 shares common	213,000	271,000
	Total equity securities		32,458,000	35,013,000
	Mutual funds:			
	American Beacon Small Cap Growth	101,680 units	$ 1,980,000	$ 1,781,000
	Artisan Mid Cap Value	124,481 units	2,239,000	2,309,000
	DFA Internatinal Small Company	78,405 units	2,061,000	2,325,000
	DFA US Large Cap Value	157,590 units	2,464,000	2,945,000
	DFA US Small Cap Value	92,391 units	2,085,000	2,029,000
	Dodge & Cox	40,532 units	4,143,000	4,142,000
	GE Premier Growth	726,671 units	7,139,000	6,097,000
	PIMCO Foreign Bond	582,129 units	5,560,000	5,815,000
	PIMCO High Yield	650,290 units	5,273,000	5,892,000
	PIMCO Total Return II	1,127,018 units	11,385,000	11,935,000
	SEI Emerging Markets Debt	214,171 units	2,274,000	2,234,000
	Vanguard Instl Index Fund	89,394 units	9,542,000	9,567,000
	Total mutual funds		56,145,000	57,071,000
	Common collective trusts:			
	SSgA Emerging Markets		$ 4,133,000	$ 5,946,000
*	SEI Stable Value Fund		6,368,000	6,368,000
	Total common collective trusts		10,501,000	12,314,000
	Real estate investment trusts:			
	SPDR DJ Wilshire International	62,947 units	$ 3,276,000	$ 2,218,000
	SPDR DJ Wilshire REIT Index Fund	51,031 units	3,739,000	2,759,000
	Total real estate investment trusts		7,015,000	4,977,000

Pacific Coast Building Products, Inc.
Profit Sharing/Retirement Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
as of March 31, 2010

Supplemental Schedule

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Life insurance policies:				
	Mass Mutual	Graded premium life insurance policies	✓	$ 1,088,000
	Mass Mutual UL	Level premium universal life insurance policies	✓	278,000
	RBC	Level premium universal life insurance policies	✓	55,000
	Lafayette Life	Level premium universal life insurance policies	✓	151,000
	Total life insurance policies			1,572,000
				$ 119,749,000

* Indicates a party-in-interest.

✓ The Plan was unable to obtain historical cost information.

See accompanying Independent Auditors' Report.