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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1994

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

134 W REDONDO BEACH B1
GARDENA, CA 90248

2b Employer Identification Number (EIN) 95-4379212

2c Sponsor's telephone number 310-515-0933

2d Business code (see instructions) 238100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2011	NICOLE CAILLIER
	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")
ASSOCIATED READY MIXED CONCRETE

134 W REDONDO BEACH B1
GARDENA, CA 90248

3b Administrator's EIN
95-4379212

3c Administrator's telephone number
310-515-0933

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**	704
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**	392
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	253
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	645
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	5
f	Total. Add lines **6d** and **6e**	**6f**	650
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	587
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED READY MIXED CONCRETE

D Employer Identification Number (EIN)
95-4379212

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ALLIANCEBERNSTEIN L.P.

13-4064930

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

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

BLACKROCK INVESTMENTS, INC.

23-2784752

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

DAVIS DISTRIBUTORS, LLC

85-0360310

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

DODGE & COX INC., DISTRIBUTOR

94-1441976

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

DWS INVESTMENTS DISTRIBUTOR, INC.

36-3976708

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

INVESCO DISTRIBUTORS, INC.

74-1894784

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

NEUBERGER BERMAN

605 THIRD AVENUE
3RD FLOOR
NEW YORK, NY 10158

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

OPPENHEIMER FUNDS INC.

13-2527171

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

PIONEER INVESTMENT MANAGEMENT, INC

13-1961193

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

THORNBURG SECURITIES CORPORATION

2300 NORTH RIDGETOP RD.
SANTA FE, NM 87506

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

VAN KAMPEN FUNDS INC.

36-2811402

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

VICTORY CAPITAL MANAGEMENT

13-2700161

(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)

STATE STREET CORPORATION

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?
64 52	DIRECTED TRUSTEE/CUSTODIA	0	Yes [X] No [ ]	Yes [X] No [ ]	27670	Yes [ ] No [X]

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

ADP

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 50	RECORD KEEPER	2400	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63 60 59 99 49	RECORD KEEPER	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] 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 ☐

(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
STATE STREET CORPORATION	64 52	27670

(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.
ADP 22-1467904	RECORDKEEPING FEES INVESTMENT MANAGEMENT FEES PAID INDIRECTLY BY PLAN

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANCEBERNSTEIN L.P. 13-4064930	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DAVIS DISTRIBUTORS, LLC 85-0360310	ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DODGE & COX INC., DISTRIBUTOR 94-1441976	ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DWS INVESTMENTS DISTRIBUTOR, INC. 36-3976708	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 99 49	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS DISTRIBUTORS, LLC 151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NEUBERGER BERMAN 605 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10158	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER FUNDS INC. 13-2527171	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	99 49	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00320 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00760 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THORNBURG SECURITIES CORPORATION 2300 NORTH RIDGETOP RD. SANTA FE, NM 87506	ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59 99 49	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VAN KAMPEN FUNDS INC. 36-2811402	ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00100 OF AVERAGE DAILY ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASSOCIATED READY MIXED CONCRETE

D Employer Identification Number (EIN)
95-4379212

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 S&P 500 INDEX FUND

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

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)
04-0025081-065	C	226387

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA STABLE VALUE FUND

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

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)
04-2675543-001	C	3924854

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

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED READY MIXED CONCRETE

D Employer Identification Number (EIN)
95-4379212

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	773723	701289
(9) Value of interest in common/collective trusts	1c(9)	4224375	4151241
(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)	5637113	5315339
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	10635211	10167869
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	10635211	10167869

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)		
	(B) Participants	2a(1)(B)	393912	
	(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)		393912
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	43035	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		43035
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	103656	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		103656
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		78801
(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)		611192
c Other income	2c		600
d Total income. Add all **income** amounts in column (b) and enter total	2d		1231196
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1672248	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1672248
f Corrective distributions (see instructions)	2f		13000
g Certain deemed distributions of participant loans (see instructions)	2g		7318
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2400	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2400
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1694966
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-463770
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		3572

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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 ☐ No

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

(1) Name: BONNIE, HOPKINS AND BASTARDI (2) EIN: 01-0760475

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
A&A READY MIXED CONCRETE, INC.	95-1955900	001

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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED READY MIXED CONCRETE

D Employer Identification Number (EIN)
95-4379212

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 57-1198022

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

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

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

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

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

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

ASSOCIATED READY MIXED CONCRETE, INC.
401(k) PROFIT SHARING PLAN
Financial Statements and
Supplementary Information
December 31, 2010

ASSOCIATED READY MIXED CONCRETE, INC.
401(k) PROFIT SHARING PLAN
Financial Statements and
Supplementary Information

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BONNIE, HOPKINS & BASTARDI, LLP

CERTIFIED PUBLIC ACCOUNTANTS

ROSS R. BONNIE, CPA
BRYAN P. HOPKINS, CPA
STEPHEN F. BASTARDI, CPA, MBA*
NANCY L. MATTIS, CPA, MBT
RITA WONG, CPA, MBA
KAREN SHUPE, EA
*AN ACCOUNTANCY CORPORATION

180 N. RIVERVIEW DR. STE. 130
ANAHEIM HILLS, CA 92808

TELEPHONE (714) 279-8101
FACSIMILE (714) 279-8102

INDEPENDENT AUDITORS' REPORT

To the Trustees of
Associated Ready Mixed Concrete, Inc.
401(k) Profit Sharing Plan
Newport Beach, California

We were engaged to audit the financial statements of Associated Ready Mixed Concrete, Inc. 401(k) Profit Sharing Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010 and 2009, and the supplemental schedules as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 4 and 5, which was certified by State Street Corporation, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustees as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bonnie, Hopkins & Bastardi

Bonnie, Hopkins & Bastardi, LLP
Anaheim Hills, California

October 3, 2011

ASSOCIATED READY MIXED CONCRETE, INC.
401(k) PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
Years Ended December 31, 2010 and 2009

ASSETS	2010	2009
Investments, at fair value:		
Common/collective trust	$ 4,151,241	$ 4,224,375
Registered investment companies	5,315,339	5,637,113
Notes receivable from participants	736,320	813,549
Total investments	10,202,900	10,675,037
Cash	129,084	129,084
Total assets	10,331,984	10,804,121
LIABILITIES	0	0
NET ASSETS REFLECTING INVESTMENTS AT FAIR VALUE	10,331,984	10,804,121
Net assets available for benefits	$ 10,331,984	$ 10,804,121

See accompanying notes.

ASSOCIATED READY MIXED CONCRETE, INC.
401(k) PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2010

Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair market value	$	689,992
Interest		43,035
Dividends		103,656
Other income		600
		837,283
Contributions:		
Participants'		393,912
		393,912
Total additions		1,231,195
Deductions from net assets attributed to:		
Benefits paid to participants		1,684,360
Corrective distributions		13,000
Administration expenses		2,400
		1,699,760
Transfers to other plans		3,572
Total deductions		1,703,332
Net decrease		(472,137)
Net assets available for benefits:		
Beginning of year		10,804,121
End of year	$	10,331,984

See accompanying notes.

Note 1 – Description of the Plan

The Plan:

The following description of the Associated Ready Mixed Concrete, Inc. 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The plan has been amended and restated effective January 1, 2011.

General:

The Plan is a defined contribution plan covering all full-time employees of the Company who have three months of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Employer Contributions are determined by resolution of the Board of Directors of the employers. Profit sharing contributions are discretionary. There were no profit sharing contributions for the year ending December 31, 2010.

Each year, participants may contribute up to 15% of pretax annual compensation, as defined in the Plan.

Participants direct the investment of their contributions, as well as employer contributions to their accounts into various investment options offered by the Plan. The Plan currently offers various mutual funds and common/collective trusts as investment options for participants.

Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's contribution and, (b) Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. The employer profit sharing contributions and employer matching contributions will not be vested until there has been six years of credited service, at which time they will become vested at 100%.

Note 1 – Description of the Plan - continued

Notes receivable from participants:

Participants may borrow from their fund accounts. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.25% which are commensurate with local prevailing rates as determined by the trustee at the time the loan is originated. Principal and interest is paid ratably through monthly payroll deductions.

Payment of benefits:

On termination of service, death, disability or retirement, a participant may elect to receivable either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments, partial withdrawals. Benefits are paid in cash only.

Participants are allowed to take hardship distributions from all accounts.

Participants may take in-service distributions if they have not separated from service and has attained the age of 59 ½.

Forfeitures:

There was $ 27,665 in benefits forfeited in profit sharing and matching accounts for the Plan Year ended December 31, 2010. There is an accumulated total of $ 85,105 of forfeitures to reduce employers future contributions.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting:

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

Notes Receivable from Participants:

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Accounting estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that effect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note 2 – Summary of Significant Accounting Policies - continued

Investment valuation and income recognition:

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

The plan's investments are stated at fair value, except for common/collective trust investments, which are at contract value.

Payment of benefits:

Benefits are recorded when paid.

Operating expenses:

All expenses of maintaining the Plan are paid by the Company.

Evaluation of subsequent events:

Events subsequent to December 31, 2010 have been evaluated through August 1, 2011, the date at which the Plan's audited financial statements were available to be issued. No events requiring disclosures have occurred through this date.

Note 3 – Tax Status

The Plan was effective January 1, 2009. In March 1992, the Internal Revenue Service found the Plan to be a qualified plan and thus issued a favorable determination letter. The plan has been amended since receiving the determination letter. However, the plan administrator and the plan's tax counsel believe that the plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Note 4 – Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

			Fair Value Measurement Using:	
		Fair Value	Quoted Prices Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2010				
Mutual funds	$	5,315,339	$ 5,315,339	$ 0
Common/collective trust		4,151,241	4,151,241	0
Total	$	9,466,580	$ 9,466,580	$ 0
December 31, 2009				
Investment contract with insurance company	$	5,637,113	$ 5,637,113	$ 0
Common/collective trust		4,224,375	4,224,375	0
Total	$	9,861,488	$ 9,861,488	$ 0

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consists of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 and Level 3 inputs were available to the Plan.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

Note 4 – Fair Value Measurements - continued

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2010 are reported in net appreciation in fair value of investments.

Note 5 – Investments

The following presents investments at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets.

	2010	2009
Dodge & Cox Balanced Fund 0.0000 and 11,185.0993 shares respectively	$ 0	$ 716,182
SSGA Stable Value Fund 299,997.9555 and 310,219.3483 shares respectively	$ 3,924,854	$ 4,007,345
Oppenheimer Capital Appreciation-A 0.0000 and 13,329.6500 shares respectively	$ 0	$ 532,253
Oppenheimer Global Fund-A 9,574.8017 and 11,655.2189 shares respectively	$ 578,031	$ 617,843
Van Kampen Comstock Fund-A 0.0000 and 37,600.2921 shares respectively	$ 0	$ 519,260
Janus Balanced Fund-S 25,250.0010 and 0.0000 shares respectively	$$ 633,5230	$$ 519,260

During 2010, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year appreciated in value by $ 689,992 as follows:

Common/Collective Trusts	$ 78,801
Mutual Funds	611,191
Total	$ 689,992

Note 6 – Plan Termination:

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provision of ERISA. In the event of Plan termination, the Trustee, in accordance with the direction of the Plan Administrator, shall allocate and segregate for the benefit of the Plan participants, the proportionate interest in the Trust as reflected by their accounts.

Note 7 – Risks and Uncertainties

The Plan invests in various investments securities. Investment securities are exposed to various risks such as interest rate, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits

Note 8 –Reconciliation of Financial Statements to Schedule H of Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	2010	2009
Net assets available for benefits per the financial Statements	$ 10,331,984	$ 10,804,121
Less: Checking account	(129,084)	(129,084)
Less: Deemed distributed loans	(35,031)	(39,826)
Net assets available for benefits per the Form 5500	$ 10,167,869	$ 10,635,211
The following is a reconciliation of changes in net assets per the financial statements at December 31, 2010		
Distributions: Participants per the financial statements	$ 1,684,360	$ 1,379,135
Deemed distributions-participant loan offset	(12,112)	(15,244)
Distributions from participants per Form 5500	$ 1,672,248	$ 1,363,891

SUPPLEMENTAL INFORMATION

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
Plan Number: 001

Employer EIN: 95-4379212
Run Date: 03/12/2011

(a)	(b)Identity of Issue, Borrower, Lessor or Similar Party	(c)Description of Investment including Maturity Date, Rate of Int, Collateral, Par or Maturity Value		(d)Cost	(e)Current Value
	SSGA S&P 500 INDEX FUND	Common / Collective Trust	18,502.5145	n/a	226,387.35
	SSGA STABLE VALUE FUND	Common / Collective Trust	299,997.9555	n/a	3,924,853.75
	PIMCO TOTAL RETURN - ADMIN	Registered Investment Company	42,266.1604	n/a	458,587.85
	PIMCO REAL RETURN FUND - A	Registered Investment Company	17,061.4693	n/a	193,818.29
	PIONEER GROWTH OPPORTUNITY -A	Registered Investment Company	3,952.5672	n/a	107,826.03
	INVESCO REAL ESTATE - A	Registered Investment Company	8,085.2034	n/a	173,427.62
	AC STRAT ALLOC AGG FUND - ADV	Registered Investment Company	17,676.3673	n/a	134,693.91
	AC STRAT ALLOC MOD FUND - ADV	Registered Investment Company	15,999.8831	n/a	104,319.23
	T. ROWE PRICE RETIRE 2050-ADV	Registered Investment Company	1,428.0667	n/a	13,866.53
	AMERCENT HERITAGE FUND - A	Registered Investment Company	5,237.1453	n/a	106,942.51
	AC STRAT ALLOC CONS FUND - ADV	Registered Investment Company	20,243.4357	n/a	111,743.77
	OPPENHEIMER GLOBAL FUND - A	Registered Investment Company	9,574.8017	n/a	578,030.77
	T. ROWE PRICE MID-CAP VALUE -R	Registered Investment Company	17,578.2269	n/a	411,330.50
	ALLIANCEBER GLO THEM GR FD -A	Registered Investment Company	927.4045	n/a	71,558.54
	ALLIANZ NFJ SMALL-CAP VALUE -A	Registered Investment Company	10,895.2546	n/a	310,950.57
	VICTORY SPECIAL VALUE FUND - A	Registered Investment Company	6,870.1580	n/a	111,914.87
	THORNBURG INTL VALUE FUND - I	Registered Investment Company	8,780.3211	n/a	251,468.40
	DAVIS NEW YORK VENTURE FUND- A	Registered Investment Company	4,579.9318	n/a	157,274.86
	NEUBERGER BERMAN GENESIS - ADV	Registered Investment Company	5,174.2208	n/a	142,860.24
	JANUS BALANCED FUND - S	Registered Investment Company	25,250.0010	n/a	633,522.52
	T. ROWE PRICE RETIRE INC - ADV	Registered Investment Company	401.9434	n/a	5,273.50
	T.ROWE PRICE RETIRE 2010 - ADV	Registered Investment Company	78.3857	n/a	1,197.73
	T.ROWE PRICE RETIRE 2020 - ADV	Registered Investment Company	3,566.4802	n/a	58,311.94
	T.ROWE PRICE RETIRE 2030 - ADV	Registered Investment Company	4,275.4666	n/a	73,452.52
	T.ROWE PRICE RETIRE 2040 - ADV	Registered Investment Company	1,497.7123	n/a	25,925.40
	DWS HIGH INCOME PLUS FUND-S	Registered Investment Company	18,348.0427	n/a	126,968.46
	INVVK COMSTOCK A	Registered Investment Company	28,304.7640	n/a	445,233.93
	FRANKLIN GROWTH FUND - A	Registered Investment Company	11,309.1128	n/a	504,838.79
	Participant Loans	Interest Rates (4.25% to 9.25%)		n/a	701,289.03
			TOTAL		10,167,869.41

SCHEDULE #4

SCHEDULE OF REPORTABLE TRANSACTIONS
Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

(a)Identity of party involved	(b)Description of Asset	(c)Purchase Price	(d)Selling Price	(e)Lease Rental	(f)Expense Incurred with Transaction	(g)Cost of Asset	(h)Current Value of Asset on Transaction Date	(i)Net Gain or (Loss)

NOTE: TRANSACTIONS UNDER A PARTICIPANT (OR BENEFICIARY) DIRECTED ACCOUNT PLAN
NEED NO LONGER BE REPORTED ON THIS SCHEDULE AS A REPORTABLE TRANSACTION.

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Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN

Employer EIN: 95-4379212

Plan Number: 001

Run Date: 03/12/2011

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

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

SCHEDULE #3

SCHEDULE OF LOANS
Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-7153 ACERO, RAFAEL	001		10,000.00	2,319.88	278.06	0.00	1,673.59	07/31/2006	08/12/2011	9.25		0.00
XXX-XX-2196 ACOSTA, IRINEO	001	OFS	13,000.00	90.43	20.66	0.00	0.00	09/17/2009	10/12/2014	4.25		0.00
XXX-XX-9530 ACOSTA, ROBERT	001	DDL	1,537.00	0.00	0.00	94.81	1,234.47	03/13/2008	10/15/2009	7.00	12/2008	0.00
					Accumulated Loan Interest:		214.69					
						Total:	1,449.16					
XXX-XX-6701 ALEXANDER, AUGUSTUS	001		10,000.00	1,726.36	390.48	0.00	4,075.19	06/19/2007	07/11/2012	9.25		0.00
XXX-XX-6400 AMADOR, REYES	002		11,000.00	2,074.24	369.76	0.00	7,616.41	03/19/2009	04/11/2014	4.25		0.00
XXX-XX-1914 ANDRADE, EULOGIO	001		22,354.00	4,395.10	762.44	0.00	14,980.20	02/10/2009	03/12/2014	4.25		0.00
XXX-XX-3976 APARICIO, JOSE	001		10,000.00	2,507.93	317.35	0.00	5,880.51	02/20/2009	03/13/2013	4.25		0.00
XXX-XX-7785 ARCH, MOWAFAK	001		3,000.00	513.68	116.29	0.00	1,607.11	03/06/2008	04/11/2013	7.00		0.00
XXX-XX-3123 ARITA, MELVIN	002		3,200.00	1,648.52	53.31	0.00	175.34	12/18/2008	01/16/2011	5.00		0.00
XXX-XX-9342 ASCENCIO, MAELA	002		2,148.05	1,367.05	47.70	0.00	0.00	09/10/2008	10/15/2011	6.00		0.00
XXX-XX-9342 ASCENCIO, MAELA	003		2,554.33	47.10	4.18	0.00	2,507.23	09/14/2010	10/15/2012	4.25		0.00
XXX-XX-8702 BADILLO, IGNACIO	001	DDL/OFS	15,000.00	0.00	0.00	251.87	0.00	06/14/2006	07/12/2011	9.00	09/2008	10,335.24
XXX-XX-4229 BLACK, DARRYL	001		30,000.00	5,935.72	1,283.54	0.00	17,491.36	08/27/2008	09/11/2013	6.00		0.00
XXX-XX-0337 BROWN, DANIEL	001		15,000.00	4,010.04	551.88	0.00	10,410.78	09/17/2009	06/23/2013	4.25		0.00
XXX-XX-0064 CABRERA, HECTOR LORENZO	001		10,000.00	1,920.05	147.95	0.00	1,104.53	01/12/2006	02/09/2011	8.25		0.00

Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-6783 CALDERON, LEONEL	001		4,800.00	937.97	189.82	0.00	3,165.42	01/05/2009	02/09/2014	5.00		0.00
XXX-XX-1443 CAMACHO, JORGE	002		10,000.00	1,943.73	363.42	0.00	7,219.53	05/22/2009	06/11/2014	4.25		0.00
XXX-XX-0871 CANALES, JOSE	001	OFS	600.00	194.02	9.07	0.00	0.00	10/11/2007	11/13/2010	9.25		0.00
XXX-XX-9383 CARMONA, JORGE	001		10,801.46	2,047.49	425.89	0.00	6,671.27	10/29/2008	11/11/2013	5.50		0.00
XXX-XX-9053 CASTANEDA, JUAN M	001		3,497.00	1,221.94	102.41	0.00	1,003.64	09/09/2008	10/15/2011	6.00		0.00
XXX-XX-5166 CORRALES, FAUSTO	001		15,000.00	2,616.80	584.41	0.00	9,994.53	12/08/2008	01/12/2014	5.00		0.00
XXX-XX-0930 CORRALES, GONZALO	001		10,000.00	1,992.40	414.11	0.00	5,602.71	06/12/2008	07/12/2013	6.00		0.00
XXX-XX-1316 CRUZ, JOSE	001		11,404.14	3,625.83	313.92	0.00	4,630.03	11/18/2008	12/15/2011	5.00		0.00
XXX-XX-6308 DANIELS, STEVEN	001		8,029.68	1,357.21	289.67	0.00	6,672.47	12/10/2009	01/12/2015	4.25		0.00
XXX-XX-5233 DE-CASAS, FROILAN	001		5,000.00	1,762.97	130.27	0.00	1,167.53	07/17/2008	08/15/2011	6.00		0.00
XXX-XX-0740 DELATORRE, FRANK	001		3,000.00	1,271.25	63.63	0.00	778.05	01/26/2009	07/31/2011	4.25		0.00
XXX-XX-9304 DELGADO, RUBEN	002		10,000.00	2,593.01	344.32	0.00	3,946.16	05/01/2008	06/12/2012	6.25		0.00
XXX-XX-5533 DELLOSTRITTO, PAUL	002		2,755.00	540.60	106.86	0.00	1,775.51	12/05/2008	01/12/2014	5.00		0.00
XXX-XX-1352 EPHRIM, TONY	003		4,722.00	0.00	0.00	0.00	3,658.82	04/29/2009	11/15/2010	4.25		0.00
XXX-XX-2166 ESCALANTE, BRIAN	001		2,000.00	797.73	19.47	0.00	0.00	08/18/2008	09/15/2010	6.00		0.00
XXX-XX-2166 ESCALANTE, BRIAN	002		3,000.00	0.00	0.00	0.00	3,000.00	12/03/2010	01/15/2013	4.25		0.00

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Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-6625 ESCOBAR, JOSE	001		2,596.67	1,128.73	70.26	0.00	1,275.93	09/01/2009	10/16/2011	4.25		0.00
XXX-XX-7920 ESCOBAR, PEDRO	002		4,850.41	930.63	188.52	0.00	3,785.36	09/08/2009	10/12/2014	4.25		0.00
XXX-XX-9400 ESPINO, DAVID	001		1,000.00	204.60	16.28	0.00	795.40	06/01/2010	07/15/2012	4.25		0.00
XXX-XX-5557 ESPINOZA, ENRIQUE	003		1,494.33	58.82	0.16	0.00	0.00	11/18/2008	12/17/2009	5.00		0.00
XXX-XX-5557 ESPINOZA, ENRIQUE	004		500.00	500.00	3.08	0.00	0.00	07/29/2010	12/22/2010	4.25		0.00
XXX-XX-0704 ESPINOZA, JUAN	001		7,000.00	1,431.98	355.15	0.00	3,270.69	12/10/2007	01/11/2013	8.50		0.00
XXX-XX-0402 ESTRADA, JULIO	001		6,000.00	1,158.64	225.65	0.00	4,507.76	07/10/2009	08/12/2014	4.25		0.00
XXX-XX-8838 FAUSNEAUCHT, STEPHEN	001		11,000.00	383.61	464.73	0.00	10,329.49	01/21/2009	01/21/2029	4.25		0.00
XXX-XX-7553 FLOORE, EDWARD	001		500.00	132.55	5.07	0.00	367.45	08/06/2010	09/16/2011	4.25		0.00
XXX-XX-7364 FLORES, RAFAEL	001		12,792.00	2,523.28	428.09	0.00	8,381.66	01/29/2009	02/09/2014	4.25		0.00
XXX-XX-7924 FLORES, RAMON	001	DDL	3,000.00	0.00	0.00	153.54	1,510.82	10/02/2007	11/14/2009	9.25	03/2009	0.00
						Accumulated Loan Interest:	302.50					
						Total:	1,813.32					
XXX-XX-9690 FLORES, SHON	001		20,000.00	3,957.38	855.64	0.00	11,660.45	08/18/2008	09/11/2013	6.00		0.00
XXX-XX-9142 GADSON, SENTONIA	001		16,000.00	420.81	17.31	0.00	1,862.15	06/02/2005	07/12/2010	7.00		0.00
XXX-XX-4826 GALINDO JR., JOSE	001		2,000.00	1,116.66	54.06	0.00	641.81	08/31/2009	07/21/2011	4.25		0.00
XXX-XX-3192 GANT, LAWRENCE	002		6,648.00	532.14	115.21	0.00	6,115.86	06/17/2010	05/03/2015	4.25		0.00

Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-3192 GANT, LAWRENCE	001		6,000.00	591.72	10.75	0.00	0.00	05/18/2005	06/11/2010	7.00		0.00
XXX-XX-1214 GARCIA, FRANK	001		6,135.71	1,321.17	272.91	0.00	2,145.38	04/17/2007	05/11/2012	9.25		0.00
XXX-XX-0129 GARCIA, RICHARD	001		8,000.00	1,572.02	53.56	0.00	0.00	10/10/2005	11/11/2010	7.50		0.00
XXX-XX-1727 GARLICHS, JAMES	002	OFS	512.00	3.91	1.05	0.21	0.00	06/21/2007	06/27/2012	9.25		0.00
XXX-XX-6298 GLORIA, HUMBERTO	001		5,000.00	72.42	1.11	0.00	0.00	11/16/2006	12/14/2009	9.25		0.00
XXX-XX-6298 GLORIA, HUMBERTO	002		10,000.00	1,579.79	197.05	0.00	8,420.21	05/06/2010	06/13/2013	4.25		0.00
XXX-XX-7843 GOMEZ, GUILLERMO	001		3,000.00	1,043.13	84.66	0.00	936.16	10/22/2008	11/14/2011	5.50		0.00
XXX-XX-3836 GOMEZ, MARIO	002		1,500.00	775.70	37.54	0.00	445.58	06/17/2009	07/16/2011	4.25		0.00
XXX-XX-0766 GONZALEZ, JOHN	001		22,965.25	800.96	970.24	0.00	21,565.28	01/20/2009	01/21/2029	4.25		0.00
XXX-XX-5256 GONZALEZ, LUIS D	001		2,560.37	839.14	70.60	0.00	1,222.25	03/02/2009	04/13/2012	4.25		0.00
XXX-XX-7409 GONZALEZ, MARTIN	001		4,221.58	1,521.13	101.03	0.00	591.76	04/01/2008	05/15/2011	7.00		0.00
XXX-XX-5156 GRAINE, ROBERT	001		10,000.00	1,966.07	341.08	0.00	6,701.46	02/10/2009	03/12/2014	4.25		0.00
XXX-XX-8081 GUERRA, JOSE	001		20,000.00	4,072.61	738.14	0.00	6,151.21	02/06/2007	03/11/2012	9.25		0.00
XXX-XX-4542 HAGAN, ANDRE	001	OFS	1,700.00	63.58	4.68	0.00	0.00	07/13/2009	08/16/2011	4.25		0.00
XXX-XX-1627 HARTZOG, ANTHONY	001		7,000.00	0.00	0.00	0.00	5,466.29	06/11/2008	07/12/2013	6.00		0.00
XXX-XX-9269 HATCHETT, DWIGHT	001	DDL	15,000.00	0.00	0.00	1,205.32	12,600.00	11/13/2007	12/11/2012	8.75	03/2009	0.00
					Accumulated Loan Interest:		2,380.44					
						Total:	14,980.44					

Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-4312 HEARD, TAVIEN	001		4,100.00	971.46	75.33	0.00	342.42	03/22/2006	04/11/2011	8.50		0.00
XXX-XX-9343 HERNANDEZ, ANTONIO	001		10,000.00	2,115.22	482.72	0.00	3,911.46	07/30/2007	08/11/2012	9.25		0.00
XXX-XX-2512 HERNANDEZ, DANNY	003		5,238.00	772.71	167.25	0.00	4,465.29	01/08/2010	02/09/2015	4.25		0.00
XXX-XX-3041 HESS, EARL DELBERT	001		2,512.76	52.20	12.24	0.00	2,460.56	10/22/2010	11/11/2015	4.25		0.00
XXX-XX-3312 HICKS, BRADLEY	004		18,054.52	1,508.22	1,101.33	0.00	14,359.31	03/19/2008	04/05/2018	7.00		0.00
XXX-XX-4758 HIGGINS, DERRELL	001		1,940.00	568.53	52.70	0.00	784.06	11/05/2008	12/15/2011	5.50		0.00
XXX-XX-1564 HUFF, BRADLEY	001	OFS	9,700.00	920.88	230.14	11.28	0.00	04/02/2008	05/12/2013	7.00		0.00
XXX-XX-7584 HUFF, RONALD	001		12,000.00	2,374.53	513.39	0.00	6,996.02	08/22/2008	09/11/2013	6.00		0.00
XXX-XX-6568 IBARRA, JORGE	001		18,000.00	4,308.32	516.04	0.00	3,103.65	08/24/2006	09/11/2011	9.25		0.00
XXX-XX-3243 INIGUEZ, ANALLENSY	001		622.00	437.53	5.43	0.00	0.00	08/19/2009	06/24/2010	4.25		0.00
XXX-XX-2100 JIMENEZ, ROBERT	001		640.00	146.49	2.91	0.00	493.51	10/19/2010	05/18/2011	4.25		0.00
XXX-XX-3771 JOHNSON, ERIC	001		10,000.00	2,137.88	460.06	0.00	3,663.67	06/19/2007	07/11/2012	9.25		0.00
XXX-XX-1992 JOHNSON, TONETTE	002		17,000.00	3,379.27	711.77	0.00	9,653.87	07/21/2008	08/12/2013	6.00		0.00
XXX-XX-2909 JUAREZ, GASTON	001		9,000.00	2,499.87	299.76	0.00	1,804.27	07/10/2007	08/13/2011	9.25		0.00
XXX-XX-1925 LAGUNA, LEOPOLDO	001		3,000.00	957.91	108.09	0.00	2,042.09	11/17/2009	12/14/2012	4.25		0.00
XXX-XX-7473 LANDEROS, ELDI	001		3,000.00	588.03	104.25	0.00	2,054.80	03/03/2009	04/11/2014	4.25		0.00

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ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-3569 LAZO, SANTOS	001		3,000.00	1,589.23	49.40	0.00	120.52	12/04/2008	01/16/2011	5.00		0.00
XXX-XX-0200 LEATHAM, JAMES	001		7,500.00	2,068.53	264.54	0.00	1,664.66	08/17/2007	09/12/2011	9.25		0.00
XXX-XX-1795 LEON, MANUEL	001		1,100.00	373.95	8.21	0.00	0.00	06/30/2008	07/16/2010	6.00		0.00
XXX-XX-9753 LEWIS, TYRONE	006		3,830.40	2,376.35	33.25	0.00	0.00	06/25/2009	07/17/2010	4.25		0.00
XXX-XX-9753 LEWIS, TYRONE	007		2,500.00	1,085.72	23.29	0.00	1,414.28	08/18/2010	04/29/2011	4.25		0.00
XXX-XX-4705 LEYVA, CLEMENTE	001		2,302.70	828.30	18.60	0.00	0.00	07/10/2008	08/16/2010	6.00		0.00
XXX-XX-3193 LODE, STEVE	001		20,000.00	4,157.49	978.18	0.00	8,577.87	10/22/2007	11/10/2012	8.75		0.00
XXX-XX-0586 LOPEZ, GILBERTO	002	OFS	1,486.52	280.77	17.73	0.00	0.00	06/02/2009	07/16/2011	4.25		0.00
XXX-XX-0833 LOPEZ, RAUL	002		7,000.00	1,283.85	271.47	0.00	5,716.15	11/16/2009	12/12/2014	4.25		0.00
XXX-XX-8670 LUCAS, GABRIEL	002		3,433.56	506.55	109.59	0.00	2,927.01	01/05/2010	02/09/2015	4.25		0.00
XXX-XX-2625 LUJAN, SERGIO	001		5,000.00	1,024.68	274.56	0.00	2,318.71	02/01/2007	03/11/2012	9.25		0.00
XXX-XX-6179 MARES, NOE	001		7,500.00	1,471.06	290.96	0.00	4,834.64	12/03/2008	01/12/2014	5.00		0.00
XXX-XX-3515 MARISCAL, EMILIO	002		36,171.00	7,955.97	1,441.11	0.00	10,814.07	02/05/2007	03/11/2012	9.25		0.00
XXX-XX-4321 MARQUEZ, ERIC	001		9,000.00	2,169.52	242.66	0.00	1,383.90	08/24/2006	09/11/2011	9.25		0.00
XXX-XX-9550 MARTINEZ, ROBERT	001	OFS	2,907.78	824.71	89.31	0.00	0.00	09/16/2009	10/14/2012	4.25		0.00
XXX-XX-6616 MATUS, ISRAEL	001	DDL	801.46	0.00	0.00	51.84	801.46	08/08/2008	03/18/2009	6.00	03/2009	0.00
						Accumulated Loan Interest:	114.28					
						Total:	915.74					

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216
Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-7137 MCENTIRE JR., CHARLES	001		15,000.00	2,955.61	611.09	0.00	9,152.32	10/21/2008	11/11/2013	5.50		0.00
XXX-XX-1951 MILLAN, CARLOS	001		4,000.00	919.81	12.99	0.00	0.00	05/30/2008	05/18/2010	6.00		0.00
XXX-XX-1158 MILLAN, RAMON	001		2,049.00	702.47	54.61	0.00	870.45	02/06/2009	03/14/2012	4.25		0.00
XXX-XX-0243 MINOR, LEANDRE	001		7,000.00	242.69	56.41	0.00	6,757.31	09/13/2010	10/12/2015	4.25		0.00
XXX-XX-8675 MORRIS, ODELL	001		6,000.00	1,269.07	289.64	0.00	2,347.06	07/18/2007	08/11/2012	9.25		0.00
XXX-XX-4447 MOTLEY, GEORGE	001		5,500.00	1,321.68	66.12	0.00	101.63	12/05/2005	01/12/2011	8.00		0.00
XXX-XX-4456 MURRAY, MARVIN	001		1,250.00	547.10	14.78	0.00	0.00	09/25/2008	10/16/2010	6.00		0.00
XXX-XX-6781 NEGRETE, BENNIE	001		7,000.00	1,403.22	37.80	0.00	0.00	05/11/2007	06/13/2010	9.25		0.00
XXX-XX-3207 NUNEZ, JOSE	001		10,000.00	1,119.32	247.88	0.00	8,880.68	04/05/2010	05/12/2015	4.25		0.00
XXX-XX-1264 OROPEZA, ARMANDO	001		2,500.00	294.64	1.40	0.00	0.00	12/04/2008	01/17/2010	5.00		0.00
XXX-XX-3150 OROZCO, JOSE A	001		35,680.67	0.00	0.00	0.00	35,680.67	12/21/2010	12/11/2040	4.25		0.00
XXX-XX-2130 ORTIZ, JUAN	001	DDL	8,000.00	0.00	0.00	501.73	4,490.67	10/31/2006	11/14/2008	9.25	03/2008	0.00
					Accumulated Loan Interest:		1,434.94					
						Total:	5,925.61					
XXX-XX-0710 PARKER, JAMES	001		9,500.00	1,500.57	187.22	0.00	7,999.43	05/06/2010	06/13/2013	4.25		0.00
XXX-XX-6387 PARKS, VINCENT	001		4,000.00	1,382.36	110.20	0.00	1,400.09	11/28/2008	12/15/2011	5.00		0.00
XXX-XX-1344 PARRA, MANUEL	001		10,000.00	2,390.51	147.49	0.00	465.00	01/03/2006	02/09/2011	8.25		0.00

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SCHEDULE OF LOANS
Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-9156 PEARSON, SHERRON	002		1,514.15	782.90	37.90	0.00	449.94	06/15/2009	07/16/2011	4.25		0.00
XXX-XX-6114 PENA, DENISE	001	DDL	8,000.00	1,008.18	270.22	135.04	4,471.20	01/22/2008	02/09/2013	8.25	12/2010	0.00
					Accumulated Loan Interest:		135.04					
					Total:		4,606.24					
XXX-XX-9913 PEREZ, JOSE	002		5,000.00	720.29	15.01	0.00	0.00	03/13/2007	04/13/2010	9.25		0.00
XXX-XX-9913 PEREZ, JOSE	003		4,583.02	415.89	93.32	0.00	4,167.13	05/17/2010	06/11/2015	4.25		0.00
XXX-XX-3312 PINEDA, RICARDO	001		10,000.00	973.57	504.14	0.00	5,961.91	10/10/2005	11/05/2015	7.50		0.00
XXX-XX-6362 PINEDO, PEDRO	001		5,872.00	1,221.80	286.96	0.00	2,515.28	10/24/2007	11/10/2012	8.75		0.00
XXX-XX-6107 PINEDO, ROBERTO	001		11,865.00	1,974.24	357.73	0.00	8,478.46	03/17/2009	04/11/2014	4.25		0.00
XXX-XX-1952 PRENDERGAST, MICHAEL	001		8,500.00	2,490.20	153.91	0.00	291.08	12/19/2006	01/13/2011	9.25		0.00
XXX-XX-2593 RAMIREZ, ADONAY	001		3,313.75	651.62	113.02	0.00	2,220.51	02/04/2009	03/12/2014	4.25		0.00
XXX-XX-3537 RAMIREZ, GILDARDO	002		11,405.00	6,006.69	319.77	0.00	0.00	02/12/2007	03/11/2012	9.25		0.00
XXX-XX-3537 RAMIREZ, GILDARDO	003		12,000.00	415.98	96.72	0.00	11,584.02	09/10/2010	10/12/2015	4.25		0.00
XXX-XX-4708 RAMIREZ, JARET	001		50,000.00	686.43	3,047.67	0.00	48,553.43	08/22/2008	08/11/2038	6.00		0.00
XXX-XX-0573 REDER, STEFAN	001		6,376.00	310.20	71.44	0.00	6,065.80	08/18/2010	09/11/2015	4.25		0.00
XXX-XX-2815 REYNAGA, ROLANDO	001		18,000.00	3,751.72	751.22	0.00	6,144.40	04/17/2007	05/11/2012	9.25		0.00
XXX-XX-5081 RIOS, GUSTAVO	003		20,307.99	4,156.48	997.55	0.00	9,459.18	12/19/2007	01/11/2013	8.25		0.00

Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-8825 RITTERBUSH, JULIE	001		14,982.00	3,444.24	85.23	0.00	0.00	10/25/2005	11/11/2010	7.75		0.00
XXX-XX-8825 RITTERBUSH, JULIE	002		10,068.89	700.95	159.45	0.00	9,367.94	06/07/2010	07/12/2015	4.25		0.00
XXX-XX-2413 RIVERA, GABRIEL	001		35,000.00	6,780.72	1,294.17	0.00	25,782.83	06/01/2009	07/12/2014	4.25		0.00
XXX-XX-0382 ROMERO, ELEAZAR	005		3,900.00	1,908.75	127.05	0.00	1,991.25	11/09/2009	12/16/2011	4.25		0.00
XXX-XX-5031 RUFFIN, DEE	001		35,000.00	4,382.90	80.46	0.00	0.00	05/23/2005	06/11/2010	7.00		0.00
XXX-XX-5031 RUFFIN, DEE	002		34,000.00	2,605.70	590.13	0.00	31,394.30	06/03/2010	07/12/2015	4.25		0.00
XXX-XX-2721 RUIZ, JORGE	001		10,000.00	1,894.41	422.97	0.00	6,056.25	09/02/2008	10/12/2013	6.00		0.00
XXX-XX-3762 RYAN, JOHN	001		1,900.00	382.34	86.38	0.00	987.63	04/14/2008	05/12/2013	7.00		0.00
XXX-XX-0269 RYAN, ROBERT	001		10,000.00	2,384.54	168.31	0.00	652.86	03/07/2006	04/11/2011	8.50		0.00
XXX-XX-9324 SALAS, MARGARITA	001		4,478.92	865.12	168.44	0.00	3,364.72	07/06/2009	08/12/2014	4.25		0.00
XXX-XX-4806 SANDERS, BUREL	001		21,000.00	4,902.23	334.42	0.00	1,720.03	10/06/2005	11/11/2010	7.50		0.00
XXX-XX-5100 SANDERS, HARVEY	001		5,000.00	1,700.94	35.31	0.00	0.00	06/02/2008	07/16/2010	6.00		0.00
XXX-XX-5100 SANDERS, HARVEY	002		7,207.68	1,204.13	98.17	0.00	6,003.55	07/22/2010	08/15/2012	4.25		0.00
XXX-XX-1549 SENART, STEVEN	005		1,533.00	985.48	45.16	0.00	547.52	11/20/2009	07/01/2011	4.25		0.00
XXX-XX-3418 SIMPSON, RICHARD	001		1,000.00	117.90	0.51	0.00	0.00	12/16/2008	01/17/2010	5.00		0.00
XXX-XX-7346 SOLIMAN, OSAMA	001		24,000.00	4,664.95	872.21	0.00	17,326.86	05/18/2009	06/11/2014	4.25		0.00

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-4142	001											
SOTELO, MICHAEL			12,700.00	0.00	0.00	0.00	7,689.24	11/02/2005	12/12/2010	7.75		0.00
XXX-XX-9590	002											
SPAULDING, JEFF			3,200.00	73.58	2.06	0.00	0.00	02/21/2008	12/08/2009	7.00		0.00
XXX-XX-9590	003											
SPAULDING, JEFF			5,300.00	1,796.89	152.75	0.00	3,503.11	01/25/2010	06/04/2012	4.25		0.00
XXX-XX-9602	002											
SPENCER, ROBERT			2,500.00	492.55	85.25	0.00	1,673.61	02/25/2009	03/12/2014	4.25		0.00
XXX-XX-8809	001											
STURDAVANT, ROLLIE			20,000.00	3,975.66	837.36	0.00	11,357.40	06/24/2008	07/12/2013	6.00		0.00
XXX-XX-8901	001											
SULLIVAN, TIMOTHY			15,000.00	3,158.74	737.90	0.00	6,018.94	08/17/2007	09/10/2012	9.25		0.00
XXX-XX-8661	001											
TALAMANTES, JORGE			2,732.00	0.00	0.00	0.00	2,732.00	10/16/2008	10/19/2009	5.50		0.00
XXX-XX-4997	001											
TAYLOR, LORENZO			3,758.00	786.48	189.84	0.00	1,562.05	09/18/2007	10/11/2012	9.25		0.00
XXX-XX-0864	001											
TELLEZ, JOSE			1,884.84	751.66	18.54	0.00	0.00	08/15/2008	09/15/2010	6.00		0.00
XXX-XX-0864	002											
TELLEZ, JOSE			2,302.75	83.26	11.15	0.00	2,219.49	10/11/2010	11/13/2013	4.25		0.00
XXX-XX-8207	001											
TOOLES, JAMES			7,000.00	1,466.53	351.92	0.00	2,891.53	09/10/2007	10/11/2012	9.25		0.00
XXX-XX-1630	001											
TOOLES, TERRY			5,000.00	1,762.97	130.27	0.00	1,167.53	07/08/2008	08/15/2011	6.00		0.00
XXX-XX-6512	002											
TORO, LEOBARDO			2,976.00	1,339.24	11.66	0.00	0.00	07/18/2008	12/06/2010	6.00		0.00
XXX-XX-6512	003											
TORO, LEOBARDO			3,086.65	1,039.01	76.45	0.00	2,047.64	03/01/2010	04/14/2012	4.25		0.00
XXX-XX-1184	001											
TORRES, GUILLERMO			4,000.00	1,858.83	93.14	0.00	0.00	11/30/2007	06/14/2011	8.50		0.00
XXX-XX-1184	002	OFS										
TORRES, GUILLERMO			4,500.00	0.00	0.00	0.00	0.00	10/04/2010	11/11/2015	4.25		0.00

Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-7498 VALENCIA, VICTOR	001		3,000.00	74.57	4.90	0.00	2,925.43	11/30/2009	06/17/2011	4.25		0.00
XXX-XX-3362 VAN ERT, MELISSA	002		10,000.00	0.00	0.00	0.00	10,000.00	11/02/2010	12/12/2015	4.25		0.00
XXX-XX-3362 VAN ERT, MELISSA	001		15,000.00	2,920.17	91.85	0.00	0.00	07/13/2005	08/12/2010	7.00		0.00
XXX-XX-1581 VARGAS, JESUS	001		6,350.00	901.01	20.91	0.00	0.00	05/03/2005	06/11/2010	6.75		0.00
XXX-XX-1581 VARGAS, JESUS	002	OFS	18,940.00	0.00	0.00	21.61	0.00	09/13/2010	10/12/2015	4.25		0.00
XXX-XX-6564 VASQUEZ, EDGAR	001		659.00	0.00	0.00	0.00	659.00	05/05/2008	12/16/2008	6.25		0.00
XXX-XX-5789 VASQUEZ, RENE	004		700.00	117.57	0.35	0.00	0.00	06/12/2009	01/02/2010	4.25		0.00
XXX-XX-5789 VASQUEZ, RENE	005		900.00	900.00	18.34	0.00	0.00	01/21/2010	01/31/2011	4.25		0.00
XXX-XX-5789 VASQUEZ, RENE	006		734.00	0.00	0.00	0.00	734.00	12/29/2010	01/03/2012	4.25		0.00
XXX-XX-2104 VENOLIA, STEVEN	002		30,500.00	5,832.27	1,204.47	0.00	24,245.86	10/06/2009	11/11/2014	4.25		0.00
XXX-XX-1517 WELCH, OTIS	001		3,500.00	829.43	64.27	0.00	291.76	03/01/2006	04/11/2011	8.50		0.00
XXX-XX-3402 WHITESIDE, WILLIAM	001	DDL	4,000.00	0.00	0.00	452.17	3,951.39	05/16/2007	06/10/2012	9.25	12/2007	0.00
					Accumulated Loan Interest:		1,389.22					
						Total:	5,340.61					
XXX-XX-9589 WILMOTH, DANIEL	001		1,200.00	587.51	39.09	0.00	612.49	11/13/2009	12/16/2011	4.25		0.00
XXX-XX-6608 ZAMORANO, ARTHUR	001		2,000.00	484.30	37.78	0.00	1,515.70	05/11/2010	06/14/2012	4.25		0.00
XXX-XX-3077 ZUNIGA, JESUS	001		1,962.55	704.39	41.62	0.00	272.16	04/23/2008	05/15/2011	6.25		0.00

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SCHEDULE OF LOANS
Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN / PARTICIPANT NAME	LN#	LN CODE	ORIGINAL LOAN AMT	*-- During Reporting Period --* PRINCIPAL REPAID	INTEREST PAID	INTEREST ACCUM.	ENDING BALANCE	DATE OF LOAN ISSUE	DATE OF MATURITY	INT. RATE	DATE DEEMED DISTRIB	DDL/OFS DDL/RPD PRINCIPAL
XXX-XX-0537 ZUNIGA, PETER	001		2,030.63	746.39	10.18	0.00	0.00	11/19/2008	06/17/2010	5.00		0.00
XXX-XX-0537 ZUNIGA, PETER	002		3,547.71	473.44	59.95	0.00	3,074.27	06/11/2010	07/14/2013	4.25		0.00
TOTALS				247,594.95	40,155.33	2,879.42						
				OFS Accum. Interest:		33.10						

Total Ending Principal Balance	:	730,349.04
Total DDL Accum. Loan Interest	:	5,971.11
Total Ending Balance	:	736,320.15

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Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN Employer EIN: 95-4379212
ADP Plan Number: 420216 Run Date: 03/12/2011

NOTE: The Deemed Distributed Loans (DDL) listed on this Schedule include all DDLs that were deemed distributed during this period or earlier. This may differ from the DDLs listed on Report #6 STATEMENT OF DISBURSEMENTS (Section III), since it lists only loans that were deemed distributed during this period.

EXPLANATION OF LOAN CODES:

(1) DDL - A Deemed Distributed Loan (DDL) occurs when a participant misses a loan payment (other than leave of absence) and fails to make it up by a specified date, or the term for repaying a loan expires without full payment. Per IRS instructions, the plan must continue to treat the DDLs as outstanding loans, while the plan's 5500 Schedule H or I must exclude DDLs from the assets reported.

(2) OFS - An Offset Loan (OFS) occurs when a participant has an outstanding loan, terminates employment, and is paid out from the plan. The loan is treated as part of the distribution.

(3) DDL/OFS - A DDL/OFS is a previous DDL that is now Offset. This occurs when a participant who has a DDL terminates employment and is paid out from the plan. The DDL is then treated as part of the distribution.

(4) DDL/RPD - A DDL/RPD is a previous DDL that is now Repaid.

(5) REF - Refinanced loan

NOTE: The following is specifically for Form 5500 reporting.
FOR FORM 5500 SCHEDULE H/I #4b, DO NOT REPORT DEFAULTED OR OFFSET LOANS MADE UNDER AN INDIVIDUAL ACCOUNT PLAN WITH INVESTMENT EXPERIENCE SEGREGATED FOR EACH ACCOUNT AND SECURED SOLELY BY A PORTION OF THE PARTICIPANT'S VESTED ACCRUED BENEFIT (ACCOUNT BALANCE).

2/0

SCHEDULE #5

SCHEDULE OF ROLLOVERS INTO THE PLAN
Period: 01/01/2010 through 12/31/2010

Plan Name: ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN
ADP Plan Number: 420216

Employer EIN: 95-4379212
Run Date: 03/12/2011

SSN	PARTICIPANT NAME	TRADE DATE	ROLLOVER AMOUNT

NO REPORTABLE ROLLOVER DATA FOR THE PERIOD

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked "yes":

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ASSOCIATED READY MIXED CONCRETE, INC. 401(K) PROFIT SHARING PLAN **EIN:** 95-4379212
Plan Sponsor's Name ASSOCIATED READY MIXED CONCRETE **PN:** 001

(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
	PIMCO TOTAL RETURN - ADMIN	REGISTERED INVESTMENT COMPANY		458,588
	PIMCO REAL RETURN FUND - A	REGISTERED INVESTMENT COMPANY		193,818
	PIONEER GROWTH OPPORTUNITY -A	REGISTERED INVESTMENT COMPANY		107,826
	INVESCO REAL ESTATE - A	REGISTERED INVESTMENT COMPANY		173,428
	AC STRAT ALLOC AGG FUND - ADV	REGISTERED INVESTMENT COMPANY		134,694
	AC STRAT ALLOC MOD FUND - ADV	REGISTERED INVESTMENT COMPANY		104,319
	T. ROWE PRICE RETIRE 2050-ADV	REGISTERED INVESTMENT COMPANY		13,867

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	AMERCENT HERITAGE FUND - A	REGISTERED INVESTMENT COMPANY		106,943
	AC STRAT ALLOC CONS FUND - ADV	REGISTERED INVESTMENT COMPANY		111,744
	OPPENHEIMER GLOBAL FUND - A	REGISTERED INVESTMENT COMPANY		578,031
	T. ROWE PRICE MID-CAP VALUE -R	REGISTERED INVESTMENT COMPANY		411,331
	ALLIANCEBER GLO THEM GR FD -A	REGISTERED INVESTMENT COMPANY		71,559
	ALLIANZ NFJ SMALL-CAP VALUE -A	REGISTERED INVESTMENT COMPANY		310,951
	VICTORY SPECIAL VALUE FUND - A	REGISTERED INVESTMENT COMPANY		111,915

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	THORNBURG INTL VALUE FUND - I	REGISTERED INVESTMENT COMPANY		251,468
	DAVIS NEW YORK VENTURE FUND- A	REGISTERED INVESTMENT COMPANY		157,275
	NEUBERGER BERMAN GENESIS - ADV	REGISTERED INVESTMENT COMPANY		142,860
	JANUS BALANCED FUND - S	REGISTERED INVESTMENT COMPANY		633,523
	T. ROWE PRICE RETIRE INC - ADV	REGISTERED INVESTMENT COMPANY		5,274
	T.ROWE PRICE RETIRE 2010 - ADV	REGISTERED INVESTMENT COMPANY		1,198
	T.ROWE PRICE RETIRE 2020 - ADV	REGISTERED INVESTMENT COMPANY		58,312

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	T.ROWE PRICE RETIRE 2030 - ADV	REGISTERED INVESTMENT COMPANY		73,453
	T.ROWE PRICE RETIRE 2040 - ADV	REGISTERED INVESTMENT COMPANY		25,925
	DWS HIGH INCOME PLUS FUND-S	REGISTERED INVESTMENT COMPANY		126,968
	INVVK COMSTOCK A	REGISTERED INVESTMENT COMPANY		445,234
	FRANKLIN GROWTH FUND - A	REGISTERED INVESTMENT COMPANY		504,839
	PARTICIPANT LOANS	INTEREST RATES (4.25% TO 9.25%)		701,289
	SSGA S&P 500 INDEX FUND	COMMON/COLLECTIVE TRUST		226,387

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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
	SSGA STABLE VALUE FUND	COMMON/COLLECTIVE TRUST		3,924,854