

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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>ANDERSON CONCRETE CORP. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1964</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>ANDERSON CONCRETE CORP.</u> <u>P.O. BOX 398</u> <u>400 FRANK ROAD</u> <u>COLUMBUS, OH 43216-0398</u> <u>COLUMBUS, OH 43216-0398</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4356835</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>614-443-0123</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327300</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4356835</u>	2c Sponsor's telephone number <u>614-443-0123</u>	2d Business code (see instructions) <u>327300</u>	
2b Employer Identification Number (EIN) <u>31-4356835</u>					
2c Sponsor's telephone number <u>614-443-0123</u>					
2d Business code (see instructions) <u>327300</u>					

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	JOHN MYNES
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ANDERSON CONCRETE CORP. P.O. BOX 398 COLUMBUS, OH 43216-0398	3b Administrator's EIN 31-4356835 3c Administrator's telephone number 614-443-0123
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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
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5 Total number of participants at the beginning of the plan year	5	355
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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	93
b Retired or separated participants receiving benefits.....	6b	100
c Other retired or separated participants entitled to future benefits.....	6c	146
d Subtotal. Add lines 6a , 6b , and 6c	6d	339
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	8
f Total. Add lines 6d and 6e	6f	347
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1B 1G 1I

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **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) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>ANDERSON CONCRETE CORP. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ANDERSON CONCRETE CORP.</u>	D Employer Identification Number (EIN) <u>31-4356835</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>17673728</u>
b Actuarial value	2b <u>17244827</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>153</u> <u>12699445</u>
b For terminated vested participants	3b <u>103</u> <u>2878358</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>15701</u>
(2) Vested benefits	3c(2) <u>5112032</u>
(3) Total active	3c(3) <u>99</u> <u>5127733</u>
d Total	3d <u>355</u> <u>20705536</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.55</u> %
6 Target normal cost	6 <u>282140</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/18/2011</u>
Signature of actuary <u>MATTHEW R. KLEIN, F.S.A.</u>	Date <u>11-06865</u>
Type or print name of actuary <u>FINDLEY DAVIES, INC.</u>	Most recent enrollment number <u>216-875-1900</u>
Firm name <u>1300 EAST NINTH STREET, SUITE 850</u> <u>CLEVELAND, OH 44114-1516</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	326263
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	326263
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>32.71</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		23859
b	Interest on (a) using prior year's effective rate of <u>6.97</u> %		1663
c	Total available at beginning of current plan year to add to prefunding balance		25522
d	Portion of (c) to be added to prefunding balance.....		25522
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	25522

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	83.16 %
15	Adjusted funding target attainment percentage.....	15	83.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	76.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/08/2010	280885				
04/14/2010	280885				
07/15/2010	280885				
10/14/2010	280885				
			Totals ▶	18(b)	1123540
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1095231

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	282140
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3486231	706846
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	988986
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	988986
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1095231
38 Interest-adjusted excess contributions for current year (see instructions).....	38	106245
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 ANDERSON CONCRETE CORP. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANDERSON CONCRETE CORP.	D Employer Identification Number (EIN) 31-4356835	

Part I	Service Provider Information (see instructions)
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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)..... ☒ 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
WILMINGTON TRUST
51-0099033

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

(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 ☐

(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	OWEN J. GAVIGAN	b EIN:	11-1111111
c Position:	SIGNING ACTUARY		
d Address:	910 SUMMIT DRIVE WEXFORD, PA 15090-7580	e Telephone:	724-940-1877

Explanation: DECEASED

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 ANDERSON CONCRETE CORP. RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ANDERSON CONCRETE CORP.	D Employer Identification Number (EIN) 31-4356835	

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		3907
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)	1009134	791185
(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)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	16760378	18901417
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	17769512	19696509

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	95784	98835
k Total liabilities (add all amounts in lines 1g through 1j)	1k	95784	98835

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	17673728	19597674
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1125691	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1125691

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	120	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		120

(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)	353757	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		353757

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1805410
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3284978

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1361032	
(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)		1361032
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1361032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1923946
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ 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: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>ANDERSON CONCRETE CORP. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ANDERSON CONCRETE CORP.</u>	D Employer Identification Number (EIN) <u>31-4356835</u>

Part I	Distributions
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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	<u>0</u>
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): <u>06-0303370</u>		
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	<u>0</u>

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

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

Schedule R (Form 5500) 2010
v.092308.1

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):

- 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):

Anderson Concrete Corp. Retirement Plan

**Financial Report
December 31, 2010**

Anderson Concrete Corp. Retirement Plan

Contents

Report Letter	I
Statement of Net Assets Available for Benefits	2
Statement of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-11
Schedule of Assets Held at End of Year	12
Schedule of Reportable Transactions	13

Independent Auditor's Report

To the Plan Administrator
Anderson Concrete Corp. Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of Anderson Concrete Corp. Retirement Plan (the "Plan") as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental 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 Note 7, which was certified by Wilmington Trust Company, the trustee of the Plan, except for comparing such 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 certifications from the Trustee as of December 31, 2010 and 2009 and for the years then ended that the information provided to the plan administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental 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.

Plante & Moran, PLLC

Columbus, Ohio
August 24, 2011

Anderson Concrete Corp. Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2010	December 31, 2009
Assets		
Investments:		
Money market fund	\$ 791,185	\$ 1,009,134
Mutual funds	18,901,417	16,760,378
Total investments	19,692,602	17,769,512
Cash	3,907	-
Total assets	19,696,509	17,769,512
Liabilities - Other payables	98,835	95,784
Net Assets Available for Benefits	\$ 19,597,674	\$ 17,673,728

Anderson Concrete Corp. Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2010	December 31, 2009
Additions to Net Assets		
Contributions	\$ 1,125,691	\$ 868,531
Investment income:		
Interest and dividends	353,877	506,517
Net realized and unrealized gains on mutual funds	<u>1,805,410</u>	<u>3,854,210</u>
Total investment income	<u>2,159,287</u>	<u>4,360,727</u>
Total additions	3,284,978	5,229,258
Deductions from Net Assets - Benefits paid directly to participants or beneficiaries	<u>1,361,032</u>	<u>1,457,694</u>
Net Increase	1,923,946	3,771,564
Net Assets Available for Benefits		
Beginning of year	<u>17,673,728</u>	<u>13,902,164</u>
End of year	<u>\$ 19,597,674</u>	<u>\$ 17,673,728</u>

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description

The following description of Anderson Concrete Corp. Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan covering all full-time employees of Anderson Concrete Corp. (the "Company") hired prior to December 31, 2005. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective December 31, 2005, participation in the plan was frozen. Effective December 31, 2010, benefits under the Plan were frozen. No additional participants will be enrolled in the Plan and no additional benefits will be accrued.

Plan Operations - Under a trust agreement, Wilmington Trust Company (the "Trustee") was appointed trustee of the Plan. In accordance with the powers and duties of the Trustee, as designated by the Company, the Trustee administers the Plan in accordance with the orders of the Plan committee and invests the Plan's assets and the income thereof, as directed by the Plan's investment manager. Certain administrative fees incurred in administering the Plan are paid from the assets of the Plan.

Eligibility and Vesting - Employees become participants in the Plan on the entry date following completion of six months of continuous service and attaining age 20, except for those employees covered under a collective bargaining agreement. Employees covered under the Teamsters' collective bargaining unit will become eligible after attaining 1,000 hours of service in any calendar year.

Participants become fully vested in the Plan after five years of service.

Pension Benefits - The Plan provides for payment of normal retirement, early retirement, disability retirement, and death benefits to its participants. Normal retirement benefits commence at age 62. Participants may elect to retire early following the attainment of age 57.

The normal retirement pension for nonunion employees is a monthly life annuity comprised of 1/12 of the following: for services through December 31, 1989: 0.9 percent of final average compensation as of December 31, 1989, plus 0.5 percent of excess of the December 31, 1989 final average compensation over the 1989 Social Security-covered compensation, both multiplied by the credited service through December 31, 1989 plus, for each year after January 1, 1990: 1.0 percent of each year's compensation, plus (up to 35 years of total service) 0.5 percent of the excess of each year's compensation over that year's covered compensation.

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description (Continued)

The normal retirement pension for union employees is a monthly life annuity equal to the following: \$45 multiplied by the participant's number of years of benefit service to 25 years. Effective May 16, 2002, for any participant who accrues an hour of service on or after such date, \$50 multiplied by the participant's number of years of benefit service plus \$15 multiplied by the participant's number of years of benefit service in excess of 25 years, but no more than 30 years. Effective May 16, 2002, for any participant who accrues an hour of service on or after such date, \$20 multiplied by the participant's number of years in excess of 25 years, but no more than 30 years, minus monthly benefit actually payable under the Central States Plan.

Each former participant or beneficiary of a former participant who is receiving benefits and each participant who is eligible to receive a monthly normal retirement benefit under the Plan as of September 1, 1987 or March 1, 1989 shall have their monthly benefit amount increased by 10 percent, effective for such monthly benefit payments on and after September 1, 1987 or March 1, 1989, respectively.

Nonunion and union employees may elect to receive their monthly pension benefits in one of the following forms:

Nonunion

- Straight life annuity
- Joint and survivor annuity (50%, 66-2/3%, or 100%)
- Certain and life annuity over a 120-month period
- Lump sum as long as the present value of the accrued benefit exceeds \$5,000, but is not greater than \$10,500

Union

- Straight life annuity
- Joint and survivor annuity (50%)

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 1 - Plan Description (Continued)

Death and Disability Benefits - Death benefits are paid to a union and nonunion vested participant's beneficiary in accordance with the benefit option chosen if a joint and survivor or certain annuity option is elected. A union participant who becomes totally and permanently disabled after completing 10 years of vesting service and who has not previously commenced receipt of benefits from the Plan or the Central States Plan at any time may retire and receive a monthly disability retirement benefit of \$250 less the benefit actually payable from the Central States Plan. The disability benefit shall cease at the end of the month in which the participant reaches age 62, dies, or recovers from total and permanent disability, whichever comes first. In lieu of the monthly disability retirement benefit, a union participant who has completed 10 years of vesting service and who has attained at least age 45 at the time of disability may elect to receive one lump-sum cash payment of \$3,000 less the benefit actually payable from the Central States Plan.

Funding - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. Annual contributions meet the minimum funding requirements of ERISA.

Administration - The Company is the sponsor of the Plan. The administrative committee, as provided in the plan agreement, is the plan administrator and has responsibility for the administration of the Plan. Wilmington Trust Company functions as trustee and investment manager. Investment management fees and trustee fees are paid by the Plan in accordance with the plan agreement.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by Wilmington Trust Company or its affiliates. Wilmington Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company. Administrative expenses directly related to the investments of the Plan are paid by the Plan, except to the extent paid directly by the Company.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

Benefits are calculated based on active employees' credited years of service for union employees and employees' final average compensation multiplied by years of benefit service for nonunion employees. Benefits payable under all circumstances (retirement, death, disability, and termination) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Benefits provided via annuity contracts are deducted from plan assets and from accumulated plan benefits.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by an actuary from Findley Davies Consultants and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2009 and 2008 are summarized as follows:

Investment return	- 8.00% per year, compounded annually for December 31, 2009 and 2008
Mortality	- The RP-2000 Mortality Tables Projected Using Scale aa for 2009 and 2008 valuations
Withdrawal	- For males, The Actuary's Pension Handbook, Table T-3 w/o GA51 mortality. For females, The Actuary's Pension Handbook, Table T-3 w/o GA51 mortality

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 2 - Summary of Significant Accounting Policies (Continued)

Investment Valuation - The Plan's investments are stated at fair value. The money market fund is valued at its outstanding balance, which approximates fair value. All other investments are valued based on quoted market prices. See Note 6 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its 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.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including August 24, 2011, which is the date the financial statements were available to be issued.

Note 3 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from Findley Davies Consultants. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of December 31, 2009 and 2008, the most recent actuarial valuations, are as follows:

	2009	2008
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Active and terminated vested participants	\$ 6,839,080	\$ 6,230,001
Retired participants and beneficiaries	<u>11,428,257</u>	<u>11,293,343</u>
Total vested benefits	18,267,337	17,523,344
Nonvested benefits	<u>11,757</u>	<u>10,268</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 18,279,094</u>	<u>\$ 17,533,612</u>

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 3 - Benefits (Continued)

The change in the actuarial present value of accumulated plan benefits for each plan year is as follows:

	2009	2008
Actuarial present value of accumulated plan benefits -		
Beginning of year	\$ 17,533,612	\$ 16,913,168
Increase (decrease) during the year attributable to:		
Benefits accumulated	863,654	559,445
Increase for interest due to the decrease in the discount period	1,339,522	1,302,251
Benefits paid	(1,457,694)	(1,270,055)
Change in actuarial assumptions	-	28,803
Net increase	745,482	620,444
Actuarial present value of accumulated plan benefits -		
End of year	<u>\$ 18,279,094</u>	<u>\$ 17,533,612</u>

Note 4 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 5 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 6 - Fair Value Measurements (Continued)

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2010 and 2009 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Level 1	Level 2	Balance at December 31, 2010
Short-term investments -			
Money market fund (1)	\$ -	\$ 791,185	\$ 791,185
Mutual funds:			
Equity investment	18,069,802	-	18,069,802
Balanced investment	831,615	-	831,615
Total	<u>\$ 18,901,417</u>	<u>\$ 791,185</u>	<u>\$ 19,692,602</u>

Anderson Concrete Corp. Retirement Plan

Notes to Financial Statements December 31, 2010 and 2009

Note 6 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2009

	Level 1	Level 2	Balance at December 31, 2009
Short-term investments -			
Money market fund	\$ -	\$ 1,009,134	\$ 1,009,134
Mutual funds:			
Equity investment	14,759,741	-	14,759,741
Balanced investment	2,000,637	-	2,000,637
Total	<u>\$ 16,760,378</u>	<u>\$ 1,009,134</u>	<u>\$ 17,769,512</u>

(1) Short-term investments are valued at \$1.00 per unit, which approximates fair value. Amounts are generally invested in interest-bearing accounts.

Note 7 - Unaudited Information

Wilmington Trust Company (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and schedule of reportable transactions are based solely on information provided by the Trustee.

Significant investments at year end are as follows:

	2010	2009
Mutual funds:		
Prudential U.S. Long Duration Corporate	\$ 4,749,599	\$ -
Harbor Capital Appreciation Fund	2,608,862	2,273,494
Dodge & Cox Stock Fund	2,577,933	2,514,732
American Funds Europacific Growth Fund	2,174,139	1,972,328
Harbor International Fund	1,128,299	1,058,670
Dodge & Cox International Stock Fund	1,111,705	1,137,217
PIMCO Total Return Institutional Fund	874,059	2,774,842
Western Asset Core Plus Bond Fund	831,615	2,000,637
Metropolitan West Funds Total Return Bond Fund Class I	-	1,051,129
Money market fund - Wilmington Trust Co Prime Money Market Fund	791,185	1,009,134

Anderson Concrete Corp. Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-4356835, Plan No. 001 December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
PIMCO	PIMCO Total Return Institutional Fund	\$ 845,164	\$ 874,059
Vanguard	Vanguard Index Trust Small Cap	335,388	418,897
Western Asset	Western Asset Core Plus Bond Fund	684,211	831,615
Alger	Alger SmallCap Institutional Fund	426,676	540,329
Dodge & Cox	Dodge & Cox Stock Fund	2,195,849	2,577,933
American Funds	American Funds Europacific Growth Fund	1,638,297	2,174,139
Harbor	Harbor Capital Appreciation Fund	1,932,650	2,608,862
Nuveen	Nuveen NWQ Small Cap Value Fund	478,193	658,187
Dodge & Cox	Dodge & Cox International Stock Fund	675,794	1,111,705
Harbor	Harbor International Fund	700,188	1,128,299
Dreyfus/The Boston Company	Dreyfus/The Boston Company Small Cap Growth Fund	472,419	540,971
Vanguard	Vanguard Long-Tm Investment Grade	694,698	686,822
Prudential	Prudential U.S. Long Duration Corporate	4,640,363	4,749,599
Wilmington Trust Company	Money market fund - Wilmington Trust Co Prime Money Market Fund	791,185	791,185
	Total	<u>\$ 16,511,075</u>	<u>\$ 19,692,602</u>

* Party-in-interest

Anderson Concrete Corp. Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-4356835, Plan No. 001 Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Wilmington Trust Company	Metro West Total Ret I	\$ -	\$ 1,116,482	\$ 976,764	\$ 1,116,482	\$ 139,718
Wilmington Trust Company	PIMCO Total Return Instl	-	1,217,000	1,103,190	1,217,000	113,810
Wilmington Trust Company	PIMCO Total Return Instl	-	960,000	874,389	960,000	85,611
Wilmington Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	1,477,863	-	1,477,863	1,477,863	-
Wilmington Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	1,532,500	-	1,532,500	1,532,500	-
Wilmington Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	1,630,000	-	1,630,000	1,630,000	-
Wilmington Trust Company	Western Asset Core Plus Inv	-	910,000	741,292	910,000	168,708
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of total plan assets:						
Wilmington Trust Company	Metro West Total Ret I - Sales	-	1,116,482	976,764	1,116,482	139,718
Wilmington Trust Company	Pimco Total Return Instl - Sales	-	2,177,000	1,977,579	2,177,000	199,421
Wilmington Trust Company	Prudential US Long Duration Corporate Bond Fund - Purchases	4,640,363	-	4,640,363	4,640,363	-
Wilmington Trust Company	Western Asset Core Plus Inv - Sales	-	1,450,500	1,177,791	1,450,500	272,709
Wilmington Trust Company	Wilmington Prime Money Market W: Purchases	1,138,989	-	1,138,989	1,138,989	-
	Sales	-	1,358,940	1,358,940	1,358,940	-

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ANDERSON CONCRETE CORP. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ANDERSON CONCRETE CORP.	D Employer Identification Number (EIN) 31-4356835
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>		
2	Assets:		
a	Market value	2a	17,673,728
b	Actuarial value	2b	17,244,827
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	153
b	For terminated vested participants	3b	103
c	For active participants:		
	(1) Non-vested benefits	3c(1)	15,701
	(2) Vested benefits	3c(2)	5,112,032
	(3) Total active	3c(3)	99
d	Total	3d	355
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.55 %
6	Target normal cost	6	282,140

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Matthew R. Klein, F.S.A. Type or print name of actuary Findley Davies, Inc. Firm name 1300 East Ninth Street, Suite 850 Cleveland OH 44114-1516 Address of the firm	<u>7-18-2011</u> Date 11-06865 Most recent enrollment number (216) 875-1900 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	326,263
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	326,263
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>32.71</u> %	0	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		23,859
b Interest on (a) using prior year's effective rate of <u>6.97</u> %		1,663
c Total available at beginning of current plan year to add to prefunding balance		25,522
d Portion of (c) to be added to prefunding balance.....		25,522
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	25,522

Part III Funding percentages

14 Funding target attainment percentage.....	14	83.16 %
15 Adjusted funding target attainment percentage.....	15	83.16 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	76.97 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/08/2010	280,885				
04/14/2010	280,885				
07/15/2010	280,885				
10/14/2010	280,885				
Totals ▶			18(b)	1,123,540	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	1,095,231

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	282,140
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	3,486,231	706,846
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	988,986
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	988,986
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	1,095,231
38 Interest-adjusted excess contributions for current year (see instructions).....	38	106,245
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Anderson Concrete Corp. Retirement Plan
January 1, 2010 Valuation
EIN/PN: 31-4356835/001

<i>Rates of Retirement</i>	100% at age 62.
	Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Schedule SB, line 32 – Schedule of Amortization Bases
 Anderson Concrete Corp. Retirement Plan
 January 1, 2010 Valuation
 EIN/PN: 31-4356835/001

EXHIBIT VII
SCHEDULE OF AMORTIZATION BASES

	Plan Year Beginning			1/01/2010
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
Shortfall Amortization Bases	1/01/2010	\$ (592,029)	7.00	\$ (98,944)
	1/01/2009	2,842,572	6.00	535,939
	1/01/2008	<u>1,235,688</u>	5.00	<u>269,851</u>
	Total	\$ 3,486,231		\$ 706,846
Waiver Amortization Bases	1/01/2010	\$ 0		\$ 0

APPENDIX C

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-month segment rates averaged through the end of December 2009 (published January 2010):

a.	First Rate, Years 1-5	4.60%
b.	Second Rate, Years 5-20	6.65%
c.	Third Rate, Years 20+	6.76%
d.	Effective Interest Rate using the above rates	6.55%
e.	Interest rate for developing expected value of assets, (limited by statute)	8.00%

Salary Scale

Future salaries are projected using the appropriate salary scale below. For accrued benefits actual individual pay histories have been used with missing years filled in using the appropriate salary scale below.

Funding: 4.00%

Mortality

Funding: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA to between 7 and 15 years beyond the year of obligation, male and female, with combined rates for annuitants and nonannuitants.

Rates of Disability

None.

Rates of Turnover

Rates based on The Actuary's Pension Handbook, Table T-3 without GA51 mortality. Sample rates as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	5.27%	5.27%
35	4.47	4.47
40	3.84	3.84
45	3.21	3.21
55	0.33	0.33

Annual Increases to Maximum Benefits and Plan Compensation Limits

N/A

APPENDIX C (Continued)

<i>Assumptions Made in Valuing Spouse's Benefit</i>	100% of the employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.
<i>Optional Form Election</i>	All employees are assumed to elect the normal form of benefit.
<i>Provisions for Expenses</i>	Administrative expenses will be paid by the employer.
<i>Standing Elections</i>	The client has signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.
<i>Asset Method</i>	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.
<i>Employees Valued</i>	Only participants as of the valuation date were valued.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2010 Valuation
Anderson Concrete Corp. Retirement Plan
(EIN: 31-4356835; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-
30 to 34	-	1 (*)	4 (*)	2 (*)	-	-	-	-	-	-
35 to 39	-	2 (*)	4 (*)	6 (*)	1 (*)	-	-	-	-	-
40 to 44	-	3 (*)	2 (*)	3 (*)	1 (*)	2 (*)	-	-	-	-
45 to 49	-	-	2 (*)	8 (*)	1 (*)	2 (*)	3 (*)	1 (*)	-	-
50 to 54	-	1 (*)	2 (*)	9 (*)	5 (*)	2 (*)	1 (*)	2 (*)	-	-
55 to 59	-	-	3 (*)	4 (*)	1 (*)	5 (*)	3 (*)	3 (*)	1 (*)	-
60 to 64	-	-	-	3 (*)	1 (*)	1 (*)	1 (*)	-	-	1 (*)
65 to 69	-	-	1 (*)	1 (*)	-	-	-	-	-	-
70 & up	-	-	-	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

Schedule SB, line 25 – Change in Method
Anderson Concrete Corp. Retirement Plan
January 1, 2010 Valuation
EIN/PN: 31-4356835/001

***Changes in Methods
since the Last
Actuarial Valuation***

The full yield curve was used for determining the funding target. These rates were updated to the segment rates for the month of valuation.

An automatic change in funding method is employed under Section 4.03 of Revenue Procedure 2000-40 since we were able to match 1/01/2009 funding liabilities and normal costs from the prior actuary's report to within 5%.

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Principal Plan Provisions – Non Union

<i>Effective Date</i>	January 1, 1954.
<i>Plan Year</i>	January 1 through December 31.
<i>Plan Sponsor</i>	Andersons Concrete Corp.
<i>Participant</i>	Eligible employees begin participating on the January 1 following the later of attainment of age 20 and the completion of six months of continuous employment.
<i>Service</i>	<u><i>Credited Service:</i></u> Determined using the elapsed time method from the later of date of hire and date of acquisition. Service is rounded to complete calendar months, with one day worked in a month considered a complete month. Service for those scheduled to work less than 1,000 hours per year is based upon hours worked in a Plan Year. For the Fairfield Division, service is determined from the later of date of hire and January 1, 1987. <u><i>Vesting Service:</i></u> Determined in the same manner as Credited Service. For the Fairfield Division, service is determined from date of hire.
<i>Compensation</i>	Annual cash compensation, including deferrals under IRC sections 401(k) and 125, but excluding severance pay, pensions, or other forms of deferred compensation.
<i>Final Average Compensation</i>	For years prior to 1990, the five-year average of full calendar year compensation. If a participant had fewer than five full calendar years, the average was determined over the number of full calendar years. Final Average Compensation is frozen as of December 31, 1989.
<i>Covered Compensation (Social Security)</i>	The average of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains or will attain Social Security Retirement Age.

APPENDIX A (Continued)

Principal Plan Provisions – Non Union (Continued)

***Covered
Compensation
(Social Security)
(Continued)***

In determining the 35-year average, for years between the year of determination and a participant's Social Security Retirement Age, if any, the Social Security Taxable Wage Base for the year of determination is used with no projected increases. The resulting Covered Compensation amount is rounded to \$3,000 in accordance with IRS procedures.

Retirement Ages

- Normal Retirement Age – Age 62.
- Early Retirement Age – Age 57.
- Late Retirement Age – After Retirement Age.

***Normal Retirement
Benefit***

A monthly amount equal to 1/12 of the sum of:

- (i) 0.9% of Final Average Compensation as of December 31, 1989, plus 0.5% of the excess of the Final Average Compensation over the 1989 Covered Compensation, both multiplied by the Credited Service at December 31, 1989.
- (ii) For each year of service after 1989, 1.0% of Compensation, plus (up to 35 years total service) 0.5% of the excess of Compensation over Covered Compensation.

Accrued Benefit

Monthly benefit payable at age 62 equal to the Normal Retirement Benefit, calculated as of the date of determination.

***Retirement and
Termination Benefits***

Normal Retirement:

Normal Retirement Benefit.

Early Retirement:

Accrued Benefit reduced by 5/9% for each month by which the early retirement date precedes the normal retirement date.

Late Retirement:

Accrued Benefit determined as of the late retirement date.

Vested Termination:

Accrued Benefit multiplied by the percentage vested, payable beginning at age 62. The benefit is available as early as age 57 under the provisions for Early Retirement.

APPENDIX A (Continued)

Principal Plan Provisions – Non Union (Continued)

Vesting Schedule

Vesting is based upon years of Vesting Service as follows:

Less than 5 Years	0%
5 Years or More	100%

Disability Benefit

In the event a participant becomes disabled and ceases employment, he or she is entitled to receive retirement benefits in accordance with the plan provisions for benefits payable at Vested Termination, Early Retirement, Normal Retirement, or Later Retirement, as applicable.

Pre-Retirement Death Benefit

A benefit is payable to the spouse of a married Participant who has earned the right to a vested Accrued Benefit. The amount of the benefit is equal to 50% of the Participant's Accrued Benefit reduced for commencement prior to age 62 and for election of a 50% joint annuitant option. The benefit is payable to the spouse on the first day of the month following the date of the Participant's death or the date the Participant would have attained age 57.

Normal Form of Payment

Life annuity.

Optional Forms of Payment

- Life annuity with 10 years certain
- Joint and 50% survivor annuity
- Joint and 66-2/3% survivor annuity
- Joint and 100% survivor annuity
- Lump sum, if \$15,000 or less

Cost of Living Increases

None.

Participant Contributions

None required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Principal Plan Provisions – Union

<i>Effective Date</i>	Latest amendment effective December 31, 2010.
<i>Plan Year</i>	January 1 through December 31.
<i>Plan Sponsor</i>	Anderson Concrete Corp.
<i>Participant</i>	Eligible employees begin participating on the January 1 or July 1 following the completion of 1,000 hours of service.
<i>Service</i>	<u><i>Benefit Service:</i></u> For service prior to 1991, the greater of (a) the number of years of contributory and non-contributory service under the Central States Plan, and (b) the number of years worked at Anderson Concrete. For service after 1990, one year of service for each calendar year in which at least 1,000 hours are worked. Benefit Service as determined above cannot be less than one year for each year worked at Anderson Concrete in which at least 1,000 hours are worked. <u><i>Vesting Service:</i></u> For service prior to 1991, all periods of employment with Anderson Concrete while a member of the Teamsters Collective Bargaining Unit. For service after 1990, one year of service for each calendar year in which at least 1,000 hours are worked. <u><i>Self Contributions:</i></u> Participants with a minimum of 15 years of Benefit Service may purchase Benefit Service and Vesting Service for certain periods of absence.
<i>Retirement Ages</i>	• Normal Retirement Age – Age 62. • Early Retirement Age – Age 57. • Late Retirement Age – After Normal Retirement Age.

APPENDIX B (Continued)

Principal Plan Provisions – Union (Continued)

Normal Retirement Benefit

A monthly amount equal to (i) + (ii) – (iii):

- (i) Years of Benefit Service up to 25 multiplied by \$50.00.
- (ii) Years of Benefit service in excess of 25 but not greater than 30, multiplied by \$20.00.
- (iii) The monthly benefit actually payable under the Central States Plan as a straight-life annuity.

For members of the Teamsters Collective Bargaining Unit who became plan participants on July 1, 1991, the minimum benefit payable at age 57 is the amount of benefit that would have accrued under the Central States Plan at age 57, determined as if the Company had stayed in the Central States Plan contributing at a rate of \$61 per week, less (iii) above.

Accrued Benefit

Monthly benefit payable at age 62 equal to the Normal Retirement Benefit, calculated as of the date of determination.

Retirement and Termination Benefits

Normal Retirement:

Normal Retirement Benefit.

Early Retirement:

Accrued Benefit reduced by ½% for each month by which the early retirement date precedes the normal retirement date.

Late Retirement:

Accrued Benefit determined as of the late retirement date.

Vested Termination:

Accrued Benefit multiplied by the percentage vested, payable beginning at age 62. The benefit is available as early as age 57 under the provisions for Early Retirement.

Special Early Retirement Rules

For members of the Teamsters Collective Bargaining Unit who became plan participants on July 1, 1991:

APPENDIX B (Continued)

Principal Plan Provisions – Union (Continued)

Special Early Retirement Rules (Continued)

30-And-Out-Rule:

If a participant has a least 30 years of Benefit Service at retirement, a minimum monthly benefit of \$1,000 less the benefit payable at age 57 under the Central States Plan applies, regardless of the age at benefit commencement.

20-Years-Of-Service-Rule:

If a participant has at least 20 years of Benefit Service at retirement, benefits payable at age 57 or later are not reduced for early commencement. Benefits may commence as early as age 50, with benefits reduced by ½% for each month by which the age at benefit commencement precedes age 57.

Vesting Schedule

Vesting is based upon years of Vesting Service as follows:

Less than 5 Years	0%
5 Years or More	100%

Furthermore, a participant who attains age 57 while employed by the Company becomes 100% vested in his Accrued Benefit.

Eligibility for Disability Benefit

10 years of Vesting Service and total and permanent disability, and never previously commenced receipt of benefits under either the Plan or the Central States Plan.

Disability Benefit

A monthly amount of \$250 less the benefit actually payable from the Central States Plan, payable from the date of disability through the earliest of attainment of age 62, death, or recovery from total and permanent disability.

For an eligible participant who is at least age 45, in lieu of the monthly disability benefit, the participant may after a six-month waiting period elect to receive a lump sum payment of \$3,000, less the benefit actually payable from the Central States Plan.

Pre-Retirement Death Benefit

A benefit is payable to the spouse of a married Participant who has earned the right to a vested Accrued Benefit. The amount of the benefit is equal to 50% of the Participant's Accrued Benefit reduced for commencement prior to age 62 and for election of a 50% joint annuitant option. The benefit is payable to the spouse on the first day of the month following the date of the Participant's death or the date the Participant would have attained age 57.

APPENDIX B (Continued)

Principal Plan Provisions – Union (Continued)

***Pre-Retirement
Death Benefit
(Continued)***

Optional Death Benefit:

If not eligible for the above benefit, or if the beneficiary is eligible and so elects, the following optional death benefits are payable depending on meeting the stated Benefit Service criteria.

- (i) 60-Month Survivor Benefit: For a participant who completed at least 20 years of Benefit Service prior to his death, a monthly benefit, payable for 60 months, equal to the amount the participant would have received if he had retired the day before his death and elected a straight life annuity. A minimum monthly benefit of \$160, less the Central States benefit, is payable.
- (ii) Lump Sum Death Benefit: For a participant who completed at least 10 years of Benefit Service prior to his death, \$5,000 less the benefit payable from the Central States Plan.

***Disability Death
Benefit***

A lump sum death benefit in the amount of \$1,000 is payable for the death of a participant, and \$500 for the death of a participant's spouse, if the participant was receiving a Disability Retirement benefit at the time of death.

***Normal Form of
Payment***

Life Annuity.

***Optional Forms of
Payment***

- Life annuity with 10 years certain
- Joint and 50% survivor annuity
- Joint and 66-2/3% survivor annuity
- Joint and 100% survivor annuity
- Lump sum, if \$15,000 or less

***Cost of Living
Increases***

None.

***Participant
Contributions***

None required. Participant contributions are permitted by eligible participants to purchase Benefit Service and Vesting Service.

***Changes in Plan
Provisions Since
Last Actuarial
Valuation***

None.

Anderson Concrete Corp. Retirement Plan

Schedule of Assets Held at End of Year Form 5500, Schedule H, Line 4i EIN 31-4356835, Plan No. 001 December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual funds:		
PIMCO	PIMCO Total Return Institutional Fund	\$ 845,164	\$ 874,059
Vanguard	Vanguard Index Trust Small Cap	335,388	418,897
Western Asset	Western Asset Core Plus Bond Fund	684,211	831,615
Alger	Alger SmallCap Institutional Fund	426,676	540,329
Dodge & Cox	Dodge & Cox Stock Fund	2,195,849	2,577,933
American Funds	American Funds Europacific Growth Fund	1,638,297	2,174,139
Harbor	Harbor Capital Appreciation Fund	1,932,650	2,608,862
Nuveen	Nuveen NWQ Small Cap Value Fund	478,193	658,187
Dodge & Cox	Dodge & Cox International Stock Fund	675,794	1,111,705
Harbor	Harbor International Fund	700,188	1,128,299
Dreyfus/The Boston Company	Dreyfus/The Boston Company Small Cap Growth Fund	472,419	540,971
Vanguard	Vanguard Long-Tm Investment Grade	694,698	686,822
Prudential	Prudential U.S. Long Duration Corporate	4,640,363	4,749,599
Wilmington Trust Company	Money market fund - Wilmington Trust Co Prime Money Market Fund	791,185	791,185
	Total	<u>\$ 16,511,075</u>	<u>\$ 19,692,602</u>

* Party-in-interest

Anderson Concrete Corp. Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-4356835, Plan No. 001 Year Ended December 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
Wilmington Trust Company	Metro West Total Ret I	\$ -	\$ 1,116,482	\$ 976,764	\$ 1,116,482	\$ 139,718
Wilmington Trust Company	PIMCO Total Return Instl	-	1,217,000	1,103,190	1,217,000	113,810
Wilmington Trust Company	PIMCO Total Return Instl	-	960,000	874,389	960,000	85,611
Wilmington Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	1,477,863	-	1,477,863	1,477,863	-
Wilmington Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	1,532,500	-	1,532,500	1,532,500	-
Wilmington Trust Company	Prudential U.S. Long Duration Corporate Bond Fund	1,630,000	-	1,630,000	1,630,000	-
Wilmington Trust Company	Western Asset Core Plus Inv	-	910,000	741,292	910,000	168,708
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of total plan assets:						
Wilmington Trust Company	Metro West Total Ret I - Sales	-	1,116,482	976,764	1,116,482	139,718
Wilmington Trust Company	Pimco Total Return Instl - Sales	-	2,177,000	1,977,579	2,177,000	199,421
Wilmington Trust Company	Prudential US Long Duration Corporate Bond Fund - Purchases	4,640,363	-	4,640,363	4,640,363	-
Wilmington Trust Company	Western Asset Core Plus Inv - Sales	-	1,450,500	1,177,791	1,450,500	272,709
Wilmington Trust Company	Wilmington Prime Money Market W: Purchases	1,138,989	-	1,138,989	1,138,989	-
	Sales	-	1,358,940	1,358,940	1,358,940	-

There were no Category (ii) or (iv) reportable transactions during the year.