# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
L & G CONCRETE COMPANIES 401 (K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2007

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

2100 W. EXPRESSSWAY 83
MERCEDES, TX 78570

**2b** Employer Identification Number (EIN)
74-2939910

**2c** Sponsor's telephone number
956-565-6334

**2d** Business code (see instructions)
236200

**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. | 10/14/2010 | LETICIA LOPEZ |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
L & G CONCRETE CONTRUCTION, INC.

2100 W. EXPRESSSWAY 83
MERCEDES, TX 78570

**3b** Administrator's EIN
74-2939910

**3c** Administrator's telephone number
956-565-6334

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 259 |
| **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** | 221 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 235 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 235 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 75 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
L & G CONCRETE COMPANIES 401 (K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500.
L & G CONCRETE CONTRUCTION, INC.

**D** Employer Identification Number (EIN)
74-2939910

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

**1** Coverage Information:

**(a)** Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 06-0974148 | 88072 | 807724 | 75 | 01/01/2009 | 12/31/2009 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 2399 | 152 |

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
CES INSURANCE AGENCY, INC.
29 SAWYER ROAD
WALTHAM, MA 02453

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 1486 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
SAGEPOINT FINANCIAL, INC.
2800 N. CENTRAL AVENUE, #2100
PHOENIX, AZ 85004

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 913 | | | 7 |

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

LOREN D. STARK COMPANY, INC.
10750 ROCKLEY RD.
HOUSTON, TX 77099

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | 152 | SALES/ADMINISTRATION | 5 |

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 0 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 513466 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 0 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 0 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 0 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) | 7e(4) | | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 0 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 0 |

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs ▶

## Part IV Provision of Information

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

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

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

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

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

**A** Name of plan
L & G CONCRETE COMPANIES 401 (K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
L & G CONCRETE CONTRUCTION, INC.

**D** Employer Identification Number (EIN)
74-2939910

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: HARTFORD ADVANTAGE TK

**b** Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 06-0974148-000 | P | 472890 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K

**b** Name of sponsor of entity listed in (a): HARTFORD LIFE INSURANCE COMPANY

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 06-0974148-000 | P | 46626 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
L & G CONCRETE COMPANIES 401 (K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
L & G CONCRETE CONTRUCTION, INC.

**D** Employer Identification Number (EIN)
74-2939910

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 0 | 0 |
| **(2)** U.S. Government securities | 1c(2) | 0 | 0 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | 0 |
| **(B)** All other | 1c(3)(B) | 0 | 0 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | 0 |
| **(B)** Common | 1c(4)(B) | 0 | 0 |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | 0 |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | 0 |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | 0 |
| **(8)** Participant loans | 1c(8) | 2000 | 63760 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 259872 | 513466 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 0 | 0 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | 0 | 0 |
| **(2)** Employer real property | 1d(2) | 0 | 0 |
| **e** Buildings and other property used in plan operation | 1e | 0 | 0 |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 261872 | 577226 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 0 | 0 |
| **h** Operating payables | 1h | 0 | 0 |
| **i** Acquisition indebtedness | 1i | 0 | 0 |
| **j** Other liabilities | 1j | 0 | 0 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 261872 | 577226 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 85384 | |
| **(B)** Participants | 2a(1)(B) | 138340 | |
| **(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) | | 223724 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | 1000 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1000 |
| **(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) | | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | 0 | |
| (B) Other | 2b(5)(B) | 0 | |
| (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) | | 101559 |
| (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) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 326283 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 9581 | |
| (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) | | 9581 |
| **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) | 1348 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 1348 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 10929 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 315354 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: SALINAS, ALLEN & SCHMITT, LLP (2) EIN: 74-2517388

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | X | | 187064 |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 140000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R
## (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

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

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

**A** Name of plan
L & G CONCRETE COMPANIES 401 (K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
L & G CONCRETE CONTRUCTION, INC.

**D** Employer Identification Number (EIN)
74-2939910

## Part I Distributions

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

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

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

EIN(s): 06-0974148

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

74-2939910
Schedule H, Line 3a

# *Financial Statements*

**L & G CONCRETE COMPANIES 401(K) PLAN**

**FINANCIAL STATEMENTS**

**YEAR ENDED DECEMBER 31, 2009**

74-2939910
Schedule H, Line 3a

L & G Concrete Companies 401(k) Plan

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74-2939910
Schedule H, Line 3a

SALINAS, ALLEN & SCHMITT, L.L.P.
CERTIFIED PUBLIC ACCOUNTANTS BUSINESS AND TAX CONSULTANTS

## INDEPENDENT AUDITOR'S REPORT

## (DOL Limited-scope Audit)

To the Administrator of
L & G Concrete Companies 401(k) Plan

We were engaged to audit the financial statements of L & G Concrete Companies 401(k) Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009 and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's

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 10, which was certified by Hartford Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and the 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.

As discussed in Note 6 to the financial statements, an error relating to administrative expenses that should have been paid from the Plan assets as of December 31, 2008, was discovered by management of the Company during the current year. Accordingly, the 2008 financial statements have been restated to correct the error.

Salinas, Allen + Schmitt, LLP
September 14, 2010



2300 West Pike, Suite 201 P.O. Box 8368 Weslaco, TX 78599-8368 956-968-2108 FAX 956-968-9231
www.sasllpcpa.com

74-2939910
Schedule H, Line 3a

# L & G CONCRETE COMPANIES 401(K) PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| **Investments:** | | |
| Pooled separate accounts | $ 513,466 | $ 259,872 |
| Participant's loans | 63,760 | 2,000 |
| Total investments | 577,226 | 261,872 |
| **RECEIVABLES** | | |
| Employer's contribution | 7,610 | 0 |
| Participant's contribution | 4,335 | 0 |
| Total receivables | 11,945 | 0 |
| **TOTAL ASSETS** | $ 589,171 | $ 261,872 |
| **LIABILITIES** | | |
| Accrued administrative expenses | 26,215 | 15,000 |
| Total liabilities | 26,215 | 15,000 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 562,956 | $ 246,872 |

See the accompanying notes and independent auditor's report.

74-2939910
Schedule H, Line 3a

# L & G CONCRETE COMPANIES 401(K) PLAN
## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## YEAR ENDED DECEMBER 31, 2009

| | |
|---|---|
| ADDITIONS TO NET ASSETS | |
| INVESTMENT INCOME (LOSS) | |
| Investment gain (loss) | $ 101,559 |
| Unrealized gain (loss) | 0 |
| Interest and dividends | 1,000 |
| Gross investment income (loss) | 102,559 |
| Less investment expenses | 0 |
| Net investment income (loss) | 102,559 |
| CONTRIBUTIONS | |
| Participants | 70,468 |
| Participants Roth 401(k) | 72,208 |
| Employer Safe harbor match | 92,116 |
| Employer - Other | 878 |
| Total contributions | 235,669 |
| TOTAL ADDITIONS TO NET ASSETS | 338,228 |
| DEDUCTIONS FROM NET ASSETS | |
| Benefits paid to participants | 9,581 |
| Professional fees and expenses | 12,563 |
| TOTAL DEDUCTIONS | 22,144 |
| NET INCREASE (DECREASE) | 316,084 |
| NET ASSETS AVAILABLE FOR BENEFITS: | |
| Beginning of year | 246,872 |
| END OF YEAR | $ 562,956 |

**See the accompanying notes and independent auditor's report.**

Note 1. DESCRIPTION OF PLAN

The following description of the L & G Concrete Construction (Employer) 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement and Plan amendments for a more complete description of the Plan's provisions.

*General.* The Plan is a defined contribution plan covering all full-time employees of the Employer and L & G Equipment and L & G Transport who have one year of service and are eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

*Contributions.* For the Plan year 2009, under a salary reduction agreement, participants may contribute up to $16,500 of pretax annual compensation, as defined in the Plan. Participants who attain age 50 by the end of the plan year may make additional "catch-up" contributions of up to $5,500. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Employer will match 100% of employee contributions up to 3% of the participant's compensation plus 50% of the employee contributions between 3% and 5% of the participant's compensation. Any fee or expense paid, directly or indirectly, by the Company is not considered a contribution to the Plan.

*Participant Accounts.* Each participant's account is credited with the participant's contributions and allocations of (1) the Company's contribution and, (2) Plan earnings or losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's fully vested account.

*Vesting.* The balance in each Participant's Elective Account shall be fully vested at all times and, except as otherwise provided herein, shall not be subject to forfeiture for any reason.

*Investment Options.* A participant has the right to direct the Trustee with respect to the investment or re-investment of the assets comprising the participant's individual account.

*Participant loans.* Participant loans are permitted. Participants are allowed to borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at reasonable rates. The principal and interest is paid ratably over 5 years through regularly scheduled payroll deductions.

*Payment of Benefits.* On termination of service due to death, disability or retirement, a participant may withdraw an amount equal to the value of the participant's account.

Benefits are recorded when paid.

*Forfeited Accounts.* In 2009, there were no forfeitures or forfeited nonvested accounts.

Note 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

See accountant's report.

Basis of Accounting
The financial statements of the Plan are prepared under the accrual method of accounting.

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

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 3. INVESTMENTS
The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

| | 2009 |
|---|---|
| American Funds Cap Inc Bldr | $ 33,164 |
| American Funds Capwld G&I | 53,936 |
| American Funds Growth Fund | 32,203 |
| Hartford Growth Opportunities | 35,274 |
| Lifepath 2030 | 75,290 |
| Oppenheimer International Bond | 67,458 |
| Thornburg International Value | 48,530 |
| Thornburg Value | 35,608 |
| Loans to Participants | 63,760 |

Note 4. NET UNREALIZED GAIN OR LOSS ON INVESTMENTS
The net unrealized gain on investments was $101,559 in 2009. The gain for the year was generated by pooled separate accounts.

Note 5. RELATED PARTY TRANSACTIONS
All plan investments are managed by Hartford. Hartford is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid or accrued by the Plan for investment management services amounted to $3,563 for the year ended December 31, 2009. The CPA firm of Salinas, Allen & Schmitt, LLP conducted the audit of the Plan's financial statements for the years 2007, 2008 and 2009. The Plan accrued audit fees of $15,000 for the years 2007 and 2008 and $9,000 for 2009. These transactions also qualify as party-in-interest transactions.

Note 6. PRIOR PERIOD ADJUSTMENT FOR CORRECTION OF AN ERROR
Audit fees relating to the 2007 and 2008 Plan years were paid by the Plan sponsor in error. These administrative fees should have been paid from the Plan. As a result, the financial statements for 2008 have been adjusted to include an accrual of $15,000, the amount of the audit fees. This resulted in a decrease in net assets of the Plan of $15,000. Individual account balances as of 12/31/08 will be adjusted to reflect their pro-rata share of this cost.

See accountant's report.

Note 7. FAIR VALUE MEASUREMENTS

FASB Statement No. 157, *Fair Value Measurements* provides a framework for measuring fair value under U.S. generally accepted accounting principles. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Pursuant to the provisions of Statement No. 157, fair values determined by Level 1 inputs utilize quoted prices in active markets for identical assets of liabilities. Fair values determined by Level 2 inputs are based on quoted prices for similar assets and liabilities in active markets, and fair value can be determined through the use of models or other valuation methodologies. Level 3 inputs are unobservable inputs for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value, including assumptions regarding risk.

Following is a description of the valuation methodologies used for assets measured at fair value.

Investments in pooled separate accounts are presented at estimated fair value, which is determined based on the unit value of the fund. Unit value is determined by an independent trustee, which sponsors the fund, by dividing the fund's net assets by its units outstanding at the valuation date. Participant loans are valued at amortized cost, which approximates fair value.

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 for assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Assets measured at fair value as of December 31, 2009:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Pooled separate accounts | $ 0 | $ 513,466 | $ 0 | $ 513,466 |
| Participant loans | 0 | 0 | 63,760 | 63,760 |
| Total assets at fair value | $ 0 | $ 513,466 | $ 63,760 | $ 577,226 |

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

| | Participant Loans |
|---|---|
| Beginning of year balance | $ 2,000 |
| Realized gains (losses) | 0 |
| Unrealized gains (losses) relating to instruments still held at the reporting date | 0 |
| Purchases, sales, issuances, and payments, net | 61,760 |
| End of year balance | $ 63,760 |

See accountant's report.

Note 8. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 9. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31:

| | 2009 |
|---|---|
| Net assets available for benefits per the financial statements | $ 562,956 |
| Change in contributions receivable | 11,945 |
| Change in accrued administrative expense | 26,215 |
| Net assets available for benefits per Form 5500 | $ 577,226 |

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to Form 5500 for the year ended December 31:

| | 2009 |
|---|---|
| Net increase per financial statements | $ 316,084 |
| Accrual of administrative expenses at December 31, | 11,215 |
| Accrual of contributions receivable at December 31, 2008 | 0 |
| Accrual of contributions receivable at December 31, 2009 | (11,945) |
| Net increase per Form 5500 | $ 315,354 |

Note 10. INCOME TAX STATUS

The Internal Revenue Service has determined by a letter dated March 31, 2008 that the Prototype Plan described as a Volume Submitter Profit Sharing Plan with CODA submitted by Loren D. Stark Company, Inc. is designed in accordance with applicable sections of the Internal Revenue Code (IRC). The IRS letter indicates that the letter is not a ruling as to whether an employer's plan qualifies under Code section 401 (a). However, an employer that adopts this plan may rely on this letter with respect to the qualification of its plan under Code section 401 (a). The letter also states that the terms of the plan must be followed in operation to remain qualified. The plan administrator believes they have followed the terms of their Plan and it remains a qualified plan.

Note 11. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 14, 2010, the date our report was available for issue.

See accountant's report.

Note 12. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements for the years ended December 31, 2009 and 2008 and supplemental schedules for the year ended December 31, 2009 was obtained from data that has been prepared and certified to as complete and accurate by the trustee, Hartford Life Insurance Company.

| | 2009 |
|---|---|
| Pooled Separate Accounts, at fair value: | |
| Alliance Bernstein Intl Growth | $ 2 |
| Alliance Bernstein Intl Value | 11,730 |
| American Funds Bond Fund Am | 877 |
| American Funds Cap Inc Bldr | 33,164 |
| American Funds Capwld G&I | 53,936 |
| American Funds Growth Fund | 32,203 |
| American Funds Income Fund | 2,826 |
| Eaton Vance Large-Cap Value | 36 |
| Franklin Income | 1,810 |
| Franklin Templeton Gr Target | 1,171 |
| Hartford Global Health Hls | 10,394 |
| Hartford Growth Opportunities | 35,274 |
| Hartford Value Opportunities | 349 |
| Ivy Global Natural Resources | 23,431 |
| Janus Adviser Intern'L Growth | 0 |
| Janus Overseas | 40 |
| Lifepath 2020 | 8,361 |
| Lifepath 2030 | 75,290 |
| Lifepath 2040 | 8,166 |
| Mutual Beacon | 37 |
| Mutual Discovery | 904 |
| Oppenheimer Gold&Spec Minerals | 18,237 |
| Oppenheimer International Bond | 67,458 |
| Sei Stable Asset | 24,815 |
| Templeton Develop Mkts Trust | 18,049 |
| Thornburg International Value | 48,530 |
| Thornburg Value | 35,608 |
| Thorburg Core Growth | 209 |
| Van Kampen Small Cap Growth | 521 |
| Victory Special Value | 39 |
| Loan Fund | 63,760 |
| Net investment income (loss): | |
| Interest, dividends, and change in value | 102,559 |

Note 13. ERISA FIDELITY BOND REQUIREMENT

The Employee Retirement Income Security Act of 1974 requires the bonding of every fiduciary and person who handle funds. The amount of this bond is 10 percent of the net assets of the plan. The bond required for the year ended December 31, 2009 was $57,723. The Plan bond in force for the year was $140,000.

See accountant's report.

L & G CONCRETE COMPANIES 401(K) PLAN #001 EIN 74-2939910
SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2009

FORM 5500 Sch H Part IV Item i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

| | (a) | (b) No Identity of Investment | (c) Description of Investment | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| * | 1. | Hartford Life Insurance Co | Alliance Bernstein Intl Growth | | $ 2 |
| * | 2. | Hartford Life Insurance Co | Alliance Bernstein Intl Value | | 11,730 |
| * | 3. | Hartford Life Insurance Co | American Funds Bond Fund Am | | 877 |
| * | 4. | Hartford Life Insurance Co | American Funds Cap Inc Bldr | | 33,164 |
| * | 5. | Hartford Life Insurance Co | American Funds Capwld G&I | | 53,936 |
| * | 6. | Hartford Life Insurance Co | American Funds Growth Fund | | 32,203 |
| * | 7. | Hartford Life Insurance Co | American Funds Income Fund | | 2,826 |
| * | 8. | Hartford Life Insurance Co | Eaton Vance Large-Cap Value | | 36 |
| * | 9. | Hartford Life Insurance Co | Franklin Income | | 1,810 |
| * | 10. | Hartford Life Insurance Co | Franklin Templeton Gr Target | | 1,171 |
| * | 11. | Hartford Life Insurance Co | Hartford Global Health Hls | | 10,394 |
| * | 12. | Hartford Life Insurance Co | Hartford Growth Opportunities | | 35,274 |
| * | 13. | Hartford Life Insurance Co | Hartford Value Opportunities | | 349 |
| * | 14. | Hartford Life Insurance Co | Ivy Global Natural Resources | | 23,431 |
| * | 15. | Hartford Life Insurance Co | Janus Adviser Intern'L Growth | | 0 |
| | 16 | Hartford Life Insurance Co | Janus Overseas | | 40 |
| * | 17. | Hartford Life Insurance Co | Lifepath 2020 | | 8,361 |
| * | 18. | Hartford Life Insurance Co | Lifepath 2030 | | 75,290 |
| * | 19. | Hartford Life Insurance Co | Lifepath 2040 | | 8,166 |
| * | 20. | Hartford Life Insurance Co | Mutual Beacon | | 37 |
| * | 21. | Hartford Life Insurance Co | Mutual Discovery | | 904 |
| * | 22. | Hartford Life Insurance Co | Oppenheimer Gold&Spec Minerals | | 18,237 |
| * | 23. | Hartford Life Insurance Co | Oppenheimer International Bond | | 67,458 |
| * | 24. | Hartford Life Insurance Co | Sei Stable Asset | | 24,815 |
| * | 25. | Hartford Life Insurance Co | Templeton Develop Mkts Trust | | 18,049 |
| * | 26. | Hartford Life Insurance Co | Thornburg International Value | | 48,530 |
| * | 27. | Hartford Life Insurance Co | Thornburg Value | | 35,608 |
| | 28 | Hartford Life Insurance Co | Thorburg Core Growth | | 209 |
| * | 29. | Hartford Life Insurance Co | Van Kampen Small Cap Growth | | 521 |
| * | 30. | Hartford Life Insurance Co | Victory Special Value | | 39 |
| | 31. | Participant Loans | Loan Fund 4%-6% | 0 | 63,760 |
| | | Totals | | $ 0 | $ 577,226 |

* Party-in-interest
Cost is blank as all investments are participant directed.

FORM 5500, Sch H Part IV Item a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

| Participant Contributions Transferred late to Plan | Total that Constitute Nonexempt Prohibited Transactions | | | |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Total Fully Corrected Under VFCP and PTE 2002-51 |
| ✓ | | | | |
| $ 187,064 | $ 0 | $ 187,064 | $ 0 | $ 0 |

See the accompanying notes and accountant's report

**Client # 4840**
**L & G Concrete Companies**
**Plan #:001**
**EIN#:76 0850847**
**401(k) Plan**

**Schedule H, line 4i - Schedule of Assets (Held at End of Year)**
For Plan Year Ending December 31, 2009

| (a) Party in Interest? | (b) Identity of issue, borrower, leaser, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|
| * | Hartford | Lifepath 2030 | Pooled Separate Accounts | 39,948.76 | 75,290.42 |
| * | Hartford | American Funds Growth Fund | Pooled Separate Accounts | 24,935.74 | 32,202.81 |
| * | Hartford | Templeton Developing Mkts | Pooled Separate Accounts | 11,549.84 | 18,048.94 |
| * | Hartford | American Funds Cap Inc Bldr | Pooled Separate Accounts | 24,761.76 | 33,163.92 |
| * | Hartford | American Funds CapWld G&I | Pooled Separate Accounts | 38,108.99 | 53,935.75 |
| * | Hartford | Oppenheimer International Bond | Pooled Separate Accounts | 46,519.49 | 67,458.22 |
| * | Hartford | Thornburg International Value | Pooled Separate Accounts | 35,562.93 | 48,529.94 |
| * | Hartford | Thornburg Value | Pooled Separate Accounts | 24,378.00 | 35,608.17 |
| * | Hartford | Hartford Growth Opportunities | Pooled Separate Accounts | 25,901.03 | 35,274.41 |
| * | Hartford | Ivy Global Natural Resouces | Pooled Separate Accounts | 15,048.00 | 23,431.02 |
| * | Hartford | SEI Stable Asset | Pooled Separate Accounts | 13,089.24 | 24,814.84 |
| * | Hartford | Loan Fund | Loan | 0.00 | 63,760.06 |
| * | Hartford | Lifepath 2040 | Pooled Separate Accounts | 5,351.01 | 8,166.13 |
| * | Hartford | Thornburg Core Growth | Pooled Separate Accounts | 0.00 | 208.62 |
| * | Hartford | Alliance Bernstein Intl Growth | Pooled Separate Accounts | 424.75 | 1.73 |
| * | Hartford | American Funds Inc Fund | Pooled Separate Accounts | 1,265.97 | 2,826.04 |
| * | Hartford | Victory Special Value | Pooled Separate Accounts | 45.69 | 39.12 |
| * | Hartford | Hartford Global Health | Pooled Separate Accounts | 6,300.16 | 10,393.97 |
| * | Hartford | American Funds Bond Fund Am | Pooled Separate Accounts | 424.87 | 876.58 |
| * | Hartford | Eaton Vance Large-Cap Value | Pooled Separate Accounts | 398.34 | 36.30 |
| * | Hartford | Franklin Templeton Gr Target | Pooled Separate Accounts | 1,041.02 | 1,170.51 |
| * | Hartford | Mutual Beacon | Pooled Separate Accounts | 45.67 | 37.05 |
| * | Hartford | Lifepath 2010 | Pooled Separate Accounts | 4,891.97 | 8,360.57 |
| * | Hartford | Franklin Income | Pooled Separate Accounts | 819.65 | 1,809.51 |
| * | Hartford | Mutual Discovery | Pooled Separate Accounts | 1,174.47 | 904.22 |
| * | Hartford | Oppenheimer Gold & Spec Minerals | Pooled Separate Accounts | 7,648.65 | 18,236.98 |
| * | Hartford | Hartford Value Opportunities | Pooled Separate Accounts | 506.98 | 348.52 |
| * | Hartford | Alliance Bernstein Intl Value | Pooled Separate Accounts | 5,969.64 | 11729.61 |
| * | Hartford | Van Kampen Small Cap Growth | Pooled Separate Accounts | 757.34 | 521.42 |
| * | Hartford | Janus Overseas | Pooled Separate Accounts | 0.00 | 40.41 |
| **TOTAL** | | | | **$336,869.96** | **$577,225.79** |

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan L & G Concrete Companies
401 (k) Plan

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/2007

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
L & G Concrete Contruction, Inc.

2100 W. Expresssway 83

Mercedes TX 78570

**2b** Employer Identification Number (EIN) 74-2939910

**2c** Sponsor's telephone number (956) 565-6334

**2d** Business code (see instructions) 236200

**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 | Leticia Lopez | 10/12/2010 | Leticia Lopez |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")<br>SAME | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |

| | | |
|---|---|---|
| **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:<br>**a** Sponsor's name | **4b** EIN | |
| | **4c** PN | |

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 259 |
| **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** | 221 |
| **b** Retired or separated participants receiving benefits | **6b** | 0 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** Subtotal. Add lines 6a, 6b, and 6c | **6d** | 235 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines 6d and 6e | **6f** | 235 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 75 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the Instructions:

2E 2F 2G 2J 2K 2T 3D

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) | [X] Insurance | (1) | [X] Insurance |
| (2) | [ ] Code section 412(e)(3) insurance contracts | (2) | [ ] Code section 412(e)(3) insurance contracts |
| (3) | [X] Trust | (3) | [X] Trust |
| (4) | [ ] General assets of the sponsor | (4) | [ ] General assets of the sponsor |

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

| **a** Pension Schedules | | **b** General Schedules | | |
|---|---|---|---|---|
| (1) | [X] R (Retirement Plan Information) | (1) | [X] | H (Financial Information) |
| (2) | [ ] MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) | [ ] | I (Financial Information – Small Plan) |
| | | (3) | [X] 1 | A (Insurance Information) |
| | | (4) | [ ] | C (Service Provider Information) |
| (3) | [ ] SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) | [X] | D (DFE/Participating Plan Information) |
| | | (6) | [ ] | G (Financial Transaction Schedules) |

L & G Concrete Companies
401(k) Plan

Authorization to File the Plan's Form 5500 Electronically

Plan Sponsor: L & G Concrete Companies

On behalf of the above named plan sponsor, the undersigned hereby grants permission to the Loren D. Stark Co., Inc. (LDSCO) to electronically file the plan sponsor's Form(s) 5500 annually but only upon LDSCO's receipt of the signed **red-stamped COPY** of Form 5500 and this signed **Authorization**.

The plan sponsor authorizes Loren D. Stark Co., Inc. to use it's PIN to file the 5500 or 5500-SF Forms and any applicable schedules for the plan.

The sponsor has been notified that the image of the plan administrator's/plan sponsor's **red-stamped COPY** will be included with the rest of the return/report posted by the Department of Labor on the Internet for public enclosure.

The sponsor has been notified that the signature of the individual signing the 5500 Form will be posted on the DOL Website.

The employer may revoke or change this authorization any time by notification in writing to LDSCO.

Signature: Leticia Lopez

Print Name: Leticia Lopez

Date: 10/12/2010

4840