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 6057(b) 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

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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
SYSTEM PAVERS 401(K) RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SYSTEMS PAVING, INC.

1570 BROOKHOLLOW DR
SANTA ANA, CA 92705

2b Employer Identification Number (EIN)
33-0533565

2c Plan Sponsor's telephone number
949-263-8300

2d Business code (see instructions)
238900

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.	10/16/2017	MARC BERNSTEIN
	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

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**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:	**4b**	EIN
a	Sponsor's name	**4c**	PN

5	Total number of participants at the beginning of the plan year	**5**	580
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	405
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	459
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	232
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	691
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	691
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	623
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	95
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 Characteristics Codes in the instructions:

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

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	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

- **(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)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶	
SYSTEM PAVERS 401(K) RETIREMENT SAVINGS PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
SYSTEMS PAVING, INC.	33-0533565	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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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)

LT TRUST COMPANY

61-1607607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 21 25 37 64 72	RECORD KEEPER	29071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICA'S BEST 401(K)

47-2843220

(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?
26 27 28 51	INVESTMENT ADVISOR	18015	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 ☐

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 ☐

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SYSTEM PAVERS 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYSTEMS PAVING, INC.

D Employer Identification Number (EIN)
33-0533565

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	6999	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1823	107
(2) Participant contributions	1b(2)	61708	1511
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	32027
(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)	156023	179340
(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)	3945296	5032859
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4171849	5245844
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4171849	5245844

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)	81766	
	(B) Participants	2a(1)(B)	958359	
	(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)		1040125
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	55	
	(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)	7466	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7521
	(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)	117267	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		117267
	(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
	(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

		(a) Amount	(b) Total
(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)		232723
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1397636
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	276555	
(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)		276555
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)	29071	
(3) Investment advisory and management fees	2i(3)	18015	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		47086
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		323641
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1073995
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: ALBERT & ASSOCIATES CPA **(2)** EIN: 26-3801516

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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		97725
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	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n	X		
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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 sections 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

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
SYSTEM PAVERS 401(K) RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SYSTEMS PAVING, INC.

D Employer Identification Number (EIN)
33-0533565

Part I Distributions

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

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

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

EIN(s): 75-3182674

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

SYSTEM PAVERS 401(K)
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS &
SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2016 AND 2015

ALBERT & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANT

AN ACCOUNTANCY CORPORATION

System Pavers 401(k) Retirement Savings Plan
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December 31, 2016 and 2015

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ALBERT & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANT
AN ACCOUNTANCY CORPORATION

INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee of the
System Pavers 401(k) Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of System Pavers 401(k) Retirement Savings Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Massachusetts Mutual Life Insurance Company, the recordkeeper of the plan as agent for Reliance Trust Company, the trustee of the Plan, and LT Trust Company, the trustee of the plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that LT Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016 and 2015 and for the period of December 23, 2015 to December 31, 2016 and that Massachusetts Mutual Life Insurance Company held the Plan's investment assets and executed investment transactions for the period of January 1, 2015 to December 23, 2015. The plan administrator has obtained certifications from the agent on behalf of the trustee and from the trustee as of and for the years ended December 31, 2016 and 2015, that the information provided to the plan administrator by the agent for the trustee and by the trustee is complete and accurate.

3 CORPORATE PARK, SUITE 220 | IRVINE, CA 92606
OFFICE (949) 274-8748 | FAX (888) 426-4060

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of delinquent participant contributions for the years ended December 31, 2015, 2014 and 2013 and assets (held at end of year) as of December 31, 2016 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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 agent on behalf of the trustee and 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.

Albert & Associates

Irvine, California
October 13, 2017

System Pavers 401(k) Retirement Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2016 and 2015

	2016	2015
ASSETS		
Investments, at fair value:		
Mutual funds	$ 4,786,214	$ 3,870,663
Exchange-traded funds	246,647	74,633
Money market	32,027	6,999
Total investments, at fair value	5,064,888	3,952,295
Receivables:		
Notes receivable from participants	179,340	156,023
Participants' contributions	1,511	61,708
Employer's contribution	107	1,823
Total receivables	180,957	219,554
TOTAL ASSETS	5,245,844	4,171,849
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,245,844	$ 4,171,849

See Independent Auditors' Report and accompanying notes to financial statements.

System Pavers 401(k) Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2016

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments	$ 232,723
Interest and dividends	117,323
	350,046
Less investment expenses	(18,015)
Net investment income	332,031
Interest income on notes receivable from participants	7,466
Contributions:	
Participants'	958,359
Employer's	81,766
	1,040,125
TOTAL ADDITIONS	1,379,622
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	276,555
Administrative and other expenses	29,072
TOTAL DEDUCTIONS	305,627
NET CHANGE	1,073,995
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	4,171,849
End of year	$ 5,245,844

See Independent Auditors' Report and accompanying notes to financial statements.

1. Description of Plan

The following description of the System Pavers 401(k) Retirement Savings Plan ("the Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan that was established on January 1, 2001 and covers substantially all employees of Systems Paving, Inc., System Pavers of Washington, Inc., System Pavers of Oregon, LLC, System Pavers of Colorado, LLC and System Pavers Marketing, Inc. (collectively "the Company"). All employees who have completed three consecutive months of continuous service are eligible to enroll and contribute to the plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). Participants direct the investment of all contributions into various investment options offered by the Plan through Massachusetts Mutual Life Insurance Company ("MassMutual") through December 2015 and through LT Trust Company, Inc. ("LT Trust") subsequent to December 2015.

Plan Amendment

The Plan was amended and restated effective October 1, 2015 to appoint a new plan trustee, LT Trust. LT Trust also serves as custodian and recordkeeper. Prior to LT Trust's appointment, MassMutual served as the Plan's recordkeeper, State Street Bank and Trust Company ("State Street") served as custodian and Reliance Trust Company ("Reliance") served as the successor trustee.

The Plan's assets were transferred to LT Trust in December 2015. The conversion initiated a blackout period beginning December 17, 2015 and continuing through January 15, 2016. During this period, participants were unable to request loans or withdrawals, make changes to investment selections or transfer monies until the transition was complete and balances were reconciled. Employee contributions continued to be made through payroll deductions during the blackout period and were held until the completion of the period. At the end of the blackout period, these funds were remitted to LT Trust and invested in the appropriate funds.

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined by the Plan, up to the dollar limit set by law. The annual dollar limit was $18,000 for 2015 and 2016. In addition, a participant over the age of 50 is eligible to make a catch-up contribution. The catch-up contribution dollar limit was $6,000 for 2015 and 2016. Participants may make elective deferrals on either a pre-tax or post-tax basis (to a separate Roth account). Participants may also contribute amounts representing distributions from other qualified plans (rollovers).

1. Description of Plan (continued)

Contributions (continued)

The Plan contains an automatic enrollment provision. All eligible employees are automatically enrolled at a deferral rate of 3%, with contributions invested in a Vanguard Target Retirement Fund based on the participant's age and projected retirement date. The employee may choose to opt out or select a different deferral rate or select different investment options.

The Company may make a matching contribution equal to a discretionary percentage of a participant's salary deferrals, with the percentage being determined each year. For the year ended December 31, 2016, the employer match was 30% of the first $1,000 of compensation that a participant contributes to the Plan. Discretionary profit-sharing contributions may be made at the option of the Company's board of directors. No profit-sharing contributions were made for the year ended December 31, 2016. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) net investment income or loss and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on the participant's eligible compensation or account balances, as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions and rollovers plus actual earnings thereon. Vesting in the Company's matching and profit-sharing contribution portion of an account plus earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credited service as follows:

Years of Service	Vested Percentage
Less than 1 year	0%
1 year or more	20%
2 years or more	40%
3 years or more	60%
4 years or more	80%
5 years or more	100%

1. Description of Plan (continued)

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to the lesser of (1) 50% of the value of the participant's vested account balance or (2) $50,000 minus the difference between the highest outstanding loan balance in the past 12 months and the outstanding loan balance on the date the loan is made. A participant may have up to two loans outstanding at any one time. Loans are secured by the vested balance in the participant's account. The rate of interest for the term of the loan is established on the loan date at the prime rate as reflected in the Wall Street Journal plus 2%. As of December 31, 2016, interest rates on outstanding loans ranged from 4.25% to 5.50%. As of December 31, 2015, the interest rate on all outstanding loans was 4.25%. Principal and interest are paid ratably through bi-weekly payroll deductions.

Payment of Benefits

On termination of service due to death, disability or retirement after age 65, a participant will become 100% vested in all his or her accounts. If a participant's employment terminates for another reason, the participant will be entitled to receive only the value of the vested interest in his or her account.

On termination of service, a participant will receive a single lump-sum payment of their entire vested account balance if the vested balance does not exceed $1,000. If the participant's vested balance exceeds $1,000, they may elect to receive a single lump-sum payment of the entire account balance or a single-sum payment of a portion of the vested balance. The Plan also permits hardship distributions and other in-service distributions under certain conditions.

Forfeitures

If a participant terminates employment with the Company prior to becoming fully vested, the nonvested portion of the Company's contributions and earnings thereon are forfeited. Forfeitures may be utilized to pay the Plan's administrative expenses, to reduce Company contributions or to restore forfeitures. As of December 31, 2016 and 2015, forfeited nonvested accounts totaled approximately $3,500 and $7,000, respectively. During the years ended December 31, 2016 and 2015, nonvested account balances totaling $9,961 and $12,881, respectively, were forfeited. During the year ended December 31, 2016, forfeitures in the amount of $13,516 were used to pay Plan expenses. During the year ended December 31, 2015, forfeitures in the amount of $14,871 were used to reduce Company contributions.

1. Description of Plan (continued)

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. As of December 31, 2016 and 2015, no allowance for credit losses has been recorded. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the plan document.

Payment of Benefits

Benefit payments to participants are recorded when paid.

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses

The Plan's administrative and other expenses are paid by either the Plan or the Company. Certain administrative functions are performed by employees of the Company. No such employee receives compensation from the Plan. Expenses relating to specific participant transactions are charged directly to the participant's account.

Use of Estimates

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

Reclassifications

Certain amounts on the statement of net assets available for benefits for the prior year have been reclassified for comparative purposes to conform to the current year presentation.

Subsequent Events

Management has evaluated subsequent events through October 13, 2017, the date the financial statements were available to be issued.

3. Fair Value Measurements

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. 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).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

3. Fair Value Measurements (continued)

The three levels of the fair value hierarchy under FASB 157 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include: • Quoted prices for similar assets or liabilities in active markets; • Quoted prices for identical or similar assets or liabilities in inactive markets; • Inputs other than quoted prices that are observable for the asset or liability; • Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Mutual funds and exchange-traded funds: Valued daily at the closing price reported on the active market on which the funds are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

The following tables set forth, by level within the fair value hierarchy, the plan's assets at fair value as of December 31, 2016 and 2015.

3. Fair Value Measurements (continued)

		Fair Value Measurements at December 31, 2016 Using:		
	Fair Value	Level 1	Level 2	Level 3
Mutual Funds:				
Lifecycle Funds	$ 4,196,090	$ 4,196,090	$ -	$ -
Fixed Income Funds	120,058	120,058	-	-
Domestic Equity Funds	266,623	266,623	-	-
International Equity Funds	105,118	105,118	-	-
Real Estate Funds	84,960	84,960	-	-
Commodity Funds	13,365	13,365	-	-
Total Mutual Funds	4,786,214	4,786,214	-	-
Exchange-Traded Funds:				
Fixed Income Funds	106,235	106,235	-	-
Domestic Equity Funds	98,981	98,981	-	-
International Equity Funds	24,229	24,229	-	-
Commodity Funds	17,202	17,202	-	-
Total ETFs	246,647	246,647	-	-
Money Market	32,027	32,027	-	-
Total	$ 5,064,888	$ 5,064,888	$ -	$ -

		Fair Value Measurements at December 31, 2015 Using:		
	Fair Value	Level 1	Level 2	Level 3
Mutual Funds:				
Lifecycle Funds	$ 3,677,082	$ 3,677,082	$ -	$ -
Fixed Income Funds	37,315	37,315	-	-
Domestic Equity Funds	85,558	85,558	-	-
International Equity Funds	46,182	46,182	-	-
Real Estate Funds	18,745	18,745	-	-
Commodity Funds	5,781	5,781	-	-
Total Mutual Funds	3,870,663	3,870,663	-	-
Exchange-Traded Funds:				
Fixed Income Funds	42,099	42,099	-	-
Domestic Equity Funds	20,056	20,056	-	-
International Equity Funds	6,780	6,780	-	-
Commodity Funds	5,698	5,698	-	-
Total ETFs	74,633	74,633	-	-
Money Market	6,999	6,999	-	-
Total	$ 3,952,295	$ 3,952,295	$ -	$ -

3. Fair Value Measurements (continued)

Realized and unrealized gains and losses are reported in net appreciation in fair value of investments on the statement of changes in net assets available for benefits.

4. Investments

During 2015, participants were able to invest in separate investment accounts, including a stable value fund (the Capital Preservation Account), under a Group Annuity Contract offered by MassMutual. See note 5 for a description of the investment contract with MassMutual. Effective December 2015, participants are able to invest in any combination of over thirty mutual funds and exchange-traded funds offered through LT Trust. LT Trust offers a selection of investments comparable to those offered by MassMutual.

The following table presents investments that represent 5% or more of the Plan's net assets.

	December 31, 2016	December 31, 2015
Investments in mutual funds:		
Vanguard Target Retirement 2020 Fund	$ 412,491	$ 389,271
Vanguard Target Retirement 2030 Fund	571,164	432,772
Vanguard Target Retirement 2035 Fund	905,710	776,497
Vanguard Target Retirement 2040 Fund	803,204	782,149
Vanguard Target Retirement 2045 Fund	631,611	586,119
Vanguard Target Retirement 2050 Fund	348,328	318,200

During 2016, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

Mutual funds	$ 234,882
Exchange-traded funds	(2,158)
Net appreciation in fair value of investments	$ 232,723

5. Investment Contract with MassMutual

During 2015, the Plan participated in a Group Annuity Contract with MassMutual. The contract provided for separate investment accounts as well as a Capital Preservation Account. The Capital Preservation Account is a market value separate account investment option with a general investment account guarantee that provides a stated rate of return and insulates participants' accounts from daily fluctuations in the market.

MassMutual maintains a book value account to determine the amount of each investor's interest in the Capital Preservation Account. MassMutual also maintains a market value account for purposes of setting and resetting the book value account interest rate for the investment pool in which each investor is a member. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed contract is fully benefit-responsive and contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value, which approximates fair value, as reported to the Plan by MassMutual. The Capital Preservation Account was liquidated in December 2015.

Under the terms of the Group Annuity Contract, participants could direct permitted withdrawal and/or transfer transactions of all or a portion of their balance in the Capital Preservation Account at contract value. MassMutual was contractually obligated to repay the principal and a specified guaranteed interest rate to the Plan.

The Capital Preservation Account investment option also allowed the plan sponsor to withdraw the contract value after a deferral period of up to twelve months. The fair value presented assumes that the deferral period was being waived and that immediate lump sum payment of proceeds was available. MassMutual reserved the right to impose or not impose the deferral period based on circumstances at the time of notice of termination.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The book value account interest rate is based on the investment experience of the assets that support the contract and was established on a semi-annual basis. The minimum book value account interest rate equaled the thirty-six month average of the five-year constant maturity treasury note as of the end of the month preceding the quarterly reset date less 1.25%, rounded to the nearest multiple of 0.05%.

5. Investment Contract with MassMutual (continued)

Certain events may limit the ability of the Plan to transact at contract value with the issuer and may result in a deferral of the payment at contract value for up to twelve months. Such events include, but may not be limited to the following: (1) removal of a group of participants from plan coverage as a result of temporary absence, change in position or other occurrence qualifying as a temporary break in service under the plan; (2) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer; (3) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the Company's business; (4) removal from the Plan of one or more groups or classifications of participants; (5) partial or complete Plan termination; or (6) plan disqualification. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

6. Tax Status

The Company adopted a volume submitter profit sharing plan with cash or deferred arrangement effective October 1, 2015. The volume submitter plan sponsor has obtained a determination letter dated March 31, 2014, in which the Internal Revenue Service (IRS) stated that the volume submitter plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC).

Prior to the adoption of the volume submitter profit sharing plan, the Plan operated under a restated prototype profit sharing plan with cash or deferred arrangement effective July 15, 2009. The prototype plan sponsor has obtained an opinion letter dated March 31, 2008, in which the IRS stated that the prototype plan document was in compliance with the applicable requirements of the IRC.

The plan administrator and management believe that the Plan is currently designed and being operated in compliance with the applicable provisions of the IRC and, therefore, the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2016 and 2015, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

6. Tax Status (continued)

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

7. Risks and Uncertainties

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

8. Party-in-Interest Transactions

Certain Plan investments are offered through LT Trust. LT Trust serves as the trustee and custodian for the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid to LT Trust or their affiliates by the Plan for participant-initiated transactions, contract administration and trustee services were $29,072 for the year ended December 31, 2016. Fees paid to LT Trust or their affiliates by the Plan for investment advisory and management services were $18,015 for the year ended December 31, 2016.

Notes receivable from participants are also considered to be exempt party-in-interest transactions.

9. Delinquent Participant Contributions

As reported on the supplemental schedule, certain participant contributions and loan repayments were not remitted to the trust within the time frame specified by the Department of Labor, therefore constituting nonexempt transactions between the Plan and the Company. The Company intends to fully correct this error and reimburse the Plan for lost earnings on the delinquent participant contributions and loan repayments. The Company will file Form 5330 with the Internal Revenue Service and pay excise taxes related to the nonexempt transactions.

10. Information Prepared and Certified by the Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by LT Trust Company, the trustee and custodian of the plan, as of December 31, 2016 and 2015, as complete and accurate, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental schedules:

a. Investments, at fair value:

	December 31, 2016	December 31, 2015
Mutual funds	$ 4,786,214	$ 3,870,663
Exchange-traded funds	246,647	74,633
Money market	32,027	6,999

b. Investment income:

	Year Ended December 31, 2016
Net appreciation in fair value of investments	$ 232,723
Interest and dividends	117,323

c. All investment-related information in the accompanying supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016.

Supplemental Schedules

System Pavers 401(k) Retirement Savings Plan
EIN: 33-0533565
Plan Number: 001
Schedule H, Line 4a — Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2013

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments Are Included	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 614	✓	$ 614			
973	✓	973			
$ 1,587		$ 1,587			

See Independent Auditors' Report and accompanying notes to financial statements.

System Pavers 401(k) Retirement Savings Plan
EIN: 33-0533565
Plan Number: 001
Schedule H, Line 4a — Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2014

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments Are Included	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 910	✓	$ 910			
823	✓	823			
23,695	✓	23,695			
$ 25,428		$ 25,428			

See Independent Auditors' Report and accompanying notes to financial statements.

System Pavers 401(k) Retirement Savings Plan
EIN: 33-0533565
Plan Number: 001
Schedule H, Line 4a — Schedule of Delinquent Participant Contributions

For the Year Ended December 31, 2015

Participant Contributions Transferred Late to Plan	Check Here if Late Participant Loan Repayments Are Included	Total that Constitutes Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 1,245		$ 1,245			
30,108	✓	30,108			
39,357	✓	39,357			
$ 70,710		$ 70,710			

See Independent Auditors' Report and accompanying notes to financial statements.

System Pavers 401(k) Retirement Savings Plan
EIN: 33-0533565
Plan Number: 001
Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	LT Trust	VTXVX – Vanguard Target Retirement 2015 Fund	**	$ 224,094
*	LT Trust	VTWNX – Vanguard Target Retirement 2020 Fund	**	412,491
*	LT Trust	VTTVX – Vanguard Target Retirement 2025 Fund	**	141,466
*	LT Trust	VTHRX – Vanguard Target Retirement 2030 Fund	**	571,164
*	LT Trust	VTTHX – Vanguard Target Retirement 2035 Fund	**	905,710
*	LT Trust	VFORX – Vanguard Target Retirement 2040 Fund	**	803,204
*	LT Trust	VTIVX – Vanguard Target Retirement 2045 Fund	**	631,611
*	LT Trust	VFIFX – Vanguard Target Retirement 2050 Fund	**	348,328
*	LT Trust	VFFVX – Vanguard Target Retirement 2055 Fund	**	145,383
*	LT Trust	VTTSX – Vanguard Target Retirement 2060 Fund	**	12,639
*	LT Trust	VBTLX – Vanguard Total Bond Market Index Fund Admiral	**	93,370
*	LT Trust	VTIAX – Vanguard Total International Stock Index Fund Admiral	**	96,049
*	LT Trust	VTSAX – Vanguard Total Stock Market Index Fund Admiral Shar	**	26,081
*	LT Trust	VEA – Vanguard FTSE Developed Markets ETF	**	18,297
*	LT Trust	VWO – Vanguard FTSE Emerging Markets ETF	**	5,932
*	LT Trust	VEMAX – Vanguard Emerging Markets Stock Index Fund Admira	**	9,069
*	LT Trust	VIGAX – Vanguard Growth Index Fund Admiral Shares	**	6,880
*	LT Trust	VVIAX – Vanguard Value Index Fund Admiral Shares	**	10,468
*	LT Trust	VFIAX – Vanguard 500 Index Fund Admiral Class	**	119,422
*	LT Trust	VBIRX – Vanguard Short-Term Bond Index Fund Admiral Shares	**	5,584
*	LT Trust	VGIT – Vanguard Intermediate-Term Government Bond ETF	**	32,533
*	LT Trust	VGLT – Vanguard Long-Term Government Bond ETF	**	73,703
*	LT Trust	VGSLX – Vanguard REIT Index Fund Admiral Shares	**	84,960
*	LT Trust	VSMAX – Vanguard Small-Cap Index Fund Admiral Shares	**	49,015
*	LT Trust	VIMAX – Vanguard Mid-Cap Index Fund Admiral Shares	**	54,757
*	LT Trust	DCMSX – DFA Commodity Strategy Portfolio	**	13,365
*	LT Trust	DFIGX – DFA Intermediate Government Fixed Income Portfolio	**	2,455
*	LT Trust	DIPSX – DFA Inflation-Protected Securities Portfolio	**	18,648

See Independent Auditors' Report and accompanying notes to financial statements.

System Pavers 401(k) Retirement Savings Plan
EIN: 33-0533565
Plan Number: 001
Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	LT Trust	IAU – iShares Gold Trust	**	17,202
*	LT Trust	IJR – iShares Core S&P Small-Cap ETF	**	39,928
*	LT Trust	IJH – iShares Core S&P Mid-Cap ETF	**	20,179
*	LT Trust	IVV – iShares Core S&P 500 ETF	**	38,874
*	LT Trust	Lincoln – Citibank Money Market	**	32,027
*	Participant loans	4.25% – 5.50%; various maturity dates	-	179,340
				$ 5,244,228

* Indicates party-in-interest to the Plan.

** Cost information is omitted for participant-directed investments.

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System Pavers 401(k) Retirement Savings Plan
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Schedule H, Line 4i — Schedule of Assets (Held at End of Year)

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