# 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

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**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.)
- [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:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) TROPICAL STORM IMELDA-TX 2019-09

## 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 (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)
L & G CONCRETE CONSTRUCTION, INC.

2100 W. EXPRESSSWAY 83
MERCEDES, TX 78570

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

**2c** Plan 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. | 01/31/2020 | PABLO GARZA, JR. |
| | **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 [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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 212 |
| **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)** | 202 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 190 |
| **b** Retired or separated participants receiving benefits | **6b** | 4 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 10 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 204 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 204 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 95 |
| **h** Number of participants who 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 Characteristics 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 Characteristics 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**

- **(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)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 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

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**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 CONSTRUCTION, 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 | GA-807724 | 90 | 01/01/2018 | 12/31/2018 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 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 |
|---|---|
| 9418 | 740 |

**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
NYLINK INSURANCE AGENCY INC
51 MADISON AVE ST 151
NEW YORK, NY 10010-1614

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 9418 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
LOREN D. STARK COMPANY
10750 ROCKLEY ROAD
HOUSTON, TX 77099

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | 740 | 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 | |
| | | | |

**(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 | 47909 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1818168 |

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 | 41481 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 7446 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 694 | | |
| | (4) Transferred from separate account | 7c(4) | 101 | | |
| | (5) Other (specify below) | 7c(5) | 2290 | | |
| | ▶ LOAN PAYMENT | | | | |
| | (6) Total additions | | | 7c(6) | 10531 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 52012 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 0 | | |
| | (2) Administration charge made by carrier | 7e(2) | 603 | | |
| | (3) Transferred to separate account | 7e(3) | 0 | | |
| | (4) Other (specify below) | 7e(4) | 3500 | | |
| | ▶ LOAN WITHDRAWAL | | | | |
| | (5) Total deductions | | | 7e(5) | 4103 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 47909 |

## 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 organizations(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)** | 0 |
| **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)** | 0 |
| (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)** | 0 |
| (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 line **9c(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, line 2 above, report amount. Specify nature of costs. | | | **10b** | |

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2018**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**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 CONSTRUCTION, INC.

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

## 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

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

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

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

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

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

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

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

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

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

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

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

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

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

GIVILANCZ & MARTINEZ, PLLC

83-1288917

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | AUDITOR | 12500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

LOREN D STARK COMPANY

74-1537058

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 10 | TPA | 3078 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

MASSMUTUAL LIFE INSURANCE CO.

04-1590850

| (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? |
|---|---|---|---|---|---|---|
| 15 38 55 62 65 23 50 59 63 66 37 54 60 64 99 | RECORDKEEPER | 2146 | Yes [X] No [ ] | Yes [X] No [ ] | 42 | Yes [X] 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 |
|---|---|---|
| | | |

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2018**

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**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 CONSTRUCTION, 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 TK1

**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 | 1368613 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT K1

**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 | 449555 |

**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 |

# 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

**2018**

**This Form is Open to Public Inspection**

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**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 CONSTRUCTION, 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 314929 | 424662 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 1833628 | 1818168 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 41481 | 47909 |
| **(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 | 2190038 | 2290739 |
| | **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 | 2190038 | 2290739 |

## 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) | 132188 | |
| | **(B)** Participants | 2a(1)(B) | 177436 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 3589 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 313213 |
| **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) | 18699 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 18699 |
| | **(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 |
| | **(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) | | -154578 |
| (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 | | 101 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 177435 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 52755 | |
| (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) | | 52755 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 2605 |
| 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) | 21374 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 21374 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 76734 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 100701 |
| 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: BURTON MCCUMBER & LONGORIA, LLP **(2)** EIN: 74-2609610

**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 | | 100654 |
| **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 | | 300000 |
| 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? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

**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.)

# 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

**2018**

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

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**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 CONSTRUCTION, 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 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: 0.0% 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):

# L & G CONCRETE COMPANIES 401(k) PLAN

**FINANCIAL STATEMENTS**

**AND**

**INDEPENDENT AUDITORS' REPORT**

**(WITH SUPPLEMENTAL INFORMATION)**

**DECEMBER 31, 2018**

# Independent Auditors' Report

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

**Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of L & G Concrete Companies 401(k) Plan (the "Plan") which compromise of the statements of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

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 audit 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 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C & E, which was certified by Massachusetts Mutual Life Insurance Company (MassMutual), the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that MassMutual holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of and for the year ended December 31, 2018, that the information provided to the Plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis of Disclaimer of Opinion, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements referred to in the first paragraph.

**Other Matter – Supplemental Schedules**

The supplemental schedules of (1) Form 5500 Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018 and (2) Form 5500 Schedule H, Part IV, Line 4a – Schedule of Delinquent Contributions are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA 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 these supplemental schedules.

**Other Matter – 2017 Financial Statements**

The financial statements of the Plan as of December 31, 2017 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by MassMutual, the trustee of the Plan. Their report, dated October 10, 2018, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosures under ERISA.

**Report on Form and Content in Compliance with DOL Rules and Regulations**

The form and content of the information included in the 2018 financial statements and supplemental schedule, 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.



Brownsville, Texas
January 29, 2020

**FINANCIAL STATEMENTS**

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

| | 2018 | 2017 |
|---|---|---|
| ASSETS | | |
| Investments | | |
| Pooled separate accounts, at net asset value | $ 1,818,168 | $ 1,833,628 |
| Fixed income account, at contract value | 47,909 | 41,481 |
| Total investments | 1,866,077 | 1,875,109 |
| Receivables | | |
| Employer contribution | 4,896 | 229 |
| Participant contribution | 7,246 | 361 |
| Notes receivable from participants | 424,662 | 314,929 |
| Total receivables | 436,804 | 315,519 |
| Total assets | $ 2,302,881 | $ 2,190,628 |
| LIABILITIES | | |
| Accrued administrative expenses | $ 15,000 | $ 12,500 |
| Total liabilities | 15,000 | 12,500 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 2,287,881 | $ 2,178,128 |

The accompanying notes are an integral part of these financial statements.

**L & G CONCRETE COMPANIES 401(K) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**FOR THE YEAR ENDED DECEMBER 31, 2018**

| | | |
|---|---|---|
| ADDITIONS | | |
| Additions to net assets attributed to: | | |
| Investment income: | | |
| Net decrease in value of investments | $( | 155,270) |
| Interest income credited to participants | | 693 |
| Total investment loss | ( | 154,577) |
| Interest income on notes receivable from participants | | 18,699 |
| Contributions: | | |
| Employer safe harbor match | | 136,855 |
| Employer other | | 101 |
| Participant pre-tax deferrals | | 153,796 |
| Participant Roth deferrals | | 30,524 |
| Participant rollovers | | 3,589 |
| Total contributions | | 324,865 |
| TOTAL ADDITIONS | | 188,987 |
| DEDUCTIONS | | |
| Deductions from net assets attributed to: | | |
| Benefits paid to participants | | 55,360 |
| Fees and administrative expenses | | 23,874 |
| TOTAL DEDUCTIONS | | 79,234 |
| NET INCREASE | | 109,753 |
| NET ASSETS AVAIALBLE FOR BENEFITS | | |
| Beginning of year | | 2,178,128 |
| END OF YEAR | $ | 2,287,881 |

The accompanying notes are an integral part of this financial statement.

# L & G CONCRETE COMPANIES 401(K) PLAN
# NOTES TO FINANCIAL STATEMENTS
# DECEMBER 31, 2018

## NOTE A – DESCRIPTION OF PLAN

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

### 1. General

The Plan is a defined contribution plan covering all employees of L & G Concrete Construction, Inc., L & G Concrete Equipment, Ltd. and L & G Transport Services, LLC (collectively, the Employer), who have one year of service and are 21 years of age or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). It is also a Safe Harbor Plan whereby all employees, even company owners, can make the maximum allowable contributions without concern for the IRS non-discrimination testing. A safe harbor matching contribution equal to 100% of the participant's salary deferrals that do not exceed 3% of eligible compensation, plus 50% of the participant's salary deferrals between 3% and 5% of eligible compensation will be made by the Employer.

### 2. Contributions

For the Plan year ended December 31, 2018, under the salary reduction agreement, participants were eligible to contribute up to $18,500 of pre-tax 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 $6,000. Participants may also contribute amounts representing distributions form other qualified defined benefit or contribution plans. Any fee or expense paid, directly or indirectly, by the Employer is not considered a contribution to the Plan.

### 3. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (1) the Employer's matching contribution, (2) forfeitures of terminated participants' non-vested accounts and (3) Plan earnings or losses, and charged with distributions and allocations of administrative expenses paid by the Plan, if any. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### 4. Vesting

Participants are always 100% vested in their own contributions, including balanced rolled over from other qualified plans, plus actual earnings thereon. Participants are also 100% vested in any Safe Harbor contributions made to their accounts.

Participants are considered 100% vested in discretionary Employer Matching contributions and discretionary Employer Profit Sharing contributions after completing 6 years of service.

### 5. 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-directed).

NOTE A – DESCRIPTION OF PLAN – Continued

6. Notes Receivable from Participants

Participants are permitted 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 notes receivable are secured by the balance in the participant's account and bear interest at reasonable rates defined as Prime + 1%. The Principal and interest is paid ratably over 5 years, or longer for the purchase of a primary residence, through regularly scheduled payroll deductions.

7. Payment of Benefits and Distributions

In-service distributions are permitted from 100% vested accounts after a participant has attained age 59 1/2. Otherwise, distribution of vested accounts is permitted in the event of normal retirement (age 65), disability, death or termination of employment for reasons other than death, disability or retirement.

Distribution of vested account balances may be delayed if not otherwise required; however, 5% owners are required to begin receiving distributions not later than the April 1st following the end of the year of reaching age 70 1/2. Participants who are not 5% owner are required to begin receiving distributions not later than the April 1st following the later of the end of the year of reaching age 70 1/2 or retirement.

8. Forfeitures

If a participant terminates employment before being fully vested, the non-vested portion of the terminated participant's account balance remains in the Plan. The Employer may use forfeitures to pay Plan expenses or to reduce amounts otherwise required to be contributed to the Plan by the Employer. At December 31, 2018 and 2017 forfeited contributions totaled $115 and $14, respectively. For the years ended December 31, 2018 and 2017, no forfeitures were utilized to pay Plan expenses or reduce employer contributions.

9. Top-heavy Status

A "top-heavy" plan benefits "key-employees" such as certain owners or officers. A plan will reach "top-heavy" status when 60% of the contributions or benefits have been allocated to these key-employees. In the event that the Plan becomes "top-heavy", the Employer will be required to contribute a minimum allocation to each "non-key" employee. The Plan is currently not "top-heavy."

NOTE B – SUMMARY OF ACCOUNTING POLICIES

A summary of the significant accounting policies consistently applied in the preparation of the accompanying financial statements follows:

1. Estimates

The preparation of the 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.

2. Basis of Accounting

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

NOTE B – SUMMARY OF ACCOUNTING POLICIES – Continued

3. Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2018 and 2017, no allowance for credit losses have been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

4. Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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 C for discussion of fair value measurements.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as those held during the year.

5. Excess Contributions Payable

Contributions in excess of amounts allowed by the IRS are recoded as accounts payable, with a corresponding reduction to 2018 contributions. There were no excess contributions for the year ended December 31, 2018.

6. Payments of Benefits

Benefits are recorded when paid.

7. Expenses

For the years ended December 31, 2018 and 2017, no expenses of maintaining the Plan were paid by the Employer and were therefore not excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for administration of notes receivable from participants and fees paid in connection with the Plan's annual financial audit are included in administrative expenses and charged directly to participant accounts.

NOTE C – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. Fair value is a market-based measurement, not an entity-specific measurement. For some assets and liabilities, observable market transactions or market information might be available. For other assets and liabilities, observable market transactions and market information might not be available. However, the objective of a fair value measurement in both cases is the same – to estimate the price at which an orderly transaction to sell the asset or to transfer the liability would take place between market participants at the measurement date under current market conditions (exit price).

NOTE C – FAIR VALUE MEASUREMENTS – Continued

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of difference methodologies or assumptions to measure the fair value of certain financial instruments could result in a difference at the reporting date.

The framework for measuring fair value 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) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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.

In May 2015, the Financial Accounting Standards Board (FASB) issued ASU 2015-07, which removes the requirement for reporting entities to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are measured at fair value using the net asset value per share practical expedient. This update was adopted by the Plan in 2016.

In July 2015, the FASB issued ASU 2015-12, which permits a reporting entity to measure, present and disclose fully benefit-responsive contacts at contract value. ASU 2015-12 also eliminates the requirement for plans to disclose (1) individual investments that represent five percent or more of net assets available for benefits, and (2) the net appreciation or depreciation by general type. The net appreciation or depreciation in investments for the period will still be required to be presented in the aggregate, but will no longer be required to be disaggregated and disclosed by general type. ASU 2015-12 also removes the requirements to disaggregate investments of employee benefit plans by nature, characteristics and risks and requires that these investments be grouped only by general type. This update was adopted by the Plan in 2016.

NOTE C – FAIR VALUE MEASUREMENTS – Continued

Following is a description of the valuation methodologies used for assets measured at fair value and contract value:

- *Pooled Separate Accounts*: Hartford Life Insurance Company (HLIC) issues to Plan Sponsors group annuity contracts or funding agreements that include variable investment offerings through Pooled Separate Accounts. These unregistered Pooled Separate Accounts are divided into investment divisions call "Sub-Accounts." Each Sub-Account invests in shares of an underlying mutual fund. Sub-Account values are measured in terms of "Accumulation Units." The Accumulation Units of a Sub-Account are assigned a unit value on a daily basis, at the end of each day the New York Stock Exchange (NYSE) is open for trading, as of the close of the NYSE on that day (this is called the "Valuation Day"). To determine the current Accumulation Unit Value for a Sub-Account, the prior Valuation Day's Accumulation Unit Value is multiplied by the Net Investment Factor. The Net Investment Factor is used to measure the investment performance of a Sub-Account form one Valuation Day to the next. The Net Investment Factor for each Sub-Account equals the net asset value (NAV) per share of the underlying Fund held in the Sub-Account at the end of each prior Valuation Day, minus any daily mortality and expense risk and administration charges, if applicable. The shares of the underlying Fund are valued at NAV on a daily basis.

- *Fixed Income Account*: The Fixed Income Account investment option is provided through a Group Annuity Contract. Under the terms of the contract, a crediting rate is established for amounts invested in the Fixed Income Account. Participants may direct permitted withdrawal and/or transfer transactions of all or a portion of their respective account balance at Contract Value. Contract Value represents contributions plus credited interest less participant withdrawals and fees. This investment option is considered to be fully benefit responsive, not-withstanding liquidation value events under the Group Annuity Contract that limit the ability of the Plan to transact at Contract Value. The Plan considers Contract Value to be the relevant measurement attributed because it is the amount participants in the Fund would receive if they were to initiate permitted transactions, such as withdrawals, under the terms of the underlying defined contribution plan.

  There are no reserves against contract value for credit risk of the contract issuer or otherwise. HLIC guarantees a minimum rate of interest which are subject to HLIC's claims-paying ability. The declared interest rate for the year ended December 31, 2018 was 1.65%. The Plan determines fair value of its investments using the market approach. Fixed Income Account assets at contract value totaled $47,909 and $41,481 at December 31, 2018 and 2017, respectively. HLIC generally processes distributions and transfers from the Fixed Account within a reasonable period of time after a participant request is received in good order. However, under certain conditions, transfers from the Fixed Income Account may be limited or deferred, and distributions may be subject to a market value adjustment. Such conditions include (a) amendments to the Plan documents (including complete or partial termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events (such as divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different form contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the schedule maturity date.

NOTE C – FAIR VALUE MEASUREMENTS – Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2018 and 2017. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2018, and 2017.

| | Fair Value Measurements at December 31, 2018 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Other Unobservable Inputs (Level 3) | Total |
| *Measured on a daily basis:* | | | | |
| Total assets in the fair value hierarchy | $ - | $ - | $ - | $ - |
| Pooled separate accounts (a) | | | | 1,818,168 |
| Total investments at fair value | | | | $ 1,818,168 |

| | Fair Value Measurements at December 31, 2017 | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Other Unobservable Inputs (Level 3) | Total |
| *Measured on a daily basis:* | | | | |
| Total assets in the fair value hierarchy | $ - | $ - | $ - | $ - |
| Pooled separate accounts (a) | | | | 1,833,628 |
| Total investments at fair value | | | | $ 1,833,628 |

(a) These investments are valued using net asset value as a practical expedient, and therefore have not been classified in the fair value hierarchy

The carrying value of employer receivables, employee receivables and accrued expenses included in the accompanying statement of net assets available for benefits approximate their fair values at December 31, 2018 and 2017 due to their relative short-term nature.

NOTE D – TAX STATUS

The Internal Revenue Service has determined by letter dated March 31, 2014 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 it plan under Code section 401(a). The letter also states that the terms of the plan must be followed in operation to remain qualified. Although the Plan has been amended since receiving the letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Consequently, no provision for income taxes has been included in the Plan's financial statements.

The Plan's Form 5500 is subject to examination by the IRS for the years ending December 31, 2015 through December 31, 2018.

NOTE E – INVESTMENTS AS PREPARED AND CERTIFIED BY THE TRUSTEE

The following information included in the accompanying financial statements for the years ended December 31, 2018 and 2017, and supplemental schedule for the year ended December 31, 2018 was obtained from data that has been prepared and certified as complete and accurate by the trustee representative, Massachusetts Mutual Life Insurance Company.

| | 2018 | 2017 |
|---|---|---|
| Pooled Separate Accounts, at net asset value: | | |
| Blackrock Lifepath Dynamic 2030 Fund Investor A Shares | $ 229,189 | $ 244,871 |
| Hartford Growth Opportunities HLS Fund Class IB | 187,044 | 180,978 |
| Invesco Oppenheimer International Bond Fund Class A | 136,748 | 135,677 |
| Pioneer Strategic Income Fund Class A | 111,959 | 111,909 |
| The Hartford Healthcare HLS Fund Class IB | 105,278 | 102,325 |
| Hartford Value HLS Fund Class IB | 93,541 | 101,214 |
| Thornburg International Value Fund Class R3 | 67,504 | 82,442 |
| American Funds Capital World Growth and Income Fund Class R3 | 61,657 | 61,576 |
| American Funds EuroPacific Growth Fund Class R3 | 61,439 | 67,348 |
| Blackrock Lifepath Dynamic 2040 Fund Investor A Shares | 61,158 | 60,360 |
| T. Rowe Price Equity Income Fund Class R | 57,630 | 63,215 |
| PIMCO Total Return Class A | 54,445 | 53,307 |
| Invesco Small Cap Discovery Fund | 54,104 | 56,502 |
| Invesco Oppenheimer Gold & Special Minerals Fund Class A | 53,737 | 56,097 |
| The Hartford Growth Opportunities Fund Class R4 | 45,644 | 42,010 |
| Thornburg Core Growth Fund Class R3 | 44,943 | 37,229 |
| Goldman Sachs Mid Cap Value Fund Class A | 44,790 | 48,664 |
| Ivy Natural Resources Fund Class Y | 38,367 | 43,902 |
| Thornburg International Value Fund Class R4 | 37,517 | 46,317 |
| Blackrock Global Allocation Fund, Inc. Investor Shares | 36,431 | 27,244 |
| American Funds Growth Fund of America R3 | 34,825 | 33,052 |
| American Funds Capital Income Builder Class R3 | 32,127 | 29,522 |
| Invesco Real Estate Fund Class A | 28,152 | 26,651 |
| PIMCO Real Return Fund Class A | 27,469 | 26,823 |
| T. Rowe Price Growth Stock Fund R Class | 24,560 | 25,237 |
| Invesco Oppenheimer Developing Markets Fund Class A | 17,593 | 15,089 |
| The Hartford Healthcare Fund Class R4 | 17,533 | 16,486 |
| American Funds The Income Fund of America Class R3 | 10,877 | 6,778 |
| Franklin Mutual Global Discovery Fund Class A | 9,112 | 10,553 |
| American Century Equity Income Fund A Class | 7,725 | 4,862 |
| American Funds American Mutual Fund Class R3 | 5,575 | 3,833 |
| Blackrock Equity Dividend Fund Investor A Shares | 4,008 | 2,270 |
| Loomis Sayles Bond Fund Admin Class | 3,691 | 2,161 |
| Franklin Income Fund Class A | 3,610 | 2,830 |
| Royce Small-Cap Value Fund Service Class | 2,298 | - |
| Royce Total Return Fund Service Class | 1,948 | - |
| Franklin Growth Allocation Fund Class A | 1,392 | 1,258 |

NOTE E – INVESTMENTS AS PREPARED AND CERTIFIED BY THE TRUSTEE – Continued

| | | |
|---|---|---|
| Pooled Separate Accounts, at net asset value - Continued: | | |
| Ivy Asset Strategy Fund Class Y | 939 | 1,021 |
| Templeton Global Bond Fund Class A | 777 | 183 |
| Hartford Quality Value Fund Class R4 | 516 | 113 |
| Blackrock Lifepath Dynamic 2020 Fund Investor Shares | 316 | 16 |
| Royce Total Return Fund K Class | - | 497 |
| Royce Small-Cap Value Fund Class K | - | 1,206 |
| | 1,818,168 | 1,833,628 |
| Fixed Income Account, at contract value: | 47,909 | 41,481 |
| Total plan investments | $ 1,866,077 | $ 1,875,109 |
| Total investment (loss) income | $ (154,577) | $ 260,291 |

NOTE F – PLAN TERMINATION

The Employer 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. The Employer does not intend to terminate the plan.

NOTE G – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

All Plan investments are managed by affiliates of Massachusetts Mutual Financial Group (MassMutual). MassMutual is the administrative service provider of the Plan assets and acts on behalf of Hartford Life Insurance Company, the issuer of the Plan's investment contracts. Therefore, these transactions qualify as party-in-interest transactions. The Plan also has notes receivable from participants, which also qualify as party-in-interest transactions. Other parties-in-interest include the Plan Sponsor (the Employer). Certain employees of the Employer provide administrative and support services for the Plan, for which these employees are not compensated by the Plan. The Employer also engages third parties for other consulting and administrative services with regard to the Plan, the fees for which are paid by the Employer.

Fees paid or accrued to MassMutual for investment managed services totaled $5,796 for the year ended December 31, 2018. The Employer engaged the CPA firm, Burton, McCumber & Longoria, LLP to perform the Plan's 2018 audit; estimated audit fees applicable to the Plan totaled $15,000 for the year ended December 31, 2018. Other parties-in-interest include the Plan's third party administrator, Loren D. Stark (paid $3,078 for administrative fees). The outstanding balance of the Plan's notes receivable from participants totaled $424,662 as of December 31, 2018.

NOTE H – ROLLOVER CONTRIBUTIONS

An aggregate of $3,589 was rolled into the Plan during the year ended December 31, 2018, and is included in rollovers on the statement of changes in net assets available for benefits.

NOTE I – TERMINATED PARTICIPANTS

The vested amount due to terminated participants totaled $135,525 and $179,449 at December 31, 2018 and 2017, respectively.

NOTE J – RISKS AND UNCERTAINTIES

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

NOTE K – 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 Schedule H of Form 5500:

| | December 31, | |
|---|---|---|
| | 2018 | 2017 |
| Net assets available for benefits - financial statements | $ 2,287,881 | $ 2,178,128 |
| Accrual of contributions receivable | ( 12,142) | 589 |
| Adjustment for deemed loans | - | 647 |
| Accounts payable for corrective distributions | - | ( 1,826) |
| Accrual of administrative expense | 15,000 | 12,500 |
| Net assets available for benefits - Form 5500 | $ 2,290,739 | $ 2,190,038 |

The following is a reconciliation of the increase in net assets available for benefits per the financial statement to Schedule H of Form 5500 for the year ended December 31, 2018:

| | |
|---|---|
| Net increase - financial statements | $ 109,753 |
| Change in contributions receivable | ( 11,552) |
| Change in accrued administrative expenses | 2,500 |
| Net increase - Form 5500 | $ 100,701 |

NOTE L – SUBSEQUENT EVENTS

All subsequent events requiring recognition as of January 29, 2020 have been incorporated into these financial statements herein.

**SUPPLEMENTAL INFORMATION**

# L & G CONCRETE COMPANIES 401(K) PLAN
# SCHEDULE H, PART IV, LINE 4(i) -
# SCHEDULE OF ASSETS (HELD AT END OF YEAR)
# DECEMBER 31, 2018

Employer Identification: 74-2939910
Plan Number: 001

| (a) | (b) Identity of issue or similar party | (c) Description of investment including rates of interest | | (e) Current Value |
|---|---|---|---|---|
| * | Hartford Life Insurance Company | ** | Blackrock Lifepath Dynamic 2030 Fund Investor A Shares | $ 229,189 |
| * | Hartford Life Insurance Company | ** | Hartford Growth Opportunities HLS Fund Class IB | 187,044 |
| * | Hartford Life Insurance Company | ** | Invesco Oppenheimer International Bond Fund Class A | 136,748 |
| * | Hartford Life Insurance Company | ** | Pioneer Strategic Income Fund Class A | 111,959 |
| * | Hartford Life Insurance Company | ** | The Hartford Healthcare HLS Fund Class IB | 105,278 |
| * | Hartford Life Insurance Company | ** | Hartford Value HLS Fund Class IB | 93,541 |
| * | Hartford Life Insurance Company | ** | Thornburg International Value Fund Class R3 | 67,504 |
| * | Hartford Life Insurance Company | ** | American Funds Capital World Growth and Income Fund Class R3 | 61,657 |
| * | Hartford Life Insurance Company | ** | American Funds EuroPacific Growth Fund Class R3 | 61,439 |
| * | Hartford Life Insurance Company | ** | Blackrock Lifepath Dynamic 2040 Fund Investor A Shares | 61,158 |
| * | Hartford Life Insurance Company | ** | T. Rowe Price Equity Income Fund Class R | 57,630 |
| * | Hartford Life Insurance Company | ** | PIMCO Total Return Class A | 54,445 |
| * | Hartford Life Insurance Company | ** | Invesco Small Cap Discovery Fund | 54,104 |
| * | Hartford Life Insurance Company | ** | Invesco Oppenheimer Gold & Special Minerals Fund Class A | 53,737 |
| * | Hartford Life Insurance Company | ** | The Hartford Growth Opportunities Fund Class R4 | 45,644 |
| * | Hartford Life Insurance Company | ** | Thornburg Core Growth Fund Class R3 | 44,943 |
| * | Hartford Life Insurance Company | ** | Goldman Sachs Mid Cap Value Fund Class A | 44,790 |
| * | Hartford Life Insurance Company | ** | Ivy Natural Resources Fund Class Y | 38,367 |
| * | Hartford Life Insurance Company | ** | Thornburg International Value Fund Class R4 | 37,517 |
| * | Hartford Life Insurance Company | ** | Blackrock Global Allocation Fund, Inc. Investor Shares | 36,431 |
| * | Hartford Life Insurance Company | ** | American Funds Growth Fund of America R3 | 34,825 |
| * | Hartford Life Insurance Company | ** | American Funds Capital Income Builder Class R3 | 32,127 |
| * | Hartford Life Insurance Company | ** | Invesco Real Estate Fund Class A | 28,152 |
| * | Hartford Life Insurance Company | ** | PIMCO Real Return Fund Class A | 27,469 |
| * | Hartford Life Insurance Company | ** | T. Rowe Price Growth Stock Fund R Class | 24,560 |
| * | Hartford Life Insurance Company | ** | Invesco Oppenheimer Developing Markets Fund Class A | 17,593 |
| * | Hartford Life Insurance Company | ** | The Hartford Healthcare Fund Class R4 | 17,533 |
| * | Hartford Life Insurance Company | ** | American Funds The Income Fund of America Class R3 | 10,877 |
| * | Hartford Life Insurance Company | ** | Franklin Mutual Global Discovery Fund Class A | 9,112 |
| * | Hartford Life Insurance Company | ** | American Century Equity Income Fund A Class | 7,725 |
| * | Hartford Life Insurance Company | ** | American Funds American Mutual Fund Class R3 | 5,575 |
| * | Hartford Life Insurance Company | ** | Blackrock Equity Dividend Fund Investor A Shares | 4,008 |
| * | Hartford Life Insurance Company | ** | Loomis Sayles Bond Fund Admin Class | 3,691 |
| * | Hartford Life Insurance Company | ** | Franklin Income Fund Class A | 3,610 |
| * | Hartford Life Insurance Company | ** | Royce Small-Cap Value Fund Service Class | 2,298 |
| * | Hartford Life Insurance Company | ** | Royce Total Return Fund Service Class | 1,948 |
| * | Hartford Life Insurance Company | ** | Franklin Growth Allocation Fund Class A | 1,392 |
| * | Hartford Life Insurance Company | ** | Ivy Asset Strategy Fund Class Y | 939 |
| * | Hartford Life Insurance Company | ** | Templeton Global Bond Fund Class A | 777 |
| * | Hartford Life Insurance Company | ** | Hartford Quality Value Fund Class R4 | 516 |
| * | Hartford Life Insurance Company | ** | Blackrock Lifepath Dynamic 2020 Fund Investor Shares | 316 |
| * | Hartford Life Insurance Company | *** | Fixed Income Account 1.65% | 47,909 |
| * | Participant Loans | | Loan Fund 4.25% to 6.25% | 424,662 |

* Party in interest as defined by ERISA
** Pooled Separate Accounts
*** Fixed Income Account
(d) Cost information, by fund, is not applicable for participant-directed plans

# L & G CONCRETE COMPANIES 401(K) PLAN
# SCHEDULE H, PART IV, LINE 4(a) -
# SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
# YEAR ENDED DECEMBER 31, 2018

Employer Identification: 74-2939910
Plan Number: 001

| Participant Contributions Transferred Late to the Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| ✓ | | | | |
| $ 100,654 | $ - | $ - | $ - | $ 100,654 |

All 2018 late contributions and loan payments were transferred to the Plan by January 31, 2019. Lost earnings totaling $184 (rounded) and excise taxes totaling $14 (rounded) on delinquent contributions were fully corrected under VFCP and transferred to the Plan by October 31, 2019.

# 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

**2018**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

**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) Tropical Storm Imelda-TX 2019-09

## 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 (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)

L & G Concrete Construction, Inc.

2100 W. Expresssway 83

Mercedes TX 78570

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

**2c** Plan 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 | Signature of plan administrator | Date 10/31/2020 | Pablo Garza, Jr.<br>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 |



4840/OS/KWG/TD

# L & G CONCRETE COMPANIES 401(K) PLAN
# SCHEDULE H, PART IV, LINE 4(a) -
# SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
# YEAR ENDED DECEMBER 31, 2018

Employer Identification: 74-2939910
Plan Number: 001

| Participant Contributions Transferred Late to the Plan | Total that Constitute Nonexempt Prohibited Transactions | | | Total Fully Corrected Under VFCP and PTE 2002-51 |
|---|---|---|---|---|
| Check here if Late Participant Loan Repayments are included: | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | |
| ✓ | | | | |
| $ 100,654 | $ - | $ - | $ - | $ 100,654 |

All 2018 late contributions and loan payments were transferred to the Plan by January 31, 2019. Lost earnings totaling $184 (rounded) and excise taxes totaling $14 (rounded) on delinquent contributions were fully corrected under VFCP and transferred to the Plan by October 31, 2019.

# L & G CONCRETE COMPANIES 401(K) PLAN
# SCHEDULE H, PART IV, LINE 4(i) -
# SCHEDULE OF ASSETS (HELD AT END OF YEAR)
# DECEMBER 31, 2018

Employer Identification: 74-2939910
Plan Number: 001

| (a) | (b) Identity of issue or similar party | (c) Description of investment including rates of interest | | (e) Current Value |
|---|---|---|---|---|
| * | Hartford Life Insurance Company | ** | Blackrock Lifepath Dynamic 2030 Fund Investor A Shares | $ 229,189 |
| * | Hartford Life Insurance Company | ** | Hartford Growth Opportunities HLS Fund Class IB | 187,044 |
| * | Hartford Life Insurance Company | ** | Invesco Oppenheimer International Bond Fund Class A | 136,748 |
| * | Hartford Life Insurance Company | ** | Pioneer Strategic Income Fund Class A | 111,959 |
| * | Hartford Life Insurance Company | ** | The Hartford Healthcare HLS Fund Class IB | 105,278 |
| * | Hartford Life Insurance Company | ** | Hartford Value HLS Fund Class IB | 93,541 |
| * | Hartford Life Insurance Company | ** | Thornburg International Value Fund Class R3 | 67,504 |
| * | Hartford Life Insurance Company | ** | American Funds Capital World Growth and Income Fund Class R3 | 61,657 |
| * | Hartford Life Insurance Company | ** | American Funds EuroPacific Growth Fund Class R3 | 61,439 |
| * | Hartford Life Insurance Company | ** | Blackrock Lifepath Dynamic 2040 Fund Investor A Shares | 61,158 |
| * | Hartford Life Insurance Company | ** | T. Rowe Price Equity Income Fund Class R | 57,630 |
| * | Hartford Life Insurance Company | ** | PIMCO Total Return Class A | 54,445 |
| * | Hartford Life Insurance Company | ** | Invesco Small Cap Discovery Fund | 54,104 |
| * | Hartford Life Insurance Company | ** | Invesco Oppenheimer Gold & Special Minerals Fund Class A | 53,737 |
| * | Hartford Life Insurance Company | ** | The Hartford Growth Opportunities Fund Class R4 | 45,644 |
| * | Hartford Life Insurance Company | ** | Thornburg Core Growth Fund Class R3 | 44,943 |
| * | Hartford Life Insurance Company | ** | Goldman Sachs Mid Cap Value Fund Class A | 44,790 |
| * | Hartford Life Insurance Company | ** | Ivy Natural Resources Fund Class Y | 38,367 |
| * | Hartford Life Insurance Company | ** | Thornburg International Value Fund Class R4 | 37,517 |
| * | Hartford Life Insurance Company | ** | Blackrock Global Allocation Fund, Inc. Investor Shares | 36,431 |
| * | Hartford Life Insurance Company | ** | American Funds Growth Fund of America R3 | 34,825 |
| * | Hartford Life Insurance Company | ** | American Funds Capital Income Builder Class R3 | 32,127 |
| * | Hartford Life Insurance Company | ** | Invesco Real Estate Fund Class A | 28,152 |
| * | Hartford Life Insurance Company | ** | PIMCO Real Return Fund Class A | 27,469 |
| * | Hartford Life Insurance Company | ** | T. Rowe Price Growth Stock Fund R Class | 24,560 |
| * | Hartford Life Insurance Company | ** | Invesco Oppenheimer Developing Markets Fund Class A | 17,593 |
| * | Hartford Life Insurance Company | ** | The Hartford Healthcare Fund Class R4 | 17,533 |
| * | Hartford Life Insurance Company | ** | American Funds The Income Fund of America Class R3 | 10,877 |
| * | Hartford Life Insurance Company | ** | Franklin Mutual Global Discovery Fund Class A | 9,112 |
| * | Hartford Life Insurance Company | ** | American Century Equity Income Fund A Class | 7,725 |
| * | Hartford Life Insurance Company | ** | American Funds American Mutual Fund Class R3 | 5,575 |
| * | Hartford Life Insurance Company | ** | Blackrock Equity Dividend Fund Investor A Shares | 4,008 |
| * | Hartford Life Insurance Company | ** | Loomis Sayles Bond Fund Admin Class | 3,691 |
| * | Hartford Life Insurance Company | ** | Franklin Income Fund Class A | 3,610 |
| * | Hartford Life Insurance Company | ** | Royce Small-Cap Value Fund Service Class | 2,298 |
| * | Hartford Life Insurance Company | ** | Royce Total Return Fund Service Class | 1,948 |
| * | Hartford Life Insurance Company | ** | Franklin Growth Allocation Fund Class A | 1,392 |
| * | Hartford Life Insurance Company | ** | Ivy Asset Strategy Fund Class Y | 939 |
| * | Hartford Life Insurance Company | ** | Templeton Global Bond Fund Class A | 777 |
| * | Hartford Life Insurance Company | ** | Hartford Quality Value Fund Class R4 | 516 |
| * | Hartford Life Insurance Company | ** | Blackrock Lifepath Dynamic 2020 Fund Investor Shares | 316 |
| * | Hartford Life Insurance Company | *** | Fixed Income Account 1.65% | 47,909 |
| * | Participant Loans | | Loan Fund 4.25% to 6.25% | 424,662 |

* Party in interest as defined by ERISA
** Pooled Separate Accounts
*** Fixed Income Account
(d) Cost information, by fund, is not applicable for participant-directed plans