

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>AGC SOUTHWEST CHAPTERS 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/15/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>12/15/2000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>12/15/2000</u>					
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) <u>HOUSTON CHAPTER AGC/LOUISIANA AGC</u> <u>C/O 3(16) FIDUCIARY</u> <u>3825 DACOMA STREET</u> <u>HOUSTON, TX 77092</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>74-0490820</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>713-843-3700</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>813000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>74-0490820</u>	2c Plan Sponsor's telephone number <u>713-843-3700</u>	2d Business code (see instructions) <u>813000</u>	
2b Employer Identification Number (EIN) <u>74-0490820</u>					
2c Plan Sponsor's telephone number <u>713-843-3700</u>					
2d Business code (see instructions) <u>813000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	DONAL K. FORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor 3(16) FIDUCIARY SERVICES CORPORATION 6234 OLD HIGHWAY 5 SUITE D9 #508 WOODSTOCK, GA 30188	3b Administrator's EIN 45-4813650 3c Administrator's telephone number 561-440-2139
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: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 14450
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) 12319
a(2) Total number of active participants at the end of the plan year	6a(2) 14021
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 1758
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 15779
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 15779
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 7296
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 238
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC	D Employer Identification Number (EIN) 74-0490820

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.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INS CO
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(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
36-6071399	70688	932232-000	15779	01/01/2019	12/31/2019

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 991984	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid BAIRD INSURANCE SERVICES, INC
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
595114			3

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

BAIRD INSURANCE SERVICES, INC

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
396870			3

(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** 34238459**5** Current value of plan's interest under this contract in separate accounts at year end **5** 340051681**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 ▶ STABLE VALUE OPTION**b** Balance at the end of the previous year **7b** 35413356**c** Additions: (1) Contributions deposited during the year **7c(1)** 2394056
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 302712
(4) Transferred from separate account **7c(4)** 3448317
(5) Other (specify below) **7c(5)** 209738
▶ LOAN PRINCIPAL & INT(6) Total additions **7c(6)** 6354823**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 41768179**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 7108578
(2) Administration charge made by carrier **7e(2)** 16858
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 404284
▶ FORFEITURES, ADJUSTMENTS(5) Total deductions **7e(5)** 7529720**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 34238459

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)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in 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.....	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC	D Employer Identification Number (EIN) 74-0490820

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA FINANCIAL LIFE INS CO
36-6071399

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

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

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(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 37 52 62 64 67	RECORDKEEPER	154918	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HANNIS T. BOURGEOIS

72-0636725

(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	AUDIT	108150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

3(16) FIDUCIARY SERVICES

45-4813650

(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 37 64	RECORDKEEPER	90000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BOWEN MICLETTE & BRITT INSURANCE AG

26-3860108

(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?
99	OTHER	26354	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
PINNACLE AN NPPG COMPANY	15 37 64	2685

(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.
TRANSAMERICA FINANCIAL LIFE INS CO 36-6071399	THIRD PARTY ADMINISTRATION

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2019</div> This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>AGC SOUTHWEST CHAPTERS 401(K) PLAN</u>	B Three-digit plan number (PN) <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOUSTON CHAPTER AGC/LOUISIANA AGC</u>	D Employer Identification Number (EIN) <u>74-0490820</u>	
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: <u>AMERICAN CENTURY INFLATION-ADJUSTED</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-262</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>625106</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS BALANCED RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-228</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>74451122</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC GROWTH R</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-076</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8111657</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASHINGTON MUTUAL IN</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-231</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19889204</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA ACORN INTERNATIONAL RET AC</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-321</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2365253</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA U.S. TARGETED VALUE PORTFOLIO R</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-527</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1953247</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DWS CORE EQUITY RET ACCT</u>		
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>36-6071399-758</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7211719</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED MDT SMALL CAP CORE RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3268566
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-263	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1626625
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL REAL ESTATE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-274	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 801937
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7168062
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MARKET EXPANSION ENHANCED		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-332	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3986490
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12553156
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-663	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29464593
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2484403
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER SELECT MID CAP GROWTH RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-738	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5869605
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1925767

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATIONAL INDEX RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3011105
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP GROW		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4640259
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP VALU		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2225633
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP GROW		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-172	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2252637
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2328408
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP VALU		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1200761
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3574584
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2942192
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPAATH INDEX 2025 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14195253
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPAATH INDEX 2030 RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10089815

a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2035 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9107356	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2040 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10326840	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2045 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6741076	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2050 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7773371	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2055 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2149772	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX 2060 RE			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-607	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 625445	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA BLACKROCK LIFEPATH INDEX RETIREM			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-417	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11741114	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CONSERVATI			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3399140	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GROWTH RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11443429	
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INCOME RET			
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY			
c EIN-PN 36-6071399-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 874372	

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MODERATE G		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13533362
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2288236
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2010		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-134	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TARGET RETIREMENT 2015		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-356	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7811360
a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-350	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1084404
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3638892
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9143985
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE ESTABLISHED VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-608	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6857010
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO PRECIOUS METALS RET ACC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1295364

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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC	D Employer Identification Number (EIN) 74-0490820	

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)	888734	1448627
(2) Participant contributions.....	1b(2)	606404	1574556
(3) Other.....	1b(3)	57689	108206
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	207386	358896
(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)	6796721	7548535
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	271447377	340051687
(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)	35413356	34238459
(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	315417667 385328966
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	1416130 1959091
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1416130 1959091
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	314001537 383369875

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	9959828
	(B) Participants	2a(1)(B)	29031791
	(C) Others (including rollovers)	2a(1)(C)	3237814
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	42229433
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)	364611
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	364611
(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)		63309033
(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		957919
d Total income. Add all income amounts in column (b) and enter total	2d		106860996

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33212508	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1017746	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34230254
f Corrective distributions (see instructions)	2f		1998726
g Certain deemed distributions of participant loans (see instructions)	2g		388547
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	108150	
(2) Contract administrator fees	2i(2)	-224936	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	120188	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3402
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36620929

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		70240067
l Transfers of assets:			
(1) To this plan	2l(1)		8998174
(2) From this plan	2l(2)		9869903

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) ☐ Unmodified (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: HANNIS T. BOURGEOIS, LLP

(2) EIN: 72-0636725

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:

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.)

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.)

	Yes	No	Amount
4a	X		3688751
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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)
CHERRY MOVING COMPANY, INC. DBA CHERRY DEMOLITION SPIN-OFF PLAN	76-0164125	004
DUNHAM PRICE GROUP LLC 401K PLAN	81-0613927	001

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 2019 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>AGC SOUTHWEST CHAPTERS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOUSTON CHAPTER AGC/LOUISIANA AGC</u>	D Employer Identification Number (EIN) <u>74-0490820</u>

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	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-6071399</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year **14a**

b The plan year immediately preceding the current plan year **14b**

c The second preceding plan year **14c**

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

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

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

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

a Enter the number of employers who withdrew during the preceding plan year **16a**

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers **16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

AGC SOUTHWEST CHAPTERS
401(K) PLAN

DECEMBER 31, 2019

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Independent Auditor's Report

To 3(16) Fiduciary Services Corporation
on behalf of the AGC Southwest Chapters 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the AGC Southwest Chapters 401(k) Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Transamerica Financial Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of December 31, 2019 and 2018, and for the year ended December 31, 2019, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules listed in the accompanying table of contents as of and for the year ended December 31, 2019 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

Respectfully submitted,

A handwritten signature in black ink that reads "HARRIS T. BOURGEOIS, LLP". The signature is written in a cursive, slightly slanted style.

Baton Rouge, Louisiana
October 15, 2020

AGC SOUTHWEST CHAPTERS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2019 AND 2018

	<u>2019</u>	<u>2018</u>
<u>ASSETS</u>		
Investments, at Fair Value:		
Pooled Separate Accounts	\$ 340,051,687	\$ 271,447,376
Stable Value Fund	<u>34,597,355</u>	<u>35,620,744</u>
Total Investments	374,649,042	307,068,120
Receivables:		
Participant Contributions	1,574,556	606,404
Employer Contributions	1,448,627	888,734
Notes Receivable from Participants	7,807,695	7,018,698
Other	<u>108,206</u>	<u>57,689</u>
Total Receivables	<u>10,939,084</u>	<u>8,571,525</u>
Total Assets	385,588,126	315,639,645
<u>LIABILITIES</u>		
Excess Contributions Payable	<u>1,959,091</u>	<u>1,416,130</u>
Total Liabilities	<u>1,959,091</u>	<u>1,416,130</u>
Net Assets Available for Benefits	<u><u>\$ 383,629,035</u></u>	<u><u>\$ 314,223,515</u></u>

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

AGC SOUTHWEST CHAPTERS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2019

Additions to Net Assets Attributed to:

Net Investment Gain	\$ 63,309,033
Interest Income on Notes Receivable from Participants	364,611
Other Income	957,919
Contributions:	
Participants	29,031,791
Employers	9,959,828
Other - Rollover	3,237,814
	<u>42,229,433</u>
Total Additions	106,860,996

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	33,212,508
Deemed Distributions	351,365
Corrective Distributions	1,998,726
Administrative Expenses	3,402
Other Expense	<u>1,017,746</u>
Total Deductions	<u>36,583,747</u>
Net Increase	70,277,249

Net Assets Available for Benefits:

Beginning of Year	314,223,515
Transfers In - Qualified Plans	8,998,174
Transfers Out - Qualified Plans	<u>(9,869,903)</u>
End of Year	<u><u>\$383,629,035</u></u>

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

AGC SOUTHWEST CHAPTERS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2019 AND 2018

Note 1 - Description of Plan -

The following description of the AGC Southwest Chapters 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiple employer defined contribution plan established to provide retirement benefits for covered employees of participating employers that are also members of the Houston, Louisiana, Southeast Texas, Central Texas, West Texas, and Texas Building Branch of the Associated General Contractors of America, Inc. (the Association). Covered employees consist of employees of participating employers except those who are specifically excluded based upon individual employer's participation agreements. A participating employer, upon adoption of the Plan, may also elect to have different eligibility requirements provided that the maximum age is not greater than 21 years of age or length of service is not greater than one year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan administrator oversees governance of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Contributions

- Participants may contribute up to 100% of their compensation as defined by the Plan, subject to certain limitations under the Internal Revenue Code (the Code). The Plan allows catch-up contributions, as defined by the Code, for participants who have attained the age of 50 prior to the end of the year. Participants also may rollover amounts they receive as distributions from other qualified plans into their individual accounts. Participants have the option to choose Roth deferrals, in addition to pre-tax deferrals. Each participating employer has the option of instituting automatic enrollment for those employees hired on or after a specified date, as defined by the adoption agreement of the participating employer, wherein the participating employer will automatically withhold a specific percentage of the employee's compensation upon becoming eligible to participate unless otherwise elected by the participant. Certain participating employers have elected automatic enrollment.
- Participating employers may elect to make discretionary matching contributions to participants who make elective deferrals. The discretionary matching contribution percentages are determined by each individual participating employer. Participating employers may, at their discretion, make non-elective contributions to the Plan, which are allocated to participant accounts based on a percentage of compensation as determined by the participating employers.

Participant Accounts

Each participant's account is credited or charged with the participant's contribution, the participating employer's contribution, the Plan's investment earnings or losses, certain Plan administration costs, and forfeitures of terminated participants' nonvested accounts. Allocations are based upon participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings on these contributions and employer safe-harbor contributions. Vesting in employer contributions plus actual earnings thereon is based on years of continuous service. Vesting schedules are based on annual vesting periods not to exceed six years and vary by participating employer based on each employer's election at the time of Plan adoption.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to specified limits under the Code. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other termination of employment, participants are entitled to receive the value of their vested account balance. Participants may also withdraw a portion or all of their vested balance, while still employed, through in-service distributions upon reaching the age of 59½. Additionally, participants may qualify for a hardship withdrawal of their vested account balance, while still employed, for the purpose of immediate and heavy financial needs, as defined in the Plan document.

Forfeited Accounts

At December 31, 2019 and 2018 forfeited non-vested accounts totaled \$511,393 and \$311,140, respectively. These accounts can be used to reduce future employer contributions and/or pay administrative expenses of the Plan. During 2019, forfeitures totaling approximately \$259,000 were used to reduce employer contributions and/or reallocated to participant accounts.

Note 2 - Summary of Accounting Policies -

Basis of Accounting

The financial statements of the Plan are prepared in accordance with the accrual basis of accounting and investments are valued at current fair value as quoted by the custodian of the Plan. At December 31, 2019 and 2018, all assets of the Plan are participant directed.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

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

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. The Plan administrator determines the Plan's valuation policies utilizing information provided by the Plan custodian. See Note 5 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 of accounting. Dividends are recorded on the ex-dividend date. Net investment gain (loss) includes gains and losses on investments sold during the year as well as appreciation and depreciation of the investments held at the end of the year. Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has 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 deduction from net assets based on the terms of the Plan document.

Risks and Uncertainties

The Plan provides for various investment options in any combination of selected funds held by the custodian. These funds are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these funds, it is at least reasonably possible that changes in the values of these funds 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.

Excess Contributions Payable

Amounts payable to participants totaling \$1,959,091 for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability as of December 31, 2019 and included as a part of corrective distributions for the year ended December 31, 2019. The Plan distributed the majority of 2019 excess contributions to the applicable participants before March 15, 2020. The remaining excess contributions will be distributed during 2020 and the applicable excess tax will be paid in connection with these contributions by the participating employer affected. The amount of excess contributions payable at December 31, 2018 was \$1,416,130.

Administrative Expenses

Participating employers, at their sole discretion, may pay certain expenses of maintaining the Plan. Such expenses are excluded from these financial statements. If such expenses are not paid by the participating employer, they are paid out of the Plan's assets and included as expenses in these financial statements. Fees related to withdrawals and the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net investment gain (loss).

In addition, the Plan utilizes an expense budget account. Fees for the expense budget account, like investment management fees, are included in net investment gain (loss) as they are paid through revenue sharing, rather than a direct payment. The fund is used to pay Plan expenses, as needed. These funds are included in the Stable Value Fund in these financial statements. The balance of the expense fund account as of December 31, 2019 and 2018 was approximately \$358,900 and \$207,400, respectively. During 2019, approximately \$229,900 of funds in the expense budget account were utilized to pay Plan expenses.

Note 3 - Plan Termination -

Although they have not expressed any intent to do so, the participating employers have the right under the Plan to discontinue their contributions at any time and the trustees have the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their respective employer contributions.

Note 4 - Tax Status -

The Association has adopted a prototype plan which received a favorable determination from the Internal Revenue Service. The Plan itself has not separately applied for recognition of tax-exempt status. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations for years prior to 2016.

Note 5 - Fair Value Measurements -

The fair value measurement accounting literature provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels. Level 1 inputs to the valuation methodology are based on unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access. Level 2 inputs are based primarily on quoted prices for similar assets in active or inactive markets and/or based on inputs that are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs are unobservable and are based on assumptions market participants would utilize in pricing the asset.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. When available, valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Stable Value Fund: The Stable Value Fund is a fully benefit-responsive investment contract valued at contract value. Contract value represents principal plus accrued interest, less withdrawals and expenses, plus or minus net transfer activity with the Plan's other investment funds. If the Plan initiates a full redemption of the contract, Transamerica may impose a hold period at the contract level. No events, such as a significant decline in the creditworthiness of Transamerica, are probable of occurring that might limit the ability of the Plan to transact contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with participants.

Pooled Separate Accounts: These accounts are valued daily as the number of units held multiplied by the accumulation unit value (AUV). The AUV is determined based on the quoted market price (fund NAV) of the shares of the underlying securities (mutual funds), the fund's dividends and the account charges. These accounts, as disclosed by the custodian, file forms 5500 as direct filing entities with the Department of Labor.

Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Stable Value Fund	\$ -	\$ 34,597,355	\$ -	\$ 34,597,355
Total Assets in the Fair Value Hierarchy	<u>\$ -</u>	<u>\$ 34,597,355</u>	<u>\$ -</u>	<u>34,597,355</u>
Investments Measured Using Net Asset Value Per Share Practical Expedient *				<u>340,051,687</u>
Total Investments at Fair Value				<u>\$ 374,649,042</u>

(CONTINUED)

	Assets at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Stable Value Fund	\$ -	\$ 35,620,744	\$ -	\$ 35,620,744
Total Assets in the Fair Value Hierarchy	<u>\$ -</u>	<u>\$ 35,620,744</u>	<u>\$ -</u>	35,620,744
Investments Measured Using Net Asset Value Per Share Practical Expedient *				<u>271,447,376</u>
Total Investments at Fair Value				\$ 307,068,120

* Certain investments that were measured at net asset value per share (NAV) practical expedient of the fund have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statement of Net Assets Available for Benefits.

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2019 are reported in net investment gain.

The following tables summarize investments measured at fair value based on NAV per share practical expedient as of December 31, 2019 and 2018.

	December 31, 2019			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts	<u>\$ 340,051,687</u>	none	daily	daily
	December 31, 2018			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts	<u>\$ 271,447,376</u>	none	daily	daily

Note 6 - Information Prepared and Certified by the Custodian -

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian, Transamerica Financial Life Insurance Company.

	2019	2018
Investments, at Fair Value		
Pooled Separate Accounts	\$ 340,051,687	\$ 271,447,376
Stable Value Fund	34,597,355	35,620,744
	<u>\$ 374,649,042</u>	<u>\$ 307,068,120</u>
Notes Receivable from Participants	<u>\$ 7,807,695</u>	<u>\$ 7,018,698</u>
Net Investment Gain	<u>\$ 63,309,033</u>	
Interest Income on Notes Receivable from Participants	<u>\$ 364,611</u>	

Note 7 - Related Party and Party-in-Interest Transactions -

Certain Plan investments are held and managed by Transamerica Financial Life Insurance Company (Transamerica). Since Transamerica is the Plan custodian, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net investment gain (loss), as they are paid through revenue sharing, rather than a direct payment. Participating employers may also directly pay other fees related to the Plan's operations. All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

Note 8 - Reconciliation of Financial Statements to Schedule H of Form 5500 -

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2019 and 2018:

	2019	2018
Net Assets Available for Benefits per the Financial Statements	\$ 383,629,035	\$ 314,223,515
Less: Deemed Distributions of Participant Loans	<u>(259,160)</u>	<u>(221,978)</u>
Net Assets Available for Benefits per Schedule H of Form 5500	<u>\$ 383,369,875</u>	<u>\$ 314,001,537</u>

The following is a reconciliation of the net increase in the statement of changes in net assets available for benefits per the financial statements to net income per Schedule H Form 5500 for the year ended December 31, 2019:

Net Increase per the Financial Statements	\$ 70,277,249
Less: Change in Deemed Distributions of Participant Loans	<u>(37,182)</u>
Net Income (Loss) per Schedule H of Form 5500	<u>\$ 70,240,067</u>

Note 9 - Transfers - Qualified Plans -

During 2019, ten qualified plans were merged into the Plan with assets of \$8,998,174.

During 2019, two participating employers transferred \$9,869,903 of assets out of the Plan.

Note 10 - Delinquent Participant Contributions -

During the year ended December 31, 2019, participant deferrals totaling \$1,339,430, were not timely remitted to the Plan in accordance with the requirements of the Department of Labor. The contributions were remitted to the Plan upon discovery of the errors. The participating employers will compute the lost earnings on these deposits and will make a contribution for lost earnings to the Plan during 2020.

Note 11 - Subsequent Events -

In March 2020, the World Health Organization categorized Coronavirus Disease 2019 (COVID-19) as a pandemic, and the President of the United States declared the COVID-19 outbreak a national emergency. The COVID-19 pandemic has led to increased volatility in financial markets and has affected, and may continue to affect, the market price of the Plan's assets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

The Plan is in the process of operationally being amended to implement certain changes permitted by the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act) and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the SECURE Act), which laws change the Plan to, among others, allow certain eligible individuals to receive coronavirus-related distributions, suspend required minimum distributions, and delay the commencement date for required minimum distributions. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 15, 2020, the date which the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: AGC SOUTHWEST CHAPTERS 401(K) PLAN

EIN: 74-0490820

PN: 002

Plan Year End: December 31, 2019

(a) NAME OF PARTICIPATING EMPLOYER	(b) EIN	(c) PERCENT OF TOTAL CONTRIBUTIONS
ABC STEEL PRODUCTS, CO,INC. DBA ABC DOORS, INC.	741536512	0.18%
ACCUSESS ENVIRONMENTAL, INC.	000009841	0.00%
AMERICAN DOOR PRODUCTS, INC.	741493216	0.51%
HOUSTON CHAPTER AGC/LOUISIANA AGC	740490820	0.47%
A&H DRYWALL	742732630	0.32%
ALFRED MILLER CONTRACTING COMPANY	720742446	1.18%
AMERICAN MARBLE MOSAIC CO, INC.	741543672	0.08%
ANGELLE CONCRETE GROUP, LLC	201896831	0.23%
AO COMPACTORS, LLC.	471952679	0.03%
AXIS BUILDERS LLC	455273353	0.03%
BARBER BROTHERS CONTRACTING CO., LLC	000014815	0.56%
BAUM ENVIRONMENTAL GROUP, INC. D/B/A ENVIROSCORE & DISCO	721429842	0.02%
BELL BOTTOM FOUNDATION COMPANY	741279779	0.33%
BERGER IRON WORKS, INC.	741329383	0.23%
BUILDING SPECIALITIES	741148394	0.09%
BOGGS & POOLE CONTRACTING GROUP INC.	721471799	0.05%
BOLTEX MANUFACTURING CO, LP.	760525115	1.58%
BOONE SERVICES	721100523	0.00%
BOTTOM LINE EQUIPMENT, LLC.	203195863	1.14%
BROOKSTONE L.P.	741465210	1.43%
BROWN-MCKEE, INC.	750906414	0.15%
BUILDERS DRYWALL, INC.	760376586	0.64%
BUQUET & LEBLANC, INC.	720478103	0.71%
B.E.T. CONSTRUCTION, INC.	721222177	0.24%
REECO RENTAL AND SUPPLY, INC.	721257361	0.14%
BETTER WASTE DISPOSAL, LLC	270132155	0.00%
REECO RENTAL AND SUPPLY OF ROBERT LA, LLC	331176826	0.05%
LABOR RESOURCES	711001710	0.00%
BYRON E. TALBOT CONTRACTOR, INC. (SUPERVISORS)	000001732	0.02%
B.E.T. CONSTRUCTION, INC. (SUPERVISORS)	000002177	0.02%
BYRON E. TALBOT CONTRACTOR, INC.	720791732	0.43%
CAMARATA MASONRY SYSTEMS, LTD.	421640578	1.40%
CANAAN LEASING, LLC.	721336809	1.99%
CECIL PERRY IMPROVEMENTS, LLC.	270415896	0.20%
CENTRAL TEXAS CHAPTER ASSOCIATED GENERAL CONTRACTORS, IN	741056306	0.02%
CENTURION CONSTRUCTION MANAGEMENT	421765074	0.02%
CFS OF LOUISIANA, LLC	300959137	0.07%
CHAMBERLIN CENTRAL SERVICES, LLC	202093995	1.39%
CHAMPION RENTALS, INC.	760016290	0.57%
COASTAL HEAVY HAULERS, LLC	455420176	0.03%
CHERRY CONCRETE REMOVAL, LTD	760444148	0.23%
CHERRY ADMINISTRATIVE SERVICES, INC.	760675656	0.76%
CHERRY CRUSHED CONCRETE, INC.	760532691	0.93%
CHERRY DEMOLITION, INC.	800060695	0.21%
CHERO-KEY PIPING COMPANY, INC.	742153727	0.07%
CHERRY MOVING COMPANY, INC	760164125	0.28%
COASTAL MECHANICAL CONTRACTORS	721059893	0.00%
COASTAL BRIDGE COMPANY, LLC.	720858086	1.01%
COMMAND CONSTRUCTION INDUSTRIES, LLC.	261280480	0.55%

CONTRACTORS SUPPLY & EQUIPMENT CO, LLC.	000005506	0.12%
CONTRACTORS SUPPLY & EQUIPMENT COMPANY, LLC.	270355506	0.02%
CYCLE CONSTRUCTION COMPANY, LLC	721476798	0.07%
THE DELAHOUSSEY COMPANY, INC	721127918	0.41%
DIVERSIFIED THERMAL, LLC	760316072	0.27%
D & J CONSTRUCTION COMPANY, INC.	720687947	1.19%
DUROTECH, INC.	760242329	1.95%
DYNAMIC GLASS, LLC	611730523	1.38%
EMPIRE ACERO, LLC.	272071307	0.00%
FORDICE CONSTRUCTION CO.	591656111	0.72%
FOUR TWO SERVICES, LLC.	000000280	0.73%
GALLANT COMPANIES, LLC.	273994466	1.78%
THE GEORGE SOLLITT CONSTRUCTION CO.	361795790	0.02%
GOOTEE CONSTRUCTION, INC.	721199308	0.67%
GRECO STRUCTURES	465153917	0.18%
GUARD 1 SERVICES, LLC.	461125859	0.09%
GULF INDUSTRIES, INC.	720572987	0.50%
GULF SAFETY PRODUCTS	464193305	0.54%
HAND CONSTRUCTION COMPANY	721466880	0.43%
HAWK INDUSTRIES HOLDING COMPANY, LLC.	812613101	0.00%
HCL MECHANICAL SERVICES, LLC	202491305	0.56%
HIGHWAY GRAPHICS, LLC.	721107148	0.20%
HUMPHREY COMPANY, LTD	760582569	0.66%
HUVAL & ASSOCIATES, INC.	721163205	0.94%
IE SMART SYSTEMS, LLC.	760628189	0.66%
J B JAMES CONSTRUCTION, LLC	020547426	0.27%
J.B. MOUTON, LLC.	720605512	0.30%
JOMAR CONTRACTORS, INC.	760477868	0.20%
JONES INDUSTRIAL HOLDINGS, INC.	000004642	15.54%
JONES INDUSTRIAL HOLDINGS, INC.	000004642	0.32%
JPS AVIATION, LLC	275233597	0.03%
JPS EQUIPMENT RENTAL, LLC	462113272	0.05%
JPS MOTOR DBA JPS FORD	471926518	0.02%
J.S. RUGG CONSTRUCTION, INC.	720914717	0.08%
JT VAUGHN CONSTRUCTION, LLC.	263561928	10.69%
KASS BROTHERS, INC.	720684592	0.15%
KAUFFMAN COMPANY	421720298	0.59%
KEILAND CONSTRUCTION, LLC.	208981711	0.15%
KILGORE INDUSTRIES, LP	020650722	3.80%
LETSOS COMPANY	741189447	2.48%
LINCOLN BUILDERS, INC.	720562797	1.53%
LOCKE PROTECTIVE SERVICES, LTD	760541359	0.09%
LOUISIANA ASSOCIATED GENERAL CONTRACTORS, INC.	720395279	0.18%
MAGNOLIA CONSTRUCTION COMPANY, LLC	721122665	0.06%
MAPP GROUP, LLC.	200257574	2.22%
MARCHAND CONSTRUCTION, INC.	720548607	0.20%
MCELVEEN INSURANCE	422836989	0.38%
MCINNIS BROTHERS CONSTRUCTIONS, INC	720633245	0.43%
M CONTRACTORS, LLC.	464796504	0.21%
M.D. DESCANT, LLC.	720723146	0.25%
MERRICK CONSTRUCTION, INC.	720692737	0.17%
MP ELECTRIC, INC.	742917088	0.05%
NANCE AND SIMPSON, LLP	030497610	0.17%
NORTHWIND AIR CONDITIONING, HEATING & MECHANICAL SERVICE	760564915	0.00%
ORPHANS	001111222	0.00%
PAT WILLIAMS CONSTRUCTION, INC.	721133098	0.37%
PIEPER-HOUSTON ELECTRIC, L.P.	760290387	2.04%
PRAIRIE MATERIALS, INC.	000003736	0.03%
PRAIRIE CONTRACTORS, INC.	721383736	0.96%

RATCLIFF CONSTRUCTION COMPANY, LLC.	720762029	0.46%
RATCLIFF CONSTRUCTORS, LP	752685704	0.79%
RAVEN MECHANICAL, LP	742068403	0.57%
REDHAWK INDUSTRIAL, LLC	812614066	0.10%
RED HAMMER LLC	000002446	0.01%
R.E. HEIDT CONSTRUCTION COMPANY, INC.	720367139	0.00%
ROCKET GLASS & MIRROR, INC.	743003398	0.02%
ROLLCON, LLC.	452613581	0.19%
SAFETYPRO RESOURCES, LLC	208665057	0.08%
SATTERFIELD & PONTIKES CONSTRUCTION, INC.	760310885	5.42%
SOUTHERN DELTA CONSTRUCTION, LLC.	261592036	0.04%
ASSOCIATED GENERAL CONTRACTORS OF SOUTHEAST TEXAS	740490825	0.00%
SLACK & CO CONTRACTING, INC	760363756	0.56%
SPRINT ENERGY, LP	004435522	0.00%
SPRINT MONTGOMERY COUNTY LANDFILL, LP	471688565	0.10%
SPRINT ENVIRONMENTAL SERVICES, LLC	823330464	0.13%
SPRINT FORT BEND COUNTY LANDFILL, LP	760395693	0.13%
SPRINT SAND & CLAY, LLC	760555041	0.44%
SPRINT TRANSPORT, LLC	272803155	0.70%
SPRINT WASTE SERVICES, LP	204435522	4.39%
STUART & COMPANY GENERAL CONTRACTORS, LLC.	352198708	0.31%
SUN INDUSTRIES, LLC	721094335	0.18%
SYNERGY GLASS COMPANY	463796804	0.21%
TAS COMMERCIAL CONCRETE CONSTRUCTION, LLC	760616082	2.65%
TEXAS MASONRY COUNCIL	237079251	0.00%
THE THREE C'S PROPERTIES INC.	721262287	0.05%
HAWK INDUSTRIAL, LLC	384016630	0.13%
TL HAWK, LLC	812668135	0.10%
TRINITY DRYWALL SYSTEMS, LLC.	205055584	0.33%
TRIPLE-S COMPOST, LLC	821673806	0.04%
TEXAS BUILDING BRANCH	741774229	0.00%
VOLUTE SERVICES	463301680	0.00%
VOLUTE, INC.	721278158	0.16%
WESTWAY CONSTRUCTION	472205299	0.14%
WEST TEXAS CHAPTER OF AGC INC.	750847111	0.01%
W.S. BELLOWS CONSTRUCTION CORPORTATION	741055900	2.80%

AGC SOUTHWEST CHAPTERS 401(K) PLAN

EIN 74-0490820 PN:002

SCHEDULE OF ASSETS HELD FOR INVESTMENT

Schedule H Line 4i

AS OF DECEMBER 31, 2019

<u>Issuer</u>	<u>Investment Description</u>	<u>Cost</u>	<u>Current Value</u>
** Transamerica Financial Life Insurance Company	Stable Value Fund: Transamerica Stable Value Advantage Account	*	\$ 34,597,355
** Transamerica Financial Life Insurance Company	Pooled Separate Accounts: American Century Inflation-Adjusted Bond Fund	*	625,106
	American Funds EuroPacific Growth Fund	*	8,111,657
	American Funds Balanced Fund	*	74,451,122
	American Funds Washington Mutual Investors Fund	*	19,889,204
	Columbia Acorn International Fund	*	2,365,253
	Deutsche Core Equity	*	7,211,719
	DFA U.S. Targeted Value Portfolio	*	1,953,247
	Federated MDT Small Cap Core	*	3,268,566
	Franklin Utilities Fund	*	1,626,625
	Invesco Global Real Estate Fund	*	801,937
	Janus Triton Fund	*	7,168,062
	JPMorgan Market Expansions Enhanced Index Fund	*	3,986,490
	Loomis Sayles Investment Grade Bond Fund	*	12,553,156
	MFS Massachusetts Investors Gr Stk	*	29,464,593
	Oakmark International Fund	*	2,484,403
	Pioneer Select Mid Cap Growth Ret Acct	*	5,869,605
	SSgA Emerging Markets Index Fund	*	1,925,767
	SSgA International Index Fund	*	3,011,105
	SSgA Russell Small Cap Growth Index Fund	*	2,252,637
	SSgA Russell Large Cap Growth Index Fund	*	4,640,259
	SSgA Russell Large Cap Value Index Fund	*	2,225,633
	SSgA Russell Small Cap Index Fund	*	2,328,408
	SSgA Russell Small Cap Value Index Fund	*	1,200,761
	SSgA S&P Mid Cap Index Fund	*	3,574,584

(CONTINUED)

AGC SOUTHWEST CHAPTERS 401(K) PLAN

EIN 74-0490820 PN:002

SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)

Schedule H Line 4i

AS OF DECEMBER 31, 2019

<u>Issuer</u>	<u>Investment Description</u>	<u>Cost</u>	<u>Current Value</u>
	SSgA U.S. Bond Index Fund	*	2,942,192
	Templeton Global Bond Fund	*	1,084,404
	Transamerica Partners High Yield Bond Fund	*	3,638,892
	Transamerica Partners Stock Index Fund	*	9,143,985
	TA Vanguard LifeStrategy Conservative Growth Fund	*	3,399,140
	TA Vanguard LifeStrategy Growth Fund	*	11,443,429
	TA Vanguard LifeStrategy Income Fund	*	874,372
	TA Vanguard LifeStrategy Moderate Growth Fund	*	13,533,362
	TA Vanguard REIT Index Fund	*	2,288,236
	TA BlackRock Lifepath Index Fund	*	11,741,114
	TA BlackRock Lifepath Index 2025 Fund	*	14,195,253
	TA BlackRock Lifepath Index 2030 Fund	*	10,089,815
	TA BlackRock Lifepath Index 2035 Fund	*	9,107,356
	TA BlackRock Lifepath Index 2040 Fund	*	10,326,840
	TA BlackRock Lifepath Index 2045 Fund	*	6,741,076
	TA BlackRock Lifepath Index 2050 Fund	*	7,773,371
	TA BlackRock Lifepath Index 2055 Fund	*	2,149,772
	TA BlackRock Lifepath Index 2060 Fund	*	625,445
	TA Vanguard Total Stock Market Index Fund	*	7,811,360
	Victory Established Value Retirement Account	*	6,857,010
	Wells Fargo Advantage Precious Metals Fund	*	1,295,364
			<u>340,051,687</u>
** Participating Employers	Varying dates of maturity with interest rates ranging from 3.25% to 7.00%		<u>7,807,695</u>
			<u><u>\$ 382,456,737</u></u>

* Cost information omitted for participant directed investments.

** Indicates Party-in-Interest to the Plan.

See independent auditor's report.

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN: 002
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
 Schedule H Line 4a

FOR THE YEAR ENDED DECEMBER 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Corrected Under VFCP and PTE 2002-51
* \$ 2,349,321	\$ -	\$ 2,349,321	\$ -	\$ -
** \$ 1,339,430	\$ 1,339,430	\$ -	\$ -	\$ -

* Represents delinquent participant contributions and participant loan repayments for 2018. The contributions were remitted to the Plan upon discovery of the error. The participating employers have remitted lost earnings and filed the required Form 5330 in 2019.

** Represents delinquent participant contributions and participant loan repayments for 2019. The contributions were remitted to the Plan upon discovery of the error. The participating employers will compute lost earnings and will file the required Form 5330 in 2020.

See independent auditor's report.