

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information											
1a Name of plan <u>CORNERSTONE BUILDERS OF SW FLORIDA, INC.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>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2019</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>22-3915170</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>239-332-3020</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>321210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>01/01/2019</u>		2b Employer Identification Number (EIN) <u>22-3915170</u>		2c Plan Sponsor's telephone number <u>239-332-3020</u>		2d Business code (see instructions) <u>321210</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>										
1c Effective date of plan <u>01/01/2019</u>											
2b Employer Identification Number (EIN) <u>22-3915170</u>											
2c Plan Sponsor's telephone number <u>239-332-3020</u>											
2d Business code (see instructions) <u>321210</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>CORNERSTONE BUILDERS OF SW FLORI</u> <u>3150 OLD METRO PARKWAY</u> <u>FORT MYERS, FL 33916</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.	08/25/2022	TODD GARNIER
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	217
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)	197
a(2) Total number of active participants at the end of the plan year		6a(2)	192
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	17
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	209
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	209
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	115
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	4
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 3H			
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	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 CORNERSTONE BUILDERS OF SW FLORI	D Employer Identification Number (EIN) 22-3915170	

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	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
AMERICAN FUNDS DISTRIBUTORS, INC.	
95-2769620	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FEDERATED SECURITIES CORP.	5800 CORPORATE DRIVE 2ND FLOOR PITTSBURGH, PA 15237

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO	1555 PEACHTREE STREET NW 1800 ATLANTA, GA 30309

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

JOHN HANCOCK FUNDS, LLC

601 CONGRESS STREET, 9145
BOSTON, MA 02210

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

LORD ABBETT DISTRIBUTOR, LLC

90 HUDSON STREET
JERSEY CITY, NJ 07032

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

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

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

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

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

ADP, INC.

13-3036745

(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?
37 50 15 64	RECORD KEEPER	21793	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 CORNERSTONE BUILDERS OF SW FLORI	D Employer Identification Number (EIN) 22-3915170	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	85291	172441
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2436091	3346112
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2521382	3518553

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	2521382	3518553
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	282668	
(B) Participants	2a(1)(B)	582403	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		865071
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)	6142	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6142
(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)	441861	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		441861
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-107183
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1205891
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	181145	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		181145
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		5781
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	21794	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		21794
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		208720
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		997171
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: TUSCAN & COMPANY P.A.

(2) EIN: 26-0254161

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		253000
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 CORNERSTONE BUILDERS OF SW FLORI	D Employer Identification Number (EIN) 22-3915170

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 57-1198022		
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) 2021
v. 201209

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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 _____

**CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
FINANCIAL STATEMENTS, TOGETHER WITH
REPORT OF INDEPENDENT AUDITOR
YEARS ENDED
DECEMBER 31, 2021 and 2020**

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 All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.	

INDEPENDENT AUDITOR'S REPORT - 2021

Plan Administrator
Cornerstone Builders of SW Florida, Inc.
401(k) Profit Sharing Plan
3150 Old Metro Parkway
Fort Myers, FL 33916

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements (modified cash basis) and the supplementary schedules of Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statement of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2021, and the related Statement of Changes in Net Assets Available for Plan Benefits (modified cash basis) for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan by Reliance Trust Company that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Reliance Trust Company in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from Reliance Trust Company as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note A to the financial statements, is complete and accurate.

INTEGRITY SERVICE EXPERIENCE

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Plan management is also responsible for maintaining a current Plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence made by management, as well as evaluate the overall presentation of the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan internal controls. Accordingly, no such opinion is expressed.

Plan Administrator

Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan

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- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Schedules Required by ERISA

The supplementary schedules of Reportable Transactions and Assets Held for Investment Purposes are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Plan Administrator

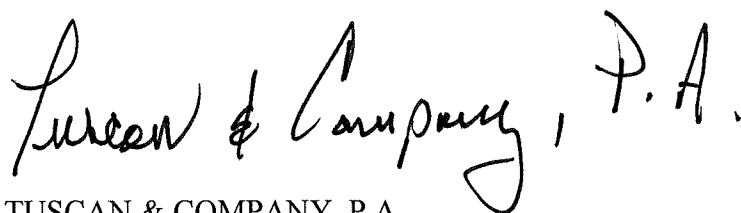
Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan

Page 5

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplementary schedules, other than the information in the supplementary schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA.
- The information in the supplementary schedules related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "TUSCAN & COMPANY, P.A." in a cursive, stylized script.

TUSCAN & COMPANY, P.A.

Fort Myers, Florida

July 29, 2022

INDEPENDENT AUDITOR'S REPORT - 2020

Plan Administrator
Cornerstone Builders of SW Florida, Inc.
401(k) Profit Sharing Plan
3150 Old Metro Parkway
Fort Myers, FL 33916

Report on the Financial Statements

We were engaged to audit the financial statements (modified cash basis) and the supplementary schedules of the Cornerstone Builders of SW Florida, Inc. 401(k) Profit Sharing Plan (the "Plan") which comprise the Statement of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2020, and the related Statement of Changes in Net Assets Available for Plan Benefits (modified cash basis) for the year then ended, as listed in the accompanying table of contents, and the related notes to the financial statements. The Plan was initially adopted effective January 1, 2019.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for 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.

INTEGRITY SERVICE EXPERIENCE

12621 World Plaza Lane, Building 55 • Fort Myers, FL 33907 • Phone: (239) 333-2090 • Fax: (239) 333-2097

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, 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 D, which was certified by Reliance Trust Company, the trustee/custodian of the Plan, except for comparing the information with the related information included in these financial statements and the supplementary schedules. We have been informed by the Plan administrator that the trustee/custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee/custodian as of and for the year ended December 31, 2020 that the financial information provided to the Plan administrator by the trustee/custodian is complete and accurate (29 CFR 2520.103-5(c)).

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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 referred to in the first paragraph.

Emphasis of Matter

The Company initially adopted the Plan on January 1, 2019. There were three predecessor plans whose funds were transferred into this Plan during the year ended December 31, 2019.

Plan Administrator
Cornerstone Builders of SW Florida, Inc.
401(k) Profit Sharing Plan
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Other Matter

The supplementary schedules are the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplementary schedules referred to above.

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

The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Plan Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Tuscan & Company, P.A." in a cursive, flowing script.

TUSCAN & COMPANY, P.A.

Fort Myers, Florida

July 29, 2022

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE
FOR PLAN BENEFITS (MODIFIED CASH BASIS)
December 31, 2021 and 2020

Page 9 of 27

ASSETS	<u>2021</u>	<u>2020</u>
Investments at fair value:		
ADP/Reliance - Plan number 270366		
Mutual funds	<u>\$ 3,346,113</u>	<u>\$ 2,436,091</u>
TOTAL INVESTMENTS	3,346,113	2,436,091
 RECEIVABLES		
Notes receivable from participants	<u>172,441</u>	<u>85,291</u>
TOTAL RECEIVABLES	<u>172,441</u>	<u>85,291</u>
 NET ASSETS AT FAIR VALUE	<u>3,518,554</u>	<u>2,521,382</u>
 LIABILITIES		
Contribution Carryover	<u>-</u>	<u>-</u>
 NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$ 3,518,554</u></u>	<u><u>\$ 2,521,382</u></u>

The accompanying notes are an integral part of this statement.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.

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401(k) PROFIT SHARING PLAN**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE****FOR PLAN BENEFITS (MODIFIED CASH BASIS)****Years Ended December 31, 2021 and 2020**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	<u>2021</u>	<u>2020</u>
Investment income (loss)		
Interest and dividends - investments	\$ 441,861	\$ 59,037
Interest on notes receivable	6,142	4,262
Net appreciation (depreciation) in fair value of investments including net realized gain (loss) on investments	<u>(107,182)</u>	<u>249,204</u>
TOTAL INVESTMENT INCOME (LOSS)	<u>340,821</u>	<u>312,503</u>
Contributions (Cash)		
Employee (deferrals and rollovers)	582,403	557,096
Employer - Safe Harbor match	282,668	233,416
Employer - discretionary match	<u>-</u>	<u>-</u>
	<u>865,071</u>	<u>790,512</u>
TOTAL ADDITIONS (REDUCTIONS) TO NET ASSETS	<u>1,205,892</u>	<u>1,103,015</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	181,145	264,314
Administrative expenses	21,794	18,135
Deemed distributions	<u>5,781</u>	<u>1,724</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>208,720</u>	<u>284,173</u>
Net increase (decrease) in net assets	997,172	818,842
Transfers of assets to this Plan	-	-
Net assets available for plan benefits:		
BEGINNING OF YEAR	<u>2,521,382</u>	<u>1,702,540</u>
END OF YEAR	<u>\$ 3,518,554</u>	<u>\$2,521,382</u>

The accompanying notes are an integral part of this statement.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN

The following description of Cornerstone Builders of SW Florida, Inc. (the "Company") (sponsor) 401(k) Profit Sharing Plan (the "Plan") Plan number 004 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

Cornerstone Builders of SWFL Inc. 401(k) Profit Sharing Plan ("The Plan") was originally adopted and effective on January 1, 2019 and is intended to provide participants with future retirement benefit opportunities. The Company had three (3) predecessor plans that were closed on December 31, 2018 and all the funds were transferred into this Plan during the year ended December 31, 2019. The Plan is a single employer defined contribution 401(k) profit sharing plan covering all eligible employees of the company. Each employee is eligible to participate in the Plan after one (1) year of service or at least 1,000 hours and eligible for safe harbor matching contribution. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan prepares its financial statements using the modified cash basis of accounting. The Plan is a totally third party administered participant-directed Plan. The limited scope audit as of and for the year ended December 31, 2019 was the initial year audit.

Plan administration

Administration of the Plan was the responsibility of Cornerstone Builders of SWFL, Inc. and its designee. Cornerstone Builders of SWFL, Inc. has designated Reliance Trust Company ("Reliance") as trustee/custodian of all the Plan's assets including substantially all the responsibility for investment and reinvestment at the direction of the participants. Reliance holds and is the custodian of all the assets of the Plan. ADP acts as Cornerstone Builders of SWFL Inc.'s designated Servicing Agent, and accounts for participant information and the Plan's annual financial activity and reporting.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Contributions

An eligible participant's annual salary reduction (deductible) contributions may not exceed the lesser of 100 percent of the participant's compensation or \$19,500 and \$19,500 for 2021 and 2020, respectively. Eligible compensation included all employee compensation. Certain participants over age 49 may contribute up to \$6,500 and \$6,500 for 2021 and 2020, respectively, more by taking advantage of "catch up" provisions authorized by federal law. The employee may make elective pre-tax deferrals or Roth after tax contributions.

The Plan is funded by employer Safe Harbor matching contributions. The Company (employer) may also elect to make a discretionary matching contribution. Effective January 1, 2021, there is no service requirement to be eligible for employer discretionary contributions. Safe Harbor matching employer contributions are equal to 100% of the first 3% of employee deferred earnings and 50% of the next 2% of deferred wages. Employees must make elective deferrals to receive Safe Harbor matching contributions. Safe Harbor matching contributions are made each pay period.

The participant must make an elective deferral to the Plan to receive the Safe Harbor matching contribution and discretionary profit sharing contributions.

The Plan does accept rollover contributions and Roth rollover contributions.

Forfeitures

Forfeitures resulting from termination of Plan participation of non-vested employees are used to pay Plan expenses. Any forfeitures remaining after paying Plan expenses are used to offset employer contributions. As of December 31, 2021 and 2020, forfeitures generated by the Plan were approximately \$2,922 and \$3,060, respectively. For the years ended December 31, 2021 and 2020, approximately \$2,922 and \$3,060 of forfeitures were applied to reduce employer contributions, respectively.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant accounts

Each participant's account is credited with the participant's contributions and the allocation of the Company's contribution and the participant's pro rata share of the Plan earnings as determined and allocated under the Plan as well as the allocated Plan expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. At December 31, 2021 and 2020, such accounts allocated to participants who have withdrawn from the Plan but were not paid were \$3,884 and \$20,127, respectively.

Participants may select from an array of investment options to invest in their respective participant account. See Note D for a listing of investment options.

Vesting

The employee is always 100% vested in their elective deferrals and the employer Safe Harbor contributions and any rollover contributions. Vesting in discretionary matching employer contributions and related investment earnings occurs upon attainment of normal retirement age of age 65 or completion of six years of service. However, upon termination of employment for any other reason, a participant is entitled to a portion of their discretionary matching employer contributions (excluding salary deferred amounts and any related income earned thereon which are immediately 100% vested) in accordance with the following six year vesting schedule:

<u>Years of Service*</u>	<u>Vested %</u>
Less than one year	0%
One (1)	0%
Two (2)	20%
Three (3)	40%
Four (4)	60%
Five (5)	80%
Six (6) or more	100%

*Vesting in the employer discretionary matching contribution of the participant accounts is based on participant's years of continuous service. The employee is immediately vested in the employee's respective contributions, Safe Harbor matching contributions and rollovers.

The Plan also provides for early vesting due to disability, if determined disabled by a qualified physician.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Payment of benefits

Payments are made upon termination of service, retirement, death, disability, or financial hardship. The participant must receive payment in a lump-sum if the vested balance is \$5,000 or less. For distributions on balances greater than \$5,000 lump sum or periodic installments are permitted. Partial withdrawals or installments are only permitted for participants or beneficiaries who must receive required minimum distributions. Based upon certain criteria, in-service distributions are permitted upon the participant's attainment of age 59 1/2 and being fully vested in the Plan.

Upon death of a participant, the vested balance of the participant's account is distributed to the participant's beneficiary in an elected form. Benefits due to terminated employees, either through retirement or otherwise are recorded when paid.

In the event of a financial hardship you may withdraw your own elective deferrals (excluding earnings on your elective deferrals) as well as any vested matching contributions. Safe Harbor matching contributions are not permitted to be withdrawn in the event of a financial hardship. Minimum distribution is \$500.

In-service distributions are permitted upon attainment of age 59 1/2, however, no distributions are permitted of less than \$1,000. No more than two in-service distributions per participant per year are permitted.

Loans

Loans are available to participants under the Plan. The minimum loan amount is \$500. Loans are limited to 50% of the vested balance to a maximum of \$50,000. Participants are allowed only two loans to be outstanding at any point in time and only one of such loan may be for a primary residence. Loans are secured by the vested balances in the participant's Plan account and bear interest at two percent (2%) over prime. Loans must be repaid through payroll deductions within 5 years except for loans to purchase a primary residence which are limited to 30 years.

Interest earned on the loans by the Plan is separately recognized when collected.

Loans become due and payable in full upon termination of employment.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Expenses

Administrative expenses incurred by the Trustee/Custodian, the Servicing Agent and/or Investment Advisors are paid for by the Company or by the Plan with Plan assets. Such expenses include but are not limited to, expenses required by ERISA, required bonding, recordkeeping, and fees and expenses of the Trustee/Custodian.

Plan eligibility

Employees qualify for participation in the Plan upon completion of one year of continuous service and attainment of age 21. The Plan allows employees to become a participant on the first day of the month following the completion of the eligibility requirements.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Basis of accounting

The Plan prepares its financial statements using the modified cash basis of accounting. Under this comprehensive basis of accounting, no provision has been made to record items which have been incurred but not paid or earned but not received. This includes items such as interest receivable except for notes receivable which are accrued. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Fair market value is the amount plan sponsors would receive currently if they were to withdraw or transfer funds within the plan prior to their maturity. This fair market value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed credit rates.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments are carried at fair value based on the fair value of the underlying securities in which the account is invested. The values of the forfeiture accounts are equal to actual cash value and or outstanding balance at the respective year-end. Participant loans are valued at their outstanding unpaid balances, which approximates fair value. Income on loans is only recorded when received, consistent with the modified cash basis of accounting.

Income recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. Realized gains and losses are not separately reported as such information is not available. In accordance with the policy of stating investments at fair market value, any change in unrealized appreciation or depreciation for the year is recorded and combined with realized gains and losses on investments in the Statements of Changes in Net Assets Available for Plan Benefits. As such, both realized and unrealized gain/appreciation and loss/depreciation are recorded net and reflected as investment income (loss).

Interest and dividends are combined and reported.

Notes receivable from participants (participant loans)

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable is recorded when received. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses had been recorded as of December 31, 2021 or 2020.

Income tax status

The Plan adopted a Prototype Non-Standardized 401(k) Profit Sharing Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) which stated that the Plan and the related trust are

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income tax status, continued

designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's counsel and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

The Plan's annual return Form 5500 for the prior three (3) fiscal years remain open for examination.

Parties-in-interest transactions

All Plan investments are managed by Reliance Trust Company is the trustee/custodian as defined by the Plan, which is considered a party-in-interest. ADP, a third party administrator also performs certain Plan administrative functions. Certain administrative functions are performed by officers and employees of the Company (both are considered a party-in-interest). No such officer or employee of the Company receives compensation from the Plan.

Plan termination

Although the Company has not expressed any intent to do so, the Plan may be terminated at any time subject to the provisions of ERISA. Upon termination, all assets are to be distributed to vested Plan participants or their beneficiaries. In the event of such termination, participants would become 100% vested in their individual accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Use of estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the Statements of Net Assets Available for Plan Benefits and the changes in Plan net assets during the reporting period. Accordingly, actual results could differ from these estimates.

Fair value of financial instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

Subsequent events

Subsequent events have been evaluated through July 29, 2022, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan investments included pooled separate accounts (mutual funds), which invest in various investment securities and in various companies within various markets. All of the Plan's investments are recorded at fair value in accordance with the reporting requirements governing the Plan. Net changes in asset value is reflected as net appreciation (depreciation) in fair value of investments which includes realized income or loss as well. All such investments are subject to various market and economic risk factors as well as the national and global economies and it is at least reasonably possible that changes in the values (loss of principal) of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the Plan's financial statements and supplementary schedules.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the Trustee/Custodian at December 31:

<u>Trustee/Custodian</u>		2021	2020
Mutual Funds:			
Reliance Vanguard Target Retire 2015	\$	71,717	\$ 37,334
Reliance Vanguard Target Retire 2020		91,489	59,113
Reliance Vanguard Target Retire 2025		308,700 *	176,985 *
Reliance Vanguard Target Retire 2030		635,947 *	399,648 *
Reliance Vanguard Target Retire 2035		751,762 *	609,544 *
Reliance Vanguard Target Retire 2040		458,004 *	326,936 *
Reliance Vanguard Target Retire 2045		203,340 *	146,774 *
Reliance Vanguard Target Retire 2050		168,458	138,399 *
Reliance Vanguard Target Retire 2055		126,468	78,241
Reliance Vanguard Target Retire 2060		41,695	24,237
Reliance Vanguard Target Retire 2065		1,388	679
Reliance Vanguard Target Retire Income		4,016	13,854
Reliance Vanguard Mid Cap Value		2,964	10,412
Reliance Vanguard Small Cap Index ADMRL		11,897	-
Reliance Invesco Opp International Divers		17,023	10,558
Reliance PIMCO Income Fund		13,545	10,362
Reliance MFS Mid Cap Growth		42,026	43,033
Reliance Vanguard Value Index Fund		17,103	18,224
Reliance Vanguard Federal MM		77,247	61,821
Reliance Fed Kaufmann Small Cap Growth		29,077	18,783
Reliance Vanguard Mid Cap Index		32,892	31,523
Reliance American Funds Balanced		27,693	33,524
Reliance John Hancock Bond Fund		6,438	16,863
Reliance Vanguard International		11,845	-
Reliance Lord Abbett Short Duration Income		12,406	16,533
Reliance Vanguard 500 Index Fund		62,803	42,318
Reliance T Rowe Price Blue Chip Growth		46,581	59,345
Reliance Vanguard International Growth Adm		39,516	29,399
Reliance Vanguard Small Cap Value Index		32,073	21,649
Total Mutual Funds	\$	<u>3,346,113</u>	<u>\$ 2,436,091</u>

* Investments equal to or greater than 5% of net assets available for Plan benefits at end of plan year.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE D - INVESTMENTS, CONTINUED

Information certified by Trustee

The Plan administrator has elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company ("Reliance"), the trustee/custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Plan Benefits as of December 31, 2021 and 2020, and the schedules of assets (held at end of year), and the related investment activity reflected in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2021 and 2020.

NOTE E - FAIR VALUE MEASUREMENTS

Fair value measurements

FASB ASC 820-10-50-1 (formerly Financial Accounting Standards Board Statement No. 157), "Fair Value Measurements," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level (2) inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level (3) inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value. Level (3) inputs were only used when Level (1) or Level (2) inputs were not available.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Fair value measurements, continued

The fair value of the mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Gains and losses (realized and unrealized) included in the statements of changes of net assets available for benefits for the years ended December 31, 2021 and 2020 are reported as net realized and unrealized gains and losses of fair value of investments.

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consist of the following at December 31:

		<u>Fair Value Measurements Using:</u>		
			Quoted Prices in Active	
		Markets for Identical Assets Level (1)	Markets for Identical Assets Level (2)	Significant Unobservable Inputs Level (3)
		<u>Fair Value</u>		
<u>December 31, 2021</u>				
Mutual Funds	\$ 3,346,113	\$ 3,346,113	\$ -	\$ -
Notes Receivable	<u>172,441</u>	<u>-</u>	<u>-</u>	<u>172,441</u>
TOTAL	<u>\$ 3,518,554</u>	<u>\$ 3,346,113</u>	<u>\$ -</u>	<u>\$ 172,441</u>
<u>December 31, 2020</u>				
Mutual Funds	\$ 2,436,091	\$ 2,436,091	\$ -	\$ -
Notes Receivable	<u>85,291</u>	<u>-</u>	<u>-</u>	<u>85,291</u>
TOTAL	<u>\$ 2,521,382</u>	<u>\$ 2,436,091</u>	<u>\$ -</u>	<u>\$ 85,291</u>

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Notes receivable from participants consist of the following at December 31:

	2021	2020
Beginning Balance	\$ 85,291	\$ 69,330
Additions- new loans issued	122,550	36,102
Deletions- principal reduction	(29,889)	(20,141)
Outstanding loan principal distributed	(5,781)	-
Accumulated Interest	270	-
Ending Balance	<u>\$ 172,441</u>	<u>\$ 85,291</u>

NOTE F - NOTE RECEIVABLES FROM PARTICIPANTS

Note receivables consist of loans to Plan participants of \$172,441 and \$85,291 as of December 31, 2021 and 2020, respectively. At December 31, 2020, the notes carried interest rates ranging from 5.25% to 7.50%. These note receivables are managed and in the custody of the trustee/custodian. Interest earned on note receivables is recognized as a separate item when received by the Plan.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.
401(k) PROFIT SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2021 and 2020

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NOTE G - RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

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

	<u>2021</u>	<u>2020</u>
Net Assets, beginning of period, per the financial statements	<u>\$ 2,521,382</u>	<u>\$ 1,702,540</u>
Net assets, beginning of period, per Form 5500	<u>\$ 2,521,382</u>	<u>\$ 1,702,540</u>
Net Assets, end of year, per the financial statements	\$ 3,518,554	\$ 2,521,382
Rounding	<u>(1)</u>	<u>-</u>
Net assets, end of year, per Form 5500	<u>\$ 3,518,553</u>	<u>\$ 2,521,382</u>
Net increase (decrease) per the financial statements	\$ 997,172	\$ 818,842
Rounding	<u>(1)</u>	<u>-</u>
Net increase (decrease) per Form 5500	<u>\$ 997,171</u>	<u>\$ 818,842</u>

NOTE H - COVID-19

The Cares Act of March 27, 2020 provides that a participant may withdraw up to \$100,000 from the Plan if the participant was diagnosed with Covid-19, as well as the spouse or dependent, or experienced adverse financial consequences from the pandemic. The Act waives the early withdrawal penalty. The withdrawal is taxable over 1-3 years and can be repaid within three (3) years. Alternatively, a similarly impacted individual may take a hardship loan from the Plan equal to the lesser of the participant's vested loan balance or \$100,000. Certain loan repayment provisions were also extended.

SUPPLEMENTARY SCHEDULES

CORNERSTONE BUILDERS OF SW FLORIDA, INC.

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401(k) PROFIT SHARING PLAN

EIN: 22-3915170

PLAN NUMBER: 004

SCHEDULE 1

FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS*

For the year ended December 31, 2021

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE
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No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.

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401(k) PROFIT SHARING PLAN

EIN: 22-3915170

PLAN NUMBER: 004

SCHEDULE 2

FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS*

For the year ended December 31, 2020

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSETS	NUMBER OF PURCHASES	NUMBER OF SALES	TOTAL DOLLAR VALUE OF PURCHASES	TOTAL DOLLAR VALUE OF SALES	DATE
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No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.

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401(k) PROFIT SHARING PLAN

EIN: 22-3915170

PLAN NUMBER: 004

SCHEDULE 3

FORM 5500, PART IV(4)(i) - SCHEDULE H - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)

December 31, 2021

IDENTITY OF ISSUER	DESCRIPTION OF INVESTMENT	COST	FAIR VALUE (2)
Mutual Funds:			
Reliance	Vanguard Target Retire 2015	N/A	\$ 71,717
Reliance	Vanguard Target Retire 2020	N/A	91,489
Reliance	Vanguard Target Retire 2025	N/A	308,700 *
Reliance	Vanguard Target Retire 2030	N/A	635,947 *
Reliance	Vanguard Target Retire 2035	N/A	751,762 *
Reliance	Vanguard Target Retire 2040	N/A	458,004 *
Reliance	Vanguard Target Retire 2045	N/A	203,340 *
Reliance	Vanguard Target Retire 2050	N/A	168,458 *
Reliance	Vanguard Target Retire 2055	N/A	126,468
Reliance	Vanguard Target Retire 2060	N/A	41,695
Reliance	Vanguard Target Retire 2065	N/A	1,388
Reliance	Vanguard Target Retire Income	N/A	4,016
Reliance	Vanguard Mid Cap Value	N/A	2,964
Reliance	Vanguard Small Cap Index ADMRL	N/A	11,897
Reliance	Invesco Opp International Divers	N/A	17,023
Reliance	PIMCO Income Fund	N/A	13,545
Reliance	MFS Mid Cap Growth	N/A	42,026
Reliance	Vanguard Value Index Fund	N/A	17,103
Reliance	Vanguard Federal MM	N/A	77,247
Reliance	Fed Kaufmann Small Cap Growth	N/A	29,077
Reliance	Vanguard Mid Cap Index	N/A	32,892
Reliance	American Funds Balanced	N/A	27,693
Reliance	John Hancock Bond Fund	N/A	6,438
Reliance	Vanguard International	N/A	11,845
Reliance	Lord Abbett Short Duration Income	N/A	12,406
Reliance	Vanguard 500 Index Fund	N/A	62,803
Reliance	T Rowe Price Blue Chip Growth	N/A	46,581
Reliance	Vanguard International Growth ADM	N/A	39,516
Reliance	Vanguard Small Cap Value Index	N/A	32,073
Total Pooled Separate Accounts		-	3,346,113
Notes Receivable -			
Participant Loans	Rate of 5.25% - 7.50%	N/A	172,441
Total assets held for investment purposes		\$ -	\$ 3,518,554

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

CORNERSTONE BUILDERS OF SW FLORIDA, INC.

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401(k) PROFIT SHARING PLAN**EIN: 22-3915170****PLAN NUMBER: 004****SCHEDULE 4****FORM 5500, PART IV(4)(i) - SCHEDULE H - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)****December 31, 2020**

IDENTITY OF ISSUER	DESCRIPTION OF INVESTMENT	COST	FAIR VALUE (2)
Mutual Funds:			
Reliance	Vanguard Target Retire 2015	N/A	\$ 37,334
Reliance	Vanguard Target Retire 2020	N/A	59,113
Reliance	Vanguard Target Retire 2025	N/A	176,985 *
Reliance	Vanguard Target Retire 2030	N/A	399,648 *
Reliance	Vanguard Target Retire 2035	N/A	609,544 *
Reliance	Vanguard Target Retire 2040	N/A	326,936 *
Reliance	Vanguard Target Retire 2045	N/A	146,774 *
Reliance	Vanguard Target Retire 2050	N/A	138,399 *
Reliance	Vanguard Target Retire 2055	N/A	78,241
Reliance	Vanguard Target Retire 2060	N/A	24,237
Reliance	Vanguard Target Retire 2065	N/A	679
Reliance	Vanguard Target Retire Income	N/A	13,854
Reliance	Vanguard Mid Cap Value	N/A	10,412
Reliance	Invesco Opp International Divers	N/A	10,558
Reliance	PIMCO Income Fund	N/A	10,362
Reliance	MFS Mid Cap Growth	N/A	43,033
Reliance	Vanguard Value Index Fund	N/A	18,224
Reliance	Vanguard Federal MM	N/A	61,821
Reliance	Fed Kaufmann Small Cap Growth	N/A	18,783
Reliance	Vanguard Mid Cap Index	N/A	31,523
Reliance	American Funds Balanced	N/A	33,524
Reliance	John Hancock Bond Fund	N/A	16,863
Reliance	Lord Abbett Short Duration Income	N/A	16,533
Reliance	Vanguard 500 Index Fund	N/A	42,318
Reliance	T Rowe Price Blue Chip Growth	N/A	59,345
Reliance	Vanguard International Growth ADM	N/A	29,399
Reliance	Vanguard Small Cap Value Index	N/A	21,649
Total Pooled Separate Accounts		-	2,436,091
Notes Receivable -			
Participant Loans	Rate of 5.25% - 7.50%	N/A	85,291
Total assets held for investment purposes		\$ -	\$ 2,521,382

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

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

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l		
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

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

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name:

(2) EIN:

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.)

	Yes	No	Amount
4a			

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

EIN: 22-3915170

Plan Sponsor's Name CORNERSTONE BUILDERS OF SW FLORI

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PARTICIPANT LOANS	INTEREST RATES (5.25% TO 7.50%)		172,441
	VAN TARGET RETIRE 2055	REGISTERED INVESTMENT COMPANY		126,468
	VAN TARGET RETIRE 2025 - INV	REGISTERED INVESTMENT COMPANY		308,700
	VANGUARD INTL GRTH ADM	REGISTERED INVESTMENT COMPANY		39,516
	VAN TARG RETIRE 2060 - INV	REGISTERED INVESTMENT COMPANY		41,695
	VAN TARGET RETIRE INC - INV	REGISTERED INVESTMENT COMPANY		4,016
	VANGUARD MID CAP VALUE IND ADM	REGISTERED INVESTMENT COMPANY		2,964

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

EIN: 22-3915170

Plan Sponsor's Name CORNERSTONE BUILDERS OF SW FLORI

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD SMALL CAP INDEX ADMRL	REGISTERED INVESTMENT COMPANY		11,897
	VAN TARGET RETIRE 2015 - INV	REGISTERED INVESTMENT COMPANY		71,717
	INVESCO INTER EQUITYR6	REGISTERED INVESTMENT COMPANY		17,023
	PIMCO INCOME FUND - INSTL	REGISTERED INVESTMENT COMPANY		13,545
	VAN TARGET RETIRE 2030 - INV	REGISTERED INVESTMENT COMPANY		635,947
	VAN TARG RETIRE 2065 INV	REGISTERED INVESTMENT COMPANY		1,388
	MFS MID CAP GROWTH R6	REGISTERED INVESTMENT COMPANY		42,026

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

EIN: 22-3915170

Plan Sponsor's Name CORNERSTONE BUILDERS OF SW FLORI

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD VALUE INDEX FUND ADMR	REGISTERED INVESTMENT COMPANY		17,103
	VANGUARD FEDERAL MM INV	REGISTERED INVESTMENT COMPANY		77,247
	VANGUARD MID CAP INDEX - ADM	REGISTERED INVESTMENT COMPANY		32,892
	FEDERATED KAUFMANN SMALLCAP R6	REGISTERED INVESTMENT COMPANY		29,077
	AMERFUNDS AMER BALANCED - R6	REGISTERED INVESTMENT COMPANY		27,693
	JOHN HANCOCK BOND FUND - R6	REGISTERED INVESTMENT COMPANY		6,438
	VAN INTERNATIONAL VALUE - INV	REGISTERED INVESTMENT COMPANY		11,845

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

EIN: 22-3915170

Plan Sponsor's Name CORNERSTONE BUILDERS OF SW FLORI

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VAN TARGET RETIRE 2040 - INV	REGISTERED INVESTMENT COMPANY		458,004
	LORD ABBETT SHORT DUR INC R6	REGISTERED INVESTMENT COMPANY		12,406
	VANGUARD 500 INDEX FUND - ADM	REGISTERED INVESTMENT COMPANY		62,803
	VAN TARGET RETIRE 2050 - INV	REGISTERED INVESTMENT COMPANY		168,458
	T ROWE PRICE BLUE CHIP GR I	REGISTERED INVESTMENT COMPANY		46,581
	VAN TARGET RETIRE 2020 - INV	REGISTERED INVESTMENT COMPANY		91,490
	VAN TARGET RETIRE 2045 - INV	REGISTERED INVESTMENT COMPANY		203,340

Plan Name	CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN	EIN:	22-3915170
Plan Sponsor's Name	CORNERSTONE BUILDERS OF SW FLORI	PN:	004

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