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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                     | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>WALBEC GROUP RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>08/01/2000</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>08/01/2000</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                           | <u>002</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>08/01/2000</u>                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CONSTRUCTION RESOURCES MANAGEMENT, INC.</u><br><br><u>N3 W23650 BADINGER ROAD</u><br><u>WAUKESHA, WI 53188</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>39-1542489</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>262-524-1882</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>541219</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>39-1542489</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>262-524-1882</u> | <b>2d</b> Business code (see instructions)<br><u>541219</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>39-1542489</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>262-524-1882</u>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>541219</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/03/2022 | SUE MILLER                                                   |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 714 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 607 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 641 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 123 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 766 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 767 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 767 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 29  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2J 2T 3D 3H                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>WALBEC GROUP RETIREMENT PLAN                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CONSTRUCTION RESOURCES MANAGEMENT, INC.                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br>39-1542489                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

ONEAMERICA RETIREMENT SERVICES LLC

46-5378846

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38<br>50 64      | NONE                                                                                              | 99033                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BMO HARRIS BANK, N.A.

36-2085229

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 21 25<br>28 52 62<br>68 | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MATRIX TRUST COMPANY

75-3182674

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 21 25<br>62         | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                             | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| BMO HARRIS BANK, N.A.                                               | 19 21 25 28 52 62 68                                                                                                                                               | 0                                         |
| (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. |                                           |
| ONEAMERICA RETIREMENT SERVICES LLC<br><br>46-5378846                | SEE ATTACHED                                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| MATRIX TRUST COMPANY                                                | 19 21 25 62                                                                                                                                                        | 0                                         |
| (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. |                                           |
| ONEAMERICA RETIREMENT SERVICES LLC<br><br>46-5378846                | SEE ATTACHED                                                                                                                                                       |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                        |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>WALBEC GROUP RETIREMENT PLAN</u>                                                           | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CONSTRUCTION RESOURCES MANAGEMENT, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-1542489</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                               |                                                                                                                    |
|---------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORLEY STABLE VALUE FUND</u>                    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL GLOBAL INVESTORS TRUST COMPANY</u> |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>93-6274329-001</u>                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3978342</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CASTLEARK SMALL COMPANY GROWTH</u>              |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CASTLEARK</u>                                |                               |                                                                                                                    |
| <b>c</b> EIN-PN <u>46-4251197-001</u>                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8829004</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                                 |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                                 |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                                 |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                                 |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                    |                               |                                                                                                                    |
| <b>b</b> Name of sponsor of entity listed in (a):                                                 |                               |                                                                                                                    |
| <b>c</b> EIN-PN                                                                                   | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                 |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>        |                                                                    |            |
| <b>A</b> Name of plan<br><u>WALBEC GROUP RETIREMENT PLAN</u>                                                    | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CONSTRUCTION RESOURCES MANAGEMENT, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-1542489</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 238242                | 15347           |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 3538421               | 3939221         |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 5767                  | 114141          |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 164882                | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 171594                | 119448          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 14207765              | 12807346        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 141281382             | 160274563       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 159608053 177270066 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                     |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 152074 1792         |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 152074 1792         |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 159455979 177268274 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5417403   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 3508957   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 376447    |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 9302807   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 8435      |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 8435      |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 8459394   |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 8459394   |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 1024908   |
| (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) |            | 10398204  |
| c Other income.....                                                                            | 2c     |            | 22196     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 29215944  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 11273470   |           |
| (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)  |            | 11273470  |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            | 31146     |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 99033      |           |
| (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)  |            | 99033     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 11403649  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 17812295  |
| 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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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   |    | 187509 |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     | X   |    |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>n</b> 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. ....                                                                                                                         | X   |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

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

|                                                                                                          |                                                             |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>WALBEC GROUP RETIREMENT PLAN                                                    | <b>B</b> Three-digit plan number (PN) ►<br>002              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CONSTRUCTION RESOURCES MANAGEMENT, INC. | <b>D</b> Employer Identification Number (EIN)<br>39-1542489 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                        |          |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                  | <b>1</b> | 0 |
| <b>2</b> 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):<br><br>EIN(s): 39-6436442 75-3182674 |          |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                       |          |   |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                       | <b>3</b> |   |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 \_\_\_\_\_

**WALBEC GROUP RETIREMENT PLAN**  
**FINANCIAL STATEMENTS AND**  
**ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**  
**YEARS ENDED DECEMBER 31, 2021 AND 2020**



CPAs | CONSULTANTS | WEALTH ADVISORS

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**WALBEC GROUP RETIREMENT PLAN  
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**ERISA-REQUIRED SUPPLEMENTAL SCHEDULES (ATTACHMENTS TO  
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|                                                                     |           |
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|                                                                |           |
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## INDEPENDENT AUDITORS' REPORT

Administrative Committee  
Walbec Group Retirement Plan  
Waukesha, Wisconsin

### Report on the Audit of the Financial Statements

#### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed an audit of the accompanying financial statements of Walbec Group Retirement 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 (DOL) 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 (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

#### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the 2021 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 accounting principles generally accepted in the United States of America.
- The information in the 2021 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).

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAglobal.com/disclaimer](https://claglobal.com/disclaimer).

***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Walbec Group Retirement 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.

***Responsibilities of Management for the 2021 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and 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, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Walbec Group Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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.

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements 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 auditors' 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 GAAS 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, misrepresentations, 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks 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 regarding the amounts and disclosures in 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 Walbec Group Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- 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 Walbec Group Retirement Plan's ability to continue as a 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 2021 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.

### ***Other Matters***

#### ***2021 Supplemental Schedule Required by ERISA***

The supplemental schedules of assets held, reportable transactions, and delinquent participant contributions as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. 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 supplemental schedules, other than that agreed to or derived from the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

***Auditors' Report on the 2020 Financial Statements***

We were engaged to audit the 2020 financial statements of Walbec Group Retirement Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.



**CliftonLarsonAllen LLP**

Milwaukee, WI  
September 26, 2022

**WALBEC GROUP RETIREMENT PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2021 AND 2020**

|                                          | <u>2021</u>                  | <u>2020</u>                  |
|------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                            |                              |                              |
| <b>CASH</b>                              | \$ 15,347                    | \$ 403,124                   |
| <b>INVESTMENTS (at Fair Value)</b>       |                              |                              |
| Collective Funds                         | 12,807,346                   | 14,207,765                   |
| Mutual Funds                             | <u>160,274,563</u>           | <u>141,281,382</u>           |
| Total Investments at Fair Value          | 173,081,909                  | 155,489,147                  |
| <b>RECEIVABLES</b>                       |                              |                              |
| Notes Receivable from Participants       | 164,409                      | 185,409                      |
| Employee 401(k) Deferral Contributions   | 114,141                      | 5,767                        |
| Company Contributions                    | <u>3,939,221</u>             | <u>3,538,421</u>             |
| Total Receivables                        | <u>4,217,771</u>             | <u>3,729,597</u>             |
| Total Assets                             | 177,315,027                  | 159,621,868                  |
| <b>LIABILITIES</b>                       |                              |                              |
| <b>PAYABLES FOR SECURITIES PURCHASED</b> | <u>1,792</u>                 | <u>152,074</u>               |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u><u>\$ 177,313,235</u></u> | <u><u>\$ 159,469,794</u></u> |

See accompanying Notes to Financial Statements.

**WALBEC GROUP RETIREMENT PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**YEARS ENDED DECEMBER 31, 2021 AND 2020**

|                                                                   | <u>2021</u>                  | <u>2020</u>                  |
|-------------------------------------------------------------------|------------------------------|------------------------------|
| <b>ADDITIONS:</b>                                                 |                              |                              |
| <b>INVESTMENT INCOME</b>                                          |                              |                              |
| Net Appreciation in Fair Value of Investments                     | \$ 11,445,308                | \$ 18,145,879                |
| Interest and Dividends                                            | <u>8,459,394</u>             | <u>789,939</u>               |
| Total Investment Income                                           | 19,904,702                   | 18,935,818                   |
| <b>INTEREST INCOME ON NOTES RECEIVABLES<br/>FROM PARTICIPANTS</b> | 8,435                        | 9,756                        |
| <b>CONTRIBUTIONS</b>                                              |                              |                              |
| Employee 401(k) Deferral                                          | 3,508,957                    | 3,027,460                    |
| Company Contributions                                             | 5,417,403                    | 4,923,768                    |
| Employee Rollover                                                 | <u>376,447</u>               | <u>361,212</u>               |
| Total Contributions                                               | <u>9,302,807</u>             | <u>8,312,440</u>             |
| Total Additions                                                   | 29,215,944                   | 27,258,014                   |
| <b>DEDUCTIONS:</b>                                                |                              |                              |
| <b>BENEFITS PAID TO PARTICIPANTS</b>                              | 11,273,470                   | 13,814,065                   |
| <b>ADMINISTRATIVE EXPENSES</b>                                    | <u>99,033</u>                | <u>111,030</u>               |
| Total Deductions                                                  | <u>11,372,503</u>            | <u>13,925,095</u>            |
| <b>NET INCREASE</b>                                               | 17,843,441                   | 13,332,919                   |
| <b>NET ASSETS AVAILABLE FOR BENEFITS:</b>                         |                              |                              |
| Beginning of Year                                                 | <u>159,469,794</u>           | <u>146,136,875</u>           |
| End of Year                                                       | <u><u>\$ 177,313,235</u></u> | <u><u>\$ 159,469,794</u></u> |

See accompanying Notes to Financial Statements.

**WALBEC GROUP RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 1 DESCRIPTION OF PLAN**

The following description of Walbec Group Retirement Plan, (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan originally effective August 1, 2000. The Plan has been amended throughout the years to comply with tax legislation and most recently amended effective January 1, 2022. The Plan excludes leased employees, nonresident aliens and employees covered by a collective bargaining agreement. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). The Administrative Committee is responsible for the oversight of the Plan.

**Eligibility**

Employees of Construction Resources Management, Inc., Payne & Dolan, Inc., Zenith Tech, Inc., Northeast Asphalt, Inc., Premier Concrete, Inc., and Cicchini Asphalt, LLC, (the Company) who are not excluded above, are at least 21 years old, and have completed at least sixty days of service are eligible to participate in employee deferrals and employer safe harbor contributions. Employees that have met the above mentioned criteria and have completed one year of service are eligible to participate in employer profit sharing contributions.

**Contributions**

The Plan includes a salary deferral arrangement allowed under Section 401(k) of the Internal Revenue Code (IRC). Eligible participants are permitted to elect to have up to 100% of their compensation contributed as pre-tax 401(k) or Roth contributions to the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participant have their deferral rate set at 3% of eligible compensation, and their contributions invested in the designated default fund until changed by the participant.

The Company makes a safe harbor matching contribution of 3% of participant compensation to the Plan. Additionally, the Company has the ability to make a discretionary profit sharing contribution. The profit sharing contribution was 8% of compensation for the year ended December 31, 2021 and 2020.

Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations.

**WALBEC GROUP RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 1 DESCRIPTION OF PLAN (CONTINUED)**

**Participant Accounts**

Each participant's account is credited with the participant's contributions, the Company's matching contribution, the Company's profit sharing contribution and an allocation of Plan earnings or losses. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or account balances, or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's vested account.

**Vesting**

Participants are fully vested upon entry into the Plan in regard to employee contributions and Company match contributions. A participant is 100% vested after six years of credited service in regard to profit sharing contributions. Notwithstanding the above a participant is fully vested upon reaching normal retirement age, death, or permanent disability.

**Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The notes are repaid in a period not to exceed five years and accrue interest at the bank's prime rate plus 2%. Principal and interest is paid ratably through payroll deductions.

**Benefit Payments**

Upon termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in his or her account in the form of a lump sum distribution, installment payments, partial withdrawals, or direct rollover. The Plan allows for in-service distributions if a participant reaches age 60. If a participant terminates employment and the participant's account balance does not exceed \$1,000, the Plan administrator will authorize the benefit payment as soon as administratively practical after the first day of the Plan year following the termination of service. If the balance of the terminated participant's account is between \$1,000 and \$5,000, the Plan Sponsor may authorize that the benefit payment be rolled into an individual retirement account in the participant's name.

**Forfeited Accounts**

Forfeitures are declared after a fifth consecutive one-year break in service. At December 31, 2021 and 2020, forfeited nonvested account totaled \$106,235 and \$109,876 respectively. The forfeiture amounts are allocated to participant's accounts on the same basis as the Company's contributions. Forfeitures of \$113,307 and \$222,694 were allocated to the participants for the years ended December 31, 2021 and 2020.

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

**WALBEC GROUP RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

The Plan's investments are reported 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 Administrative Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 4 for discussion of fair value measurements.

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

**Notes Receivable from Participants**

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

**Benefit Payments**

Benefits are recorded when paid.

**Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

**Subsequent Events**

The Plan has evaluated subsequent events through September 26, 2022, the date the financial statements were available to be issued.

Subsequent to year-end the Plan was amended to allow a change in the definition of gross compensation.

**WALBEC GROUP RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION**

BMO Harris N.A. the trustee of the Plan through July 31, 2021 has certified to the completeness and accuracy of all investment information reflected on the accompanying statement of net assets available for benefits as of December 31, 2020, and the related investment activity reflected in the statement of changes in net assets available for benefits for the period from January 1, 2020 through July 31, 2021.

Matrix Trust Company, the trustee of the Plan effective August 1, 2021 has certified to the completeness and accuracy of all investment information reflected on the accompanying statement of net assets available for benefits as of December 31, 2021, the schedule of assets (held at end of year) as of December 31, 2021, and the related investment activity reflected in the statement of changes in net assets available for benefits from August 1, 2021 through December 31, 2021.

**NOTE 4 FAIR VALUE OF INVESTMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

**WALBEC GROUP RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 4 FAIR VALUE OF INVESTMENTS (CONTINUED)**

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2021 and 2020.

*Mutual Funds:* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Collective Fund:* Valued at the NAV of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

| 2021                               |                       |                      |             |                       |
|------------------------------------|-----------------------|----------------------|-------------|-----------------------|
|                                    | Level 1               | Level 2              | Level 3     | Total                 |
| Collective Funds                   | \$ -                  | \$ 12,807,346        | \$ -        | \$ 12,807,346         |
| Mutual Funds                       | 160,274,563           | -                    | -           | 160,274,563           |
| Total Investments<br>at Fair Value | <u>\$ 160,274,563</u> | <u>\$ 12,807,346</u> | <u>\$ -</u> | <u>\$ 173,081,909</u> |

  

| 2020                               |                       |                      |             |                       |
|------------------------------------|-----------------------|----------------------|-------------|-----------------------|
|                                    | Level 1               | Level 2              | Level 3     | Total                 |
| Collective Funds                   | \$ -                  | \$ 14,207,765        | \$ -        | \$ 14,207,765         |
| Mutual Funds                       | 141,281,382           | -                    | -           | 141,281,382           |
| Total Investments<br>at Fair Value | <u>\$ 141,281,382</u> | <u>\$ 14,207,765</u> | <u>\$ -</u> | <u>\$ 155,489,147</u> |

**NOTE 5 RISKS AND UNCERTAINTIES**

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

**WALBEC GROUP RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 6    PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants would become 100% vested in their Company contributions.

**NOTE 7    PLAN TAX STATUS**

The Plan is placing reliance on an opinion letter dated March 31, 2014 received from the IRS on the prototype plan indicating that the Plan is qualified under Section 401 of the IRC and is therefore, not subject to tax under current income tax law. The prototype Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

**NOTE 8    PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments were managed by BMO Retirement Services, an affiliate of BMO Harris Bank N.A. or Matrix Trust Company, the qualified institutions of the Plan. Therefore, the investment transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment.

**NOTE 9    NONEXEMPT TRANSACTIONS**

During 2021, The Company failed to timely remit to the trustee certain participant contributions totaling \$187,509 within the period described by the Department of Labor Regulations. Delays in remitting contributions to the trustee were due to administrative delays. This is deemed a prohibited transaction in accordance with ERISA and the IRC.

**WALBEC GROUP RETIREMENT PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2021 AND 2020**

**NOTE 10 NONPARTICIPANT – DIRECTED INVESTMENTS**

The Company profit sharing contribution source allocation of investments is Company directed. Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

|                                               | <u>2021</u>                 | <u>2020</u>                 |
|-----------------------------------------------|-----------------------------|-----------------------------|
| Net Assets:                                   |                             |                             |
| Common Collective Trusts                      | \$ 5,448,740                | \$ 5,925,401                |
| Mutual Funds                                  | <u>79,250,354</u>           | <u>72,387,582</u>           |
| Total Investments at Fair Value               | 84,699,094                  | 78,312,983                  |
| Receivables:                                  |                             |                             |
| Company Contributions                         | <u>3,825,928</u>            | <u>3,452,852</u>            |
| Net Assets Available for Benefits             | <u><u>\$ 88,525,022</u></u> | <u><u>\$ 81,765,835</u></u> |
| Changes in Net Assets:                        |                             |                             |
| Benefits Paid to Participants                 | \$ (5,932,735)              | \$ (8,356,928)              |
| Contributions                                 | 3,452,852                   | 3,207,469                   |
| Dividends and Interest                        | 4,020,135                   | 996,769                     |
| Net Appreciation in Fair Value of Investments | <u>5,218,935</u>            | <u>7,771,716</u>            |
| Net Increase in Assets Available for Benefits | <u><u>\$ 6,759,187</u></u>  | <u><u>\$ 3,619,026</u></u>  |

**NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

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

|                                                                | <u>2021</u>                  | <u>2020</u>                  |
|----------------------------------------------------------------|------------------------------|------------------------------|
| Net Assets Available for Benefits per the Financial Statements | \$ 177,313,235               | \$ 159,469,794               |
| Certain Deemed Distributions of Participant Loans              | <u>(44,961)</u>              | <u>(13,815)</u>              |
| Net Assets Available for Benefits per Form 5500                | <u><u>\$ 177,268,274</u></u> | <u><u>\$ 159,455,979</u></u> |

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

|                                                                                | <u>2021</u>                 | <u>2020</u>                 |
|--------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Net Increase in Net Assets Available for Benefits per the Financial Statements | \$ 17,843,441               | \$ 13,332,919               |
| Change in Certain Deemed Distributions of Participant Loans                    | <u>(31,146)</u>             | <u>(9,860)</u>              |
| Net Increase in Net Assets Available for Benefits per Form 5500                | <u><u>\$ 17,812,295</u></u> | <u><u>\$ 13,323,059</u></u> |

**WALBEC GROUP RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021 AND 2020**

**NOTE 11 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)**

Deemed distributions are recognized for Form 5500 reporting but not for financial statement reporting until a full distribution of the participant's account balance is made.

**WALBEC GROUP RETIREMENT PLAN**  
**E.I.N. 39-1542489 PLAN NO. 002**  
**SCHEDULE H, LINE 4a—SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**  
**DECEMBER 31, 2021**

| Year | Participant Contributions<br>Transferred Late to Plan                                          | Total that Constitute Nonexempt Prohibited Transactions |                                            |                                                | Total Fully<br>Corrected Under<br>VFCP and PTE<br>2002-51 |
|------|------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
|      |                                                                                                | Contributions Not<br>Corrected                          | Contributions<br>Corrected Outside<br>VFCP | Contributions<br>Pending Correction<br>in VFCP |                                                           |
|      | Check Here if Late Participant<br>Loan Repayments are Included<br><br><input type="checkbox"/> |                                                         |                                            |                                                |                                                           |
| 2021 | \$ 187,509                                                                                     | \$ -                                                    | \$ -                                       | \$ 187,509                                     | \$ -                                                      |

**WALBEC GROUP RETIREMENT PLAN**  
**E.I.N. 39-1542489 PLAN NO. 002**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2021**

| (a) | (b) , (c)                                              | (d)        | (e)              |
|-----|--------------------------------------------------------|------------|------------------|
|     | Identity of Issue ,<br>Description of Investment       | Cost **    | Current<br>Value |
|     | <b><u>Cash</u></b>                                     | \$ -       | \$ 15,347        |
|     | <b><u>Collective Funds:</u></b>                        |            |                  |
|     | CastleArk Small Company Growth                         | -          | 3,380,264        |
|     | CastleArk Small Company Growth                         | 3,385,407  | 5,448,740        |
|     | Morley Stable Value Fund                               | -          | 3,978,342        |
|     | Total Collective Funds                                 | 3,385,407  | 12,807,346       |
|     | <b><u>Mutual Funds:</u></b>                            |            |                  |
|     | American Capital Income Builder Fund                   | -          | 1,589,879        |
|     | American Europacific Growth Fund                       | -          | 4,735,122        |
|     | American Income Fund of America Class R6               | -          | 3,150,717        |
|     | American Investment Company of America Class R6        | -          | 3,353,402        |
|     | Baird Intermediate Bond Fd Instl                       | 8,865,730  | 8,712,728        |
|     | Brandywine Global - Global Opportunities Bond Fund     | -          | 1,258,725        |
|     | Boston Partners All-Cap Value Fund                     | 2,315,622  | 2,915,011        |
|     | Carillon Reams Core Bond Fund                          | 4,857,856  | 5,174,643        |
|     | Cohen & Steers Real Estate Securities Fund CI          | -          | 1,403,304        |
|     | Dodge & Cox Income Fund                                | -          | 3,648,385        |
|     | Federated Ultrashort Bond Fund                         | 1,095,696  | 1,094,724        |
|     | First Eagle Overseas Fund                              | -          | 2,558,737        |
|     | FMI Large Cap Fund                                     | 4,147,056  | 8,382,501        |
|     | Invesco Developing Markets Fund Class Y                | -          | 2,250,412        |
|     | Invesco Developing Markets Fund Class Y                | 2,252,417  | 2,294,024        |
|     | Invesco Equally Weighted S&P 500 Fund                  | 10,680,070 | 10,508,084       |
|     | Janus Henderson Enterprise Fund                        | -          | 6,596,893        |
|     | Lazard International Strategic Equity Portfolio        | 8,915,979  | 9,480,880        |
|     | Metropolitan West Total Return Bond Fund               | 3,142,475  | 3,133,804        |
|     | MFS Growth Fund                                        | -          | 16,392,962       |
|     | Nuance Mid Cap Value Finstl                            | -          | 1,797,438        |
|     | Pimco Diversified Income Fund                          | 4,494,216  | 4,583,896        |
|     | Royce Special Equity Fund                              | -          | 2,357,731        |
|     | Royce Special Equity Fund                              | 5,865,845  | 5,300,050        |
|     | Vanguard 500 Index Fund                                | -          | 4,742,021        |
|     | Vanguard 500 Index Fund                                | 6,092,258  | 6,590,400        |
|     | Vanguard Cash Reserves Money Market                    | 946,144    | 946,144          |
|     | Vanguard Developed Markets Fund                        | 7,337,405  | 7,137,713        |
|     | Vanguard Extended Markets Fund                         | 3,080,640  | 2,990,515        |
|     | Vanguard Inflation - Protected Securities Fund Admiral | -          | 1,964,295        |
|     | Vanguard Mega Cap Growth Index Fund                    | 2,298,618  | 4,612,125        |
|     | Vanguard Mid Cap Index Fund                            | -          | 2,508,560        |

**WALBEC GROUP RETIREMENT PLAN**  
**E.I.N. 39-1542489 PLAN NO. 002**  
**SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)**  
**DECEMBER 31, 2021**

| (a) | (b) , (c)                                        | (d)                  | (e)                   |
|-----|--------------------------------------------------|----------------------|-----------------------|
|     | Identity of Issue ,<br>Description of Investment | Cost **              | Current<br>Value      |
|     | <b><u>Mutual Funds (Continued):</u></b>          |                      |                       |
|     | Vanguard Small Cap Index Fund                    | \$ -                 | \$ 3,123,684          |
|     | Vanguard Target Retirement 2020 Fund             | -                    | 329,412               |
|     | Vanguard Target Retirement 2025 Fund             | -                    | 903,076               |
|     | Vanguard Target Retirement 2030 Fund             | -                    | 2,120,356             |
|     | Vanguard Target Retirement 2035 Fund             | -                    | 2,727,809             |
|     | Vanguard Target Retirement 2040 Fund             | -                    | 1,897,777             |
|     | Vanguard Target Retirement 2045 Fund             | -                    | 1,300,459             |
|     | Vanguard Target Retirement 2050 Fund             | -                    | 1,473,501             |
|     | Vanguard Target Retirement 2055 Fund             | -                    | 1,996,924             |
|     | Vanguard Target Retirement Income Fund           | -                    | 235,740               |
|     | Total Mutual Funds                               | 76,388,027           | 160,274,563           |
| *   | Participant Loans                                |                      |                       |
|     | Rates of 5.25% to 7.50%                          | -                    | 119,448               |
|     | Total                                            | <u>\$ 79,773,434</u> | <u>\$ 173,216,704</u> |

\* Indicates party-in-interest

\*\*Cost omitted for participant-directed accounts

**WALBEC GROUP RETIREMENT PLAN**  
**E.I.N. 39-1542489 PLAN NO. 002**  
**SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS**  
**YEAR ENDED DECEMBER 31, 2021**

| (a)                                                                    | (b)                                 | (c)               | (d)              | (g)          | (i)                |
|------------------------------------------------------------------------|-------------------------------------|-------------------|------------------|--------------|--------------------|
| Identity of<br>Party Involved                                          | Description of<br>Assets            | Purchase<br>Price | Selling<br>Price | Cost         | Net Gain<br>(Loss) |
| Category (iii) - Series of Transactions in Excess of 5% of Net Assets: |                                     |                   |                  |              |                    |
|                                                                        | BMO Government Money Market Premier | \$ 6,467,741      | \$ -             | \$ 6,467,741 | \$ -               |
|                                                                        | BMO Government Money Market Premier | -                 | 7,859,697        | 7,859,697    | -                  |
|                                                                        | Invesco Equally Weighted S&P 500    | 11,019,017        | -                | 11,019,017   | -                  |
|                                                                        | Invesco Equally Weighted S&P 500    | -                 | 350,000          | 338,948      | 11,052             |
|                                                                        | Vanguard Cash Reserves Fed MM       | 5,717,230         | -                | 5,717,230    | -                  |
|                                                                        | Vanguard Cash Reserves Fed MM       | -                 | 4,771,086        | 4,771,086    | -                  |

Columns (e) and (f) are omitted as they are not applicable.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See [CLAGlobal.com/disclaimer](http://CLAGlobal.com/disclaimer). Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

**SCHEDULE H, LINE 4j**  
**SCHEDULE OF REPORTABLE TRANSACTIONS**  
**PLAN YEAR ENDED DECEMBER 31, 2021**

**SPONSOR: CONSTRUCTION RESOURCES MANAGEMENT, INC.**  
**EIN: 39-1542489**  
**PLAN NUMBER: 002**  
**NAME: WALBEC GROUP RETIREMENT PLAN**

| (a)                                                                    | (b)                                 | (c)               | (d)              | (g)          | (i)                |
|------------------------------------------------------------------------|-------------------------------------|-------------------|------------------|--------------|--------------------|
| Identity of<br>Party Involved                                          | Description of<br>Assets            | Purchase<br>Price | Selling<br>Price | Cost         | Net Gain<br>(Loss) |
| Category (iii) - Series of Transactions in Excess of 5% of Net Assets: |                                     |                   |                  |              |                    |
|                                                                        | BMO Government Money Market Premier | \$ 6,467,741      | \$ -             | \$ 6,467,741 | \$ -               |
|                                                                        | BMO Government Money Market Premier | -                 | 7,859,697        | 7,859,697    | -                  |
|                                                                        | Invesco Equally Weighted S&P 500    | 11,019,017        | -                | 11,019,017   | -                  |
|                                                                        | Invesco Equally Weighted S&P 500    | -                 | 350,000          | 338,948      | 11,052             |
|                                                                        | Vanguard Cash Reserves Fed MM       | 5,717,230         | -                | 5,717,230    | -                  |
|                                                                        | Vanguard Cash Reserves Fed MM       | -                 | 4,771,086        | 4,771,086    | -                  |

Columns (e) and (f) are omitted as they are not applicable.

## Fee Schedule and Disclosures OneAmerica

### Walbec Group Retirement Plan (the "Plan")

This fee schedule pertains to the services ("Services") covered in the Client Agreement with Matrix Trust Company ("Matrix Trust"), and is intended as the service provider disclosure statement to fiduciaries that have the authority to enter into, extend, or renew Matrix Trust's provision of services to the Plan. If you are in receipt of this schedule and are not the responsible Plan fiduciary under 29 C.F.R. Sec. 2550.408b-2 ("408(b)(2)"), please forward this disclosure to that fiduciary's attention.

If Matrix Trust's appointment is as a directed (non-discretionary) trustee, with regard to providing services to the Plan, Matrix Trust is serving in a limited fiduciary capacity under ERISA. If Matrix Trust's appointment is not as trustee, Matrix Trust is not serving in a fiduciary capacity under ERISA except to the extent that Matrix Trust explicitly agrees to and acknowledges its fiduciary capacity.

### TRUST/CUSTODY SERVICES

#### Annual Market Value Fees:

|                                                   |                                                              |
|---------------------------------------------------|--------------------------------------------------------------|
| Plan With Total Assets of Less Than \$100MM ..... | 2 basis points (on assets other than Conditionally Accepted) |
| Plan With Total Assets Over \$100MM .....         | 1 basis point (on assets other than Conditionally Accepted)  |
| Conditionally Accepted Assets <sup>1</sup> .....  | 15 basis points                                              |

#### Annual Trustee Fees: (includes custodial services)

|                                                                       |                   |
|-----------------------------------------------------------------------|-------------------|
| Plans with mutual funds <u>only</u> .....                             | \$ 750 per plan   |
| Plans with mutual funds <u>and</u> IDAs .....                         | \$ 1,500 per plan |
| Plans with mutual funds, IDAs and Conditionally Accepted Assets ..... | \$ 2,500 per plan |

|                                   |                 |
|-----------------------------------|-----------------|
| <b>Annual Custodian Fee</b> ..... | \$ 500 per plan |
|-----------------------------------|-----------------|

### DISBURSEMENT-RELATED SERVICES

|                                       |                                              |
|---------------------------------------|----------------------------------------------|
| One-time Check or Wire .....          | \$ 5 each (includes Forms 1099R, 1099M, W-2) |
| One-time ACH Transfers .....          | \$ 3 each (includes Forms 1099R, 1099M, W-2) |
| Recurring Check or ACH Transfer ..... | \$ 3 each (includes Forms 1099R, 1099M, W-2) |
| Stop Payment .....                    | \$ 20 each                                   |
| Form 1099 Replacement .....           | \$ 0 each                                    |

### ADDITIONAL SERVICES

|                                                                      |                                                                              |
|----------------------------------------------------------------------|------------------------------------------------------------------------------|
| Unitization Annual Fee <sup>2</sup> .....                            | \$ 2,750 per NAV (in addition to the Annual Market Values Fees listed above) |
| 1041 Informational Tax Letter .....                                  | \$ 500 per letter                                                            |
| 990T Preparation and Filing .....                                    | \$ 1,000 per filing                                                          |
| ASC 820 Report .....                                                 | Included                                                                     |
| Extraordinary Services .....                                         | \$ 100 per hour                                                              |
| Termination Fee .....                                                | \$ 500 per plan                                                              |
| Fund Service Fee Collection Services .....                           | Included - 100% pass through                                                 |
| Self-Directed Brokerage Account (SDBA):                              |                                                                              |
| Initial Account Set-Up Fee .....                                     | \$ 75 each new SDBA                                                          |
| Waived for TDA accounts and existing IDAs for implementation process |                                                                              |
| Annual Account Fee @ connected broker .....                          | \$ 100 each (in addition to the Annual Market Values Fees listed above)      |
| Waived for TD Ameritrade accounts                                    |                                                                              |
| Annual Account Fee @ non-connected broker .....                      | \$ 400 each (in addition to the Annual Market Values Fees listed above)      |

### Trust/Custody Services for Individual Domestic Equity & Fixed Income Securities – Additional Fees

|                                                                                                                             |                                               |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Annual Market Value Fees for Assets custodied at WTNA .....                                                                 | 1 basis point                                 |
| Domestic Purchases and Sales, DTC, Fed, Mutual Funds and Other Storage Locations .....                                      | \$ 15 each (\$12 for Affirming Money Manager) |
| Free Deliveries/Free Receipts, Call and Put Options, Maturities, Purchases through dividend reinvestment                    |                                               |
| Principal Payment for Securities such as GNMA, FNMA, FHLMC, CMO and Corporate Bonds held at all storage locations:          |                                               |
| Federal Reserve (FED), Bankers Trust Company (BTC), Depository Trust Company (DTC), Wilmington Trust (WTC) and others ..... | \$ 10 each                                    |
| Stock Commission Fee (netted from each trade) .....                                                                         | \$ 0.0325/share                               |

### TERMS, CONDITIONS AND REQUIRED DISCLOSURES

The Plan's third-party administrator may impose administration fees, which are in addition to the afore-mentioned fees. The afore-mentioned fees do not include investment manager or consultant fees. The afore-mentioned fees do not include any brokerage or other sub-custodian commissions, unless otherwise noted. The afore-mentioned fees also do not include mutual fund sales charges/loads or brokerage commissions imposed by broker-dealers or mutual fund families. An applicable mutual fund prospectus or statement of additional information may provide for the waiver of plan level mutual fund sales charges/loads. In order for the fees to be included, the Plan Sponsor or the Responsible Plan Fiduciary or a person identified by the Plan Sponsor or the Responsible Plan Fiduciary to act as the Authorized Person (the "**Authorized Person**") may be required to complete additional documentation. The afore-mentioned fees also do not include real estate appraisal fees, annual inspection costs, insurance premiums or other like costs associated with any real property that may be held in the account.

The fees listed in the Trust/Custody Services section are charged on a per plan basis and include:

- Electronically transmitted transactions • Asset transfer and set-up in one account per plan
- Quarterly and annual statement (maximum of two duplicate sets) • Proxy delivery to the Responsible Plan Fiduciary or other designated party
- Wire receipts for employer and employee contributions and master note loan repayments (if applicable)
- Interest, dividend, and capital gains posting; processing of capital changes (splits, reorganizations, etc.)

Additional fees may be charged for:

- Extraordinary services • Checks received with insufficient funds • Overnight mailing (\$25 per mailing)

*Fees are billed quarterly in arrears directly to OneAmerica.* Asset based fees will be calculated utilizing a daily average balance for the invoice period. To the extent Matrix Trust fees are paid by the account, the fees represent direct compensation paid to Matrix Trust. To the extent that Matrix Trust fees are paid by OneAmerica or the Plan Sponsor and not reimbursed by plan assets, the fees do not represent direct or indirect compensation paid to Matrix Trust for purposes of 408(b)(2). Matrix Trust fees outstanding for more than 90 days from the billing date may be deducted directly from the account.

#### I. **INDIRECT COMPENSATION**

Matrix Trust may receive indirect compensation in connection with Services:

- in the form of "float" income, and
- through its affiliate(s) and/or other parties as described below, and to the extent applicable, with respect to items (C) through (J) as described below.

#### A. **CASH SUB-ACCOUNTING SERVICES/FLOAT INCOME**

Matrix Trust also provides sub-accounting services to certain banking institutions, with respect to cash held on a short-term basis in their omnibus accounts. With respect to the Plan, this may occur where, for example, Plan funds are awaiting investment, distribution or other processing. As described below under the section titled: "Matrix Trust - Float Disclosure for Employee Benefit Plans," Matrix Trust may derive compensation from the use of this short-term cash, which is referred to as "float income". Currently, Matrix Trust has arrangements with two banks – JP Morgan Chase and TD Bank – under which the banks pay float income to Matrix Trust in exchange for its sub-accounting services. Float income is reflected as an earnings credit or service fee on monthly bank invoices.

The exact amount of float income credited from these two banks to Matrix Trust cannot be described in precise terms, because the rate of float income paid fluctuates over time (it generally tracks the Federal Funds Rate), and it is also impossible to predict exactly how much Plan cash will be held on a short-term basis, and for how long. Please refer to the section below titled "Matrix Trust - Float Disclosure for Employee Benefit Plans" for more information.

**B. MATRIX TRUST - FLOAT DISCLOSURE FOR EMPLOYEE BENEFIT PLANS****1. Additional Compensation Attributable to Float**

Matrix Trust may derive compensation from the use of cash held on behalf of client plans pending investment, distribution or other processing. This compensation is referred to as “float”. The disclosures contained in the following paragraphs have been prepared in accordance with U.S. Department of Labor guidance contained in Field Assistance Bulletin 2002-3 concerning service provider float disclosure obligations to employee benefit plan customers.

In connection with Matrix Trust’s provision of services to plan customers, Matrix Trust maintains various banking arrangements to facilitate movements of cash as necessary to process plan customer transactions, including arrangements with one or more banks. Under these arrangements, cash may be held in general or “omnibus” bank accounts established by or at the direction of Matrix Trust, pending investment, trade settlement, or the presentment of distribution checks for payment. These accounts generate float earnings for Matrix Trust. The proportionate share of those earnings attributable to the funds of a particular plan constitutes compensation that is paid by the plan and retained by Matrix Trust in connection with Matrix Trust’s services and is in addition to any other fees or compensation payable under the service arrangement.

As of the date of this disclosure, Matrix Trust’s only banking arrangements described above are with JPMorgan Chase, N.A. and TD Bank, N.A, both of which are unaffiliated institutions to Matrix Trust.

The paragraphs below describe the specific circumstances under which float will be earned and retained, the time frames applicable to float earnings periods, and a general description of the rate of float earnings.

**2. Circumstances and Time Frames During Which Float May Be Earned****a) Contributions**

Plans direct cash contributions to Matrix Trust through a demand deposit account Matrix Trust maintains for that purpose. Matrix Trust credits the amount of a plan’s cash contribution to the plan’s Matrix Trust account (“**Client Account**”) on the business day it is received. If the Client Account uses a cash sweep, the cash contribution is swept from the demand deposit account and invested on the plan’s behalf on the next business day. Matrix Trust earns float on the cash contribution between the business day of deposit and the next business day. A “business day” is a day on which the New York Stock Exchange is open for business.

If a Client Account does not use a cash sweep, Matrix Trust earns float on the cash contribution from the business day of deposit until Matrix Trust receives investment instructions from the plan and the investment transaction settles. Upon Matrix Trust’s receipt of investment instructions in good order, settlement of mutual fund trades generally occurs within one business day and settlement of individual securities trades (*i.e.*, stocks and bonds) generally occurs within three business days.

**b) Purchases of Securities for the Client Account**

When Matrix Trust receives instructions, in good order and in accordance with prescribed procedures, to purchase a security for a Client Account, Matrix Trust places the purchase trade order that same business day if the instructions are received prior to Matrix Trust trading cut-off times. If instructions are received after the Matrix Trust trading cut-off times, the purchase trade order is placed on the next business day.

When Matrix Trust settles a purchase trade order for a Client Account, Client Account assets required to pay for the purchase are transferred to a demand deposit account maintained by Matrix Trust on the trade settlement date. When a purchase trade order is cancelled or rejected, the funds previously set aside to pay for the purchase are re-credited to the Client Account and either invested through the cash sweep, if applicable, or retained in the deposit account pending other investment instructions, as described above.

**c) Sales of Securities for the Client Account**

When Matrix Trust receives instructions, in good order and in accordance with prescribed procedures, to sell a security for a Client Account, Matrix Trust places the sale trade order that same business day if the instructions are received prior to Matrix Trust trading cut-off times. If instructions are received after the Matrix Trust trading cut-off times, the sale trade order will be placed on the next business day.

When Matrix Trust places or settles a sale trade for a Client Account, the Client Account receives the sales proceeds on the trade settlement date. If the Client Account does not use a sweep, Matrix Trust will earn float from the date Matrix Trust receives the sale settlement proceeds until Matrix Trust receives instructions to reinvest the sale proceeds as described above.

**d) Payments from Client Accounts**

Matrix Trust may earn float when it issues checks on behalf of plans including checks for (i) distributions to participants and/or beneficiaries, (ii) participant loan distributions, or (iii) fees paid to plan service providers. Matrix Trust does not earn float when payments or distributions are made by direct deposit (ACH) or by a federal funds wire transfer.

Matrix Trust will mail a distribution check to a plan participant or beneficiary on the payable date (the date printed on the check). On the same day, Matrix Trust debits the Client Account in the amount of the check. Matrix Trust will earn float on the amount of the check from the date the check is issued until the date the check is presented and paid.

Where Matrix Trust has been directed to establish periodic or recurring distribution checks, such payments are typically mailed to plan participants and beneficiaries prior to the payable date (for example, periodic payments are mailed six business days prior to the payable date). Matrix Trust debits the Client Account in the amount of the checks on the payable date. Matrix Trust is able to mail the checks before assets are withdrawn from the Client Account and sold because periodic distributions are of a predictable amount (generally a set dollar amount each payment cycle). Matrix Trust will only earn float on the amount of the check from the date the check is payable until the date check is presented and paid.

On a periodic basis, Matrix Trust will notify clients of outstanding periodic and lump sum distribution checks that Matrix Trust has issued. If an originally-issued check is reported lost or missing, Matrix Trust will re-issue the check upon receipt of direction from the client and/or other authorized party to instruct on the account. If the participant or beneficiary does not negotiate the check within a reasonable time, Matrix Trust reserves the right to re-credit (redeposit) the payment to the Client Account and to invest these funds at the direction of a Client Account fiduciary, or to disburse the funds as directed or otherwise in accordance with applicable law.

### **3. Rate On Float Earnings**

The rate at which Matrix Trust earns float over the time periods described above is generally comparable to the effective Federal Funds Rate as reported in the Wall Street Journal over the applicable time frame.

#### **C. INVESTMENT RELATED ADMINISTRATIVE FEE SERVICES** (if elected and to the extent applicable)

Where Matrix Trust has been so authorized, Matrix Trust through its affiliate and registered broker dealer, MSCS Financial Services Division of Broadridge Business Process Outsourcing, LLC ("**MSCS Financial**"), may receive fees from certain investment companies, mutual funds, stable value funds, guaranteed investment contracts, guaranteed annuity contracts and similar investment vehicles (the "**Funds**") in the form of 12b-1 fees or firm concessions (*i.e.*, finders fees), or in the form of shareholder servicing, sub-transfer agent and sub-accounting fees ("**Mutual Fund Fees**").

Matrix Trust will pass through 100% of Mutual Fund Fees to OneAmerica. The amount of such Mutual Fund Fees as paid by the Funds is subject to change at any time.

If the Plan is trading on Matrix Trust's trading platform and Mutual Fund Fees are available for the plan investment options selected for the Plan, available Mutual Fund Fees are identified on the Plan fund list in the Sub-TA and 12b-1 columns for each investment option listed and is paid by the investment provider offering the fund.

#### **D. Certain BROKERAGE ACCOUNTS** (if elected and to the extent applicable)

If your Plan offers a self-directed brokerage account ("**SDBA**") option to Plan participants, SDBA balances remain subject to the services and fees described under other sections of this schedule, to the extent applicable.

Also, where the named Fiduciary of the Plan and/or its authorized representative(s) has directed Matrix Trust to establish an SDBA that is a TD Ameritrade Brokerage Account, pursuant to an agreement with TD Ameritrade, Matrix Settlement and Clearing Services, LLC ("**MSCS**") will provide account reconciliation services, account set-up and maintenance, movement of cash between the Plan's core accounts and SDBAs, and related administrative tasks. For these services and others, MSCS will receive quarterly, in arrears, an amount equal to 0.0175% (1.75 basis points) of the value of Plan assets in the TD Ameritrade SDBAs during such quarter, based on the average of the Plan assets held in the SDBAs on the last business day of each month in the applicable quarter. This rate shall apply for the calendar quarter ending March 2020 and shall decrease as follows to .01% (1 basis point) for the calendar quarter ending June 2020, then .0075% (0.75 basis points) for the calendar quarter ending September 2020, then .005% (0.5 basis points) for the calendar quarter ending December 2020 with subsequent quarters to be calculated at the rate of .00375% (0.375 basis points). **TD Ameritrade pays these fees to MSCS.**

In all cases, the fees described above do not include brokerage commissions or other fees payable to TD Ameritrade, or other SDBA provider, who are unaffiliated with Matrix Trust, MSCS and MSCS Financial.

#### **E. RETIREMENT CASH ACCOUNT** (if elected and to the extent applicable)

Matrix Trust receives fees with respect to the Retirement Cash Account, to the extent permitted by Applicable Rules, for providing services with respect to the account and the accountholders. Pursuant to an arrangement between Matrix Trust and JPMorgan Chase Bank, N.A. ("**JPMCB**"), Matrix Trust receives a servicing fee in exchange for providing sub-accounting and support services, processing transactions and reconciling aggregate account activity with respect to funds deposited in the Retirement Cash Account with JPMCB. The servicing fee is paid by JPMCB; more specifically, the servicing fee is deducted by Matrix Trust from the interest paid to Matrix Trust by JPMCB, and is the difference between the total interest rate paid to Matrix Trust by JPMCB under the arrangement described above and the stated interest rate paid to Plan participants on their investments in the Retirement Cash Account. In other words, the servicing fees paid to Matrix reduce the interest rate paid to Plan participants by a corresponding amount.

The exact amount of the servicing fee is derived using a formula which results in the servicing fee increasing or decreasing from month to month as the Fed Funds Target Rate (“FFTR”) correspondingly increases or decreases by increments of 0.25%.

Specifically, for any month, the formula for calculating the servicing fee (expressed as an annual interest rate) can be stated as follows:

- Where the FFTR is 2.00%, the servicing fee is 1.4875%. These are referred to as the “baseline” FFTR and servicing fee rate, respectively.
- For each decrease in the FFTR of 0.25% (below the 2.00% baseline), the servicing fee decreases (from the 1.4875% baseline) by 0.1625%.
- For each increase in the FFTR of 0.25% (above the 2.00% baseline), the servicing fee increases (from the 1.4875% baseline) by 0.0625%.

For example, if the FFTR for a given month were 1.50%, this is two decreases of 0.25% each (0.50% total) from 2.00%. So the servicing fee for that month would be  $(1.4875\%) - (2 \times 0.1625\%) = 1.1625\%$ .

Such servicing fees are based on the average daily deposit balances in the Retirement Cash Account. The rate of the servicing fee that Matrix receives may exceed the interest rate or effective yield the depositors receive from the Retirement Cash Account. No portion of these servicing fees will reduce or offset the fees otherwise due to Matrix Trust unless required by Applicable Rules. “Applicable Rules” means all applicable federal and state laws, rules and regulations, rules of any self-regulatory organization, and the constitution and applicable rules, regulations, customs, and usages of the exchange or market and its clearinghouse. Unless stated otherwise in Retirement Cash Account Addendum, there are no separate charges, fees (other than the servicing fee described in above), or commissions paid to Matrix Trust or its affiliates as a result of, or otherwise in connection with, the Retirement Cash Account.

**F. ModelTool(K)IT™SERVICES** (if elected and to the extent applicable)

Where the named Fiduciary of the Plan and/or its authorized representative(s) has entered into an agreement to subscribe to ModelTool(k)it™ (“MTK”) for the Plan, a total annual fee of .0035% (3.5 basis points) charged monthly in arrears applies to the market value of assets covered under the MTK agreement. **This fee is deducted directly from the Plan account from the assets covered under the MTK agreement.** Of the total fee, a third-party subcontractor of MSCS, Envestnet Retirement Services (“ERS”) receives approximately (no less than) 0.028% (2.8 basis points) as its compensation for providing services detailed in the Plan’s MTK agreement and MSCS itself will retain approximately (no more than) 0.007% (0.7 basis points) for facilitating MTK as a service on the MSCS trading platform. All other applicable services and fees will continue to apply, except that if investments subject to the MTK agreement generate Mutual Fund Fees, MSCS Financial will collect such Mutual Fund Fees as compensation, but Matrix Trust will credit back Administrative Fees in an amount equal to one hundred percent (100%) of such Mutual Fund Fees to the TPA.

**G. LEVEL Compensation SERVICES** (if elected and to the extent applicable)

Where the named Fiduciary of the Plan has engaged a broker (registered representative) whose firm utilizes the Matrix Trust Level Compensation Services, in addition to any other applicable services and fees, MSCS Financial will serve as Broker of Record for investment transactions, and will retain up to 0.02% (2 basis points) of the Plan’s total assets, with such fees coming from any 12b-1 fees and shareholder servicing (“**Level Compensation Fees**”) it collects from Funds on behalf of the broker. For certain Plans whose investment lineup pays differing compensation per investment, brokers may receive Level Compensation Fees based on an approximate weighted average (“**Weighted Average**”) of fees paid by or on behalf of Funds. Where Weighted Average is in place, MSCS Financial may retain an overage in the amount fees received from or on behalf of the Funds. This overage amount may be an amount up to 0.05% (5 basis points) of Plan assets because Weighted Average Level Compensation Fee percentages are set by MSCS on 0.05% (5 basis point) increments. If you have engaged an investment adviser for your plan whose firm utilizes the RIA Remittance Services of the MSCS Level Compensation Services, in addition to any other applicable services and fees, MSCS will be paid a fee of up to 0.015% (1.5 basis points) of the Plan’s total assets (also referenced as “**Level Compensation Fees**”). With respect to brokers, the Level Compensation Fees are in exchange for MSCS Financial’s administrative services in collecting and distributing Level Compensation Fees to the broker. With respect to investment advisers, the Level Compensation fees are in exchange for MSCS’s administrative services in collecting from the TPA and distributing to the investment adviser the adviser’s advisory fees (*i.e.*, facilitating RIA fee remittance services). Per the agreement setting forth the Level Compensation Services between MSCS and the broker-dealer or investment advisory firm, this compensation is deducted from Level Compensation Fees as received from the Plan’s Funds.

**H. ETF TRADING SERVICES** (if elected and to the extent applicable)

In addition to all other applicable services and fees, if the Plan offers one or more exchange-traded funds (“ETFs”) as investment options to Plan participants, a third-party subcontractor of MSCS, Virtu Americas LLC; (“**Virtu**”) (formerly known as “**Knight Capital Group**” or “**KCG**”), receives certain commissions for executing ETF trades processed on the MSCS trading platform (per the agreement between Matrix Trust/MSCS and the TPA). Per the agreement with between Matrix Trust/MSCS and the TPA, the commissions paid to Virtu are generally deducted directly from the Plan account (*i.e.*, “netted” from the ETF trade) unless, per the agreement between Matrix Trust/MSCS and the TPA, the TPA is invoiced for such charges instead. Virtu’s commission charges, as the executing ETF broker, are:

MSCS (along with Matrix Trust and MSCS Financial) does not retain any of Virtu's commissions described above; rather, Virtu receives 100% of these additional ETF commissions. However, Virtu's commissions are in addition to, not in lieu of, all other applicable fees, including but without limitation the Administrative Fees described above under the heading "Investment Related Administrative Fee Services".

**I. STALE DATED CHECK SERVICES**

Matrix Trust provides services to assist with the resolution of Plan participants' stale dated checks, as directed by an Authorized Person. Where the named Fiduciary of the Plan and/or its authorized representative(s) has elected to utilize certain services to assist in the resolution of participant related stale dated checks, a subcontractor to Matrix Trust and MSCS, Risk Compliance Performance Solutions, LLC ("**RCPS**"), receives \$40 per check as direct compensation which is deducted directly from the Plan (*i.e.*, from the stale check amount). This compensation to RCPS is for its services which includes conducting a search, related communications, and distributing funds to affected Plan participants. All float income to Matrix Trust will cease with respect to the stopped check from the time the check is stopped, but float income related to the period beginning with the issuance of the distribution check through the date the check was stopped will be retained by Matrix Trust.

**II. NON-MONETARY COMPENSATION**

Matrix Trust and MSCS Financial maintain policies that place limits on the circumstances under which gifts, travel and entertainment may be accepted by employees. **Other than for modest gifts given or received in the normal course of business, employees are not permitted to receive gifts from clients and vendors.** Under the 408(b)(2) regulation, a service provider's acceptance of these non-monetary items may involve the receipt of indirect compensation from a plan where the value attributable to the plan, on a pro rata basis, exceeds \$250 over the term of the plan's contract with the service provider. In light of the policies, Matrix Trust does not anticipate that the value of any such non-monetary items will approach the \$250 threshold with respect to the plan.

**III. MISCELLANEOUS**

Matrix Trust reserves the right to decline acceptance of any Plan assets not discussed during the original account acceptance process. Matrix Trust reserves the right to amend this fee schedule at any time with a 30 day advance written notice to the Plan Sponsor, or such other time period as specified within the Client Agreement covering the Services.

ONEAMERICA RETIREMENT SERVICES, LLC HAS A REVENUE SHARING AGREEMENT WITH BMO HARRIS BANK,N.A.

### FEE SCHEDULE FOR TRUSTEE OR CUSTODIAL SERVICES

| Market Value Based Fee (1) (2)                                        | < \$50 million                 | > \$50 million                 | Asset(s) Value             |
|-----------------------------------------------------------------------|--------------------------------|--------------------------------|----------------------------|
| Custody Administration Only                                           | 1.25 Basis Points<br>(.000125) | .75 Basis Points<br>(.000075)  |                            |
| Custody Administration and Directed Trustee Services                  | 1.75 Basis Points<br>(.000175) | 1.25 Basis Points<br>(.000125) |                            |
| Publicly Traded Employer Securities                                   |                                |                                | 1 Basis Point<br>(.00010)  |
| Non-Publicly Traded Employer Securities (Custody Only) <sup>(3)</sup> |                                |                                | 2 Basis Points<br>(.00020) |
| IDAs*                                                                 |                                |                                | 1 Basis Point<br>(.00010)  |

(1) Annualized based on trade date asset positions at cycle end valuation on all assets.

(2) International portfolios and securities priced on a case by case basis.

(3) Non-Publically Traded Employer Securities may be maintained in custody/safekept (not trustee) for 2 bps (.00020) annually based on the value most recently provided by OneAmerica.

\* Plus \$150/Trust Account/Year

| Payment Processing           | Includes Tax Reporting | Unit Price   |
|------------------------------|------------------------|--------------|
| Periodic Distributions       | X                      | \$2.00/Each  |
| Lump Sum Distributions       | X                      | \$12.00/Each |
| Loan Distributions           | As required            | \$12.00/Each |
| Third-Party Expense Payments | As required            | \$2.00/Each  |

Plus Postage

| Other Services                          | Unit Price    |
|-----------------------------------------|---------------|
| Hard To Value Assets                    | \$250/year    |
| Insurance Policies                      | \$30/year     |
| Unitized Funds:                         |               |
| Mutual Funds Only                       | \$10,000/year |
| Publicly Traded Domestic Securities (4) | \$12,500/year |

\*\*Use of BMO Legal is \$850/hour including review / preparation of materials. Review required where BMO acts as directed trustee.

(4) International Portfolios and Securities priced on a case by case basis.

**Minimum Fee:** The minimum annual fee is the greater of 2.25 basis points or \$2,250 flat fee.

Additionally, if the plan holds the BMO Stable Value Fund (the "Fund"), as Trustee and Custodian of the Fund, BMO Harris Bank, N.A. is paid an annual fee of 28 basis points by OneAmerica. This fee is paid on a monthly basis, calculated on the aggregate value of Fund assets.

**Attachment to 2021 Form 5500**  
**Schedule H, line 4a – Schedule of Delinquent Participant Contributions**

**Plan Name:** Walbec Group Retirement Plan  
**Sponsor Name:** Construction Resources Management, Inc.

**EIN:** 39-1542489  
**PLAN NO:** 002

|  |                                                         |  |
|--|---------------------------------------------------------|--|
|  | Total that Constitute Nonexempt Prohibited Transactions |  |
|--|---------------------------------------------------------|--|

| Participant Contributions Transferred Late to Plan                                                  | Contributions Not Corrected | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP | Totally Fully Corrected Under VFCP and PTE 2002-51 |
|-----------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------|------------------------------------------|----------------------------------------------------|
| Check here if Late Participant Loan Repayments are Included:<br><input checked="" type="checkbox"/> | \$0                         | \$0                                  | \$187,509                                | \$0                                                |

**SCHEDULE H, LINE 4i**  
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2021**

**SPONSOR: CONSTRUCTION RESOURCES MANAGEMENT, INC.**

**EIN: 39-1542489**

**PLAN NUMBER: 002**

**NAME: WALBEC GROUP RETIREMENT PLAN**

| (a) | (b)                                                                | (c)                                               | (d)         | (e)                |
|-----|--------------------------------------------------------------------|---------------------------------------------------|-------------|--------------------|
|     |                                                                    | <b>DESCRIPTION OF INVESTMENT</b>                  |             |                    |
|     |                                                                    | <b>including maturity date, rate of interest,</b> |             |                    |
|     | <b>IDENTITY OF ISSUE, BORROWER, LESSOR OR SIMILAR PARTY</b>        | <b>collateral, par or maturity value</b>          | <b>COST</b> | <b>CURRENT VAL</b> |
|     |                                                                    |                                                   |             |                    |
|     | <b><u>Value of Interest in Registered Investment Companies</u></b> |                                                   |             |                    |
|     | American Capital Income Builder R6                                 | American Capital Income Builder R6                | **          | 1,589,879          |
|     | American Funds Europacific Growth R6                               | American Funds Europacific Growth R6              | **          | 4,735,122          |
|     | American Funds Income Fund of Amer R6                              | American Funds Income Fund of Amer R6             | **          | 3,150,717          |
|     | American Funds Invmt Co of Amer R5E                                | American Funds Invmt Co of Amer R5E               | **          | 3,353,402          |
|     | Baird Intermediate Bond Instl                                      | Baird Intermediate Bond Instl                     | 8,865,730   | 8,712,728          |
|     | Boston Partners All Cap Value Instl                                | Boston Partners All Cap Value Instl               | 2,315,622   | 2,915,011          |
|     | BrandywineGlobal - Global Opportunities Bond Fund FI               | BrandywineGlobal - Global Opportuniti             | **          | 1,258,725          |
|     | Carillon Reams Core Bond Fund Class I                              | Carillon Reams Core Bond Fund Class I             | 4,857,856   | 5,174,643          |
|     | Cohen & Steers Realty Income Fund A                                | Cohen & Steers Realty Income Fund A               | **          | 1,403,304          |
|     | Dodge & Cox Income                                                 | Dodge & Cox Income                                | **          | 3,648,385          |
|     | Federated Hermes Ultrashort Bond IS                                | Federated Hermes Ultrashort Bond IS               | 1,095,696   | 1,094,724          |
|     | First Eagle Overseas Fund R4                                       | First Eagle Overseas Fund R4                      | **          | 2,558,737          |
|     | FMI Large Cap Institutional                                        | FMI Large Cap Institutional                       | 4,147,056   | 8,382,501          |
|     | Invesco Developing Markets Fund Y                                  | Invesco Developing Markets Fund Y                 | **          | 2,250,412          |
|     | Invesco Developing Markets Fund Y                                  | Invesco Developing Markets Fund Y                 | 2,252,417   | 2,294,024          |
|     | Invesco Equity Weighted S&P 500 Fund                               | Invesco Equity Weighted S&P 500 Fund              | 10,680,070  | 10,508,084         |
|     | Janus Henderson Enterprise N                                       | Janus Henderson Enterprise N                      | **          | 6,596,893          |
|     | Lazard International Strategic Eq Instl                            | Lazard International Strategic Eq Instl           | 8,915,979   | 9,480,880          |
|     | Metropolitan West Total Return Bd Admin                            | Metropolitan West Total Return Bd Admin           | 3,142,475   | 3,133,804          |
|     | MFS Growth Fund R3                                                 | MFS Growth Fund R3                                | **          | 16,392,962         |
|     | Nuance Mid Cap Value-Inst                                          | Nuance Mid Cap Value-Inst                         | **          | 1,797,438          |
|     | PIMCO Diversified Inc Instl                                        | PIMCO Diversified Inc Instl                       | 4,494,216   | 4,583,896          |
|     | Royce Special Equity Fd                                            | Royce Special Equity Fd                           | **          | 2,357,731          |
|     | Royce Special Equity Fd                                            | Royce Special Equity Fd                           | 5,865,845   | 5,300,050          |
|     | Vanguard 500 Index Admiral                                         | Vanguard 500 Index Admiral                        | **          | 4,742,021          |
|     | Vanguard 500 Index Admiral                                         | Vanguard 500 Index Admiral                        | 6,092,258   | 6,590,400          |
|     | Vanguard Cash Reserves Federal Money                               | Vanguard Cash Reserves Federal Money              | 946,144     | 946,144            |
|     | Vanguard Developed Markets Index Instl                             | Vanguard Developed Markets Index Instl            | 7,337,405   | 7,137,713          |
|     | Vanguard Extended Market Index Admiral                             | Vanguard Extended Market Index Admiral            | 3,080,640   | 2,990,515          |
|     | Vanguard Inflation-Protected Secs Adm                              | Vanguard Inflation-Protected Secs Adm             | **          | 1,964,295          |
|     | Vanguard Instl Trgt Retire 2020 Instl (vtwn.x 2/11/22)             | Vanguard Instl Trgt Retire 2020 Instl             | **          | 329,412            |
|     | Vanguard Instl Trgt Retire 2025 Instl (vttv.x 2/11/22)             | Vanguard Instl Trgt Retire 2025 Instl             | **          | 903,076            |
|     | Vanguard Instl Trgt Retire 2030 Instl (vtth.x 2/11/22)             | Vanguard Instl Trgt Retire 2030 Instl             | **          | 2,120,356          |
|     | Vanguard Instl Trgt Retire 2035 Instl (vtth.x 2/11/22)             | Vanguard Instl Trgt Retire 2035 Instl             | **          | 2,727,809          |
|     | Vanguard Instl Trgt Retire 2040 Instl (vfor.x 2/11/22)             | Vanguard Instl Trgt Retire 2040 Instl             | **          | 1,897,777          |
|     | Vanguard Instl Trgt Retire 2045 Instl (vtiv.x 2/11/22)             | Vanguard Instl Trgt Retire 2045 Instl             | **          | 1,300,459          |
|     | Vanguard Instl Trgt Retire 2050 Instl (vfif.x 2/11/22)             | Vanguard Instl Trgt Retire 2050 Instl             | **          | 1,473,501          |
|     | Vanguard Instl Trgt Retire 2055 Instl (vffv.x 2/11/22)             | Vanguard Instl Trgt Retire 2055 Instl             | **          | 1,996,924          |
|     | Vanguard Instl Trgt Retire Inc Instl (vtin.x 2/11/22)              | Vanguard Instl Trgt Retire Inc Instl              | **          | 235,740            |
|     | Vanguard Mega Cap Growth Index I                                   | Vanguard Mega Cap Growth Index I                  | 2,298,618   | 4,612,125          |
|     | Vanguard Mid Cap Index Admiral                                     | Vanguard Mid Cap Index Admiral                    | **          | 2,508,560          |
|     | Vanguard Small Cap Index Adm                                       | Vanguard Small Cap Index Adm                      | **          | 3,123,684          |
|     | Vanguard Target Retirement 2020 Inv                                | Vanguard Target Retirement 2020 Inv               | **          | 0                  |
|     | <b><u>Master Participant Loan</u></b>                              | Master Participant Loan                           | **          | 119,448            |
|     |                                                                    | Interest rate range 5.25% - 7.5%                  |             |                    |
|     | <b><u>Value of Interest in Common / Collective Trusts</u></b>      |                                                   |             |                    |
|     | CastleArk Small Company Growth Fund - Class 1                      | CastleArk Small Company Growth Fund -             | **          | 3,380,264          |
|     | CastleArk Small Company Growth Fund - Class 1                      | CastleArk Small Company Growth Fund -             | 3,385,407   | 5,448,740          |
|     | Morley Stable Value Net 50 Bps (ter)                               | Morley Stable Value Net 50 Bps (ter)              | **          | 3,978,342          |