

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/2002</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOLDER CONSTRUCTION GROUP, LLC</u> <u>3300 RIVERWOOD PARKWAY, SUITE 1200</u> <u>ATLANTA, GA 30339</u>
2b	Employer Identification Number (EIN) <u>58-2535136</u>
2c	Plan Sponsor's telephone number <u>770-988-3000</u>
2d	Business code (see instructions) <u>236200</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	DAVID M OHAREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	DAVID M OHAREN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1820
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1405
a(2) Total number of active participants at the end of the plan year		6a(2)	1284
b Retired or separated participants receiving benefits.....		6b	13
c Other retired or separated participants entitled to future benefits		6c	513
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1810
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1811
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1759
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	132
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLDER CONSTRUCTION GROUP, LLC	D Employer Identification Number (EIN) 58-2535136

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-TP-HN20	118	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 12220	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LAMON & STERN, INC. 1950 N PARK PLACE STE 100 ATLANTA, GA 30339

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12220			7

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	
e	Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶		
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐		
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a	Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶		
b	Balance at the end of the previous year	7b	6316633
c	Additions: (1) Contributions deposited during the year	7c(1)	345770
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	114733
	(4) Transferred from separate account.....	7c(4)	1931318
	(5) Other (specify below)..... ▶ LOAN REPAYMENT-PRINCIPAL	7c(5)	31698
	(6) Total additions	7c(6)	2423519
d	Total of balance and additions (add lines 7b and 7c(6))	7d	8740152
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	947570
	(2) Administration charge made by carrier.....	7e(2)	6735
	(3) Transferred to separate account.....	7e(3)	516606
	(4) Other (specify below)..... ▶ FORFEITURE & LOAN WITHDRAWAL	7e(4)	68762
	(5) Total deductions	7e(5)	1539673
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	7200479

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLDER CONSTRUCTION GROUP, LLC	D Employer Identification Number (EIN) 58-2535136	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
NATIONWIDE	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215

(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

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)

NATIONWIDE LIFE INSURANCE COMPANY

10 W NATIONWIDE BLVD-5-05-111V
COLUMBUS, GA 31325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 18 19 49 59 60 63 64 99		400482	Yes ☒ No ☐	Yes ☒ No ☐	100630	Yes ☐ No ☒

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

BRINKER CAPITAL INVESTMENTS

17605 WRIGHT ST
OMAHA, NE 68130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		134781	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CLS INVESTMENTS

17605 WRIGHT ST.
OMAHA, NE 68130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		126112	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

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

IRON-CO-FID-COMPREHENSIVE

630 DUNDEE RD STE 200
NORTHBROOK, IL 60062

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51		63241	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

CRI

4004 SUMMIT BOULEVAD NE
SUITE 800
ATLANTA, GA 30319

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10		12780	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

PENSION FINANCIAL SERVICES INC.

3700 CRESTWOOD550
SUITE 550
DULUTH, GA 30096

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 17		167702	Yes ☒ No ☐	Yes ☐ No ☒	44725	Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	49 64	48643
(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.	
CLS INVESTMENTS 17605 WRIGHT ST OMAHA, NE 68130	ADVISORY/SERVICE PROVIDER FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PENSION FINANCIAL SERVICES INC.	13 17	44724
(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.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	49 64	51987
(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.	
BRINKER CAPITAL INVESTMENTS 17605 WRIGHT ST OMAHA, NE 68130	ADVISORY/SERVICE PROVIDER FEE	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLDER CONSTRUCTION GROUP, LLC	D Employer Identification Number (EIN) 58-2535136	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4000000	4500000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	422485	172062
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	472938	1070971
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1394776	1533449
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	133133239	159086889
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6316633	7200479
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	145740071 173563850
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	145740071 173563850

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	4500000
	(B) Participants	2a(1)(B)	11894081
	(C) Others (including rollovers).....	2a(1)(C)	31212
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	16425293
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	62960
	(F) Other	2b(1)(F)	115565
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	178525
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	138579
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	138579
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		21189158
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		37931555
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	9202124	
(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)		9202124
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	113614	
(2) Contract administrator fees.....	2i(2)	446859	
(3) Investment advisory and management fees.....	2i(3)	344179	
(4) Other.....	2i(4)	1000	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		905652
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10107776
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		27823779
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: CARR RIGGS & INGRAM LLC

(2) EIN: 72-1396621

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLDER CONSTRUCTION GROUP, LLC	D Employer Identification Number (EIN) 58-2535136

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



Holder Construction Group, LLC Profit Sharing and 401(k) Plan

FINANCIAL STATEMENTS

December 31, 2021 and 2020



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Note: Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.



REPORT



INDEPENDENT AUDITORS' REPORT

To the Administrator of the
Holder Construction Group, LLC Profit Sharing and 401(k) Plan

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

We have performed an audit of the accompanying financial statements of Holder Construction Group, LLC Profit Sharing and 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Holder Construction Group, LLC Profit Sharing and 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (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 Department of Labor'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

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Holder Construction Group, LLC Profit Sharing and 401(k) 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Holder Construction Group, LLC Profit Sharing and 401(k) Plan's ability to continue as a going concern for one year after the date 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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, 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 generally accepted auditing standards, 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 Holder Construction Group, LLC Profit Sharing and 401(k) 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 Holder Construction Group, LLC Profit Sharing and 401(k) 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 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.

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 Department of Labor'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 schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS AND INGRAM, LLC

Atlanta, Georgia
September 29, 2022



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INDEPENDENT AUDITORS' REPORT

To the Administrator of the
Holder Construction Group, LLC Profit Sharing and 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of Holder Construction Group, LLC Profit Sharing and 401(k) Plan as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

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

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, FSB, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS AND INGRAM, LLC

Atlanta, Georgia
September 29, 2022



FINANCIAL STATEMENTS



**Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Statements of Net Assets Available for Benefits**

<i>December 31,</i>	2021	2020
Assets		
Investments		
Investments, at fair value	\$ 160,329,922	\$ 134,028,662
Investments, at contract value	7,200,479	6,316,633
Total investments	167,530,401	140,345,295
Receivables		
Notes receivable from participants	1,533,449	1,394,776
Employer contribution	4,500,000	4,000,000
Total receivables	6,033,449	5,394,776
Net assets available for benefits	\$ 173,563,850	\$ 145,740,071

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

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Statement of Changes in Net Assets Available for Benefits

<i>For the year ended December 31,</i>	<i>2021</i>
Additions to Net Assets Attributed to	
Investment income	
Net appreciation in value of investments	\$ 13,903,506
Interest and dividends	7,539,796
Total investment Income	21,443,302
Contributions	
Employer	4,500,000
Participant	11,894,081
Rollover	31,212
Total contributions	16,425,293
Interest income on notes receivable from participants	62,960
Total additions	37,931,555
Deductions to Net Assets Attributed to	
Benefits paid to participants	9,202,124
Administrative expenses	905,652
Total deductions	10,107,776
Net increase	27,823,779
Net Assets Available for Benefits	
Beginning of year	145,740,071
End of year	\$ 173,563,850

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

Holder Construction Group, LLC Profit Sharing and 401(K) Plan

Notes to Financial Statements

Note 1: DESCRIPTION OF THE PLAN

The following description of the Holder Construction Group, LLC Profit Sharing and 401(k) 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 covering eligible employees, as defined, of Holder Construction Group, LLC (the Company). The Plan was formed by the Company effective January 1, 2002. The Plan is subject to the provisions of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan's Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Plan assets are held and managed by Nationwide Trust Company, FSB, which invests contributions and Plan earnings, makes investment transactions as directed by the Investment Committee and provides certain recordkeeping services. Pension Financial Services, Inc. acts as the third-party administrator for the Plan, which performs certain plan administration and annual ERISA compliance testing.

Eligibility

Employees may become a participant of the Plan when they have completed three months of service. An eligible employee may enter the Plan on January 1 or July 1 (entry date) which follows the completion of three months of service with the Company.

Contributions

Participants may contribute via payroll deductions up to 100% of their before-tax compensation or after-tax compensation (for Roth purposes), as defined by the Plan, subject to certain Internal Revenue Code (IRC) limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants may elect to invest in any of the investment options offered by the Plan or a combination thereof in increments of 1%. A participant may change their rate of contributions as of any entry date. 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 participants have their deferral rate set at 6% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The Plan provides for a discretionary employer matching contribution. Each year, the Company determines the amount, if any, that will be contributed as a profit sharing contribution. This contribution is made out of the Company's net profits and is allocated among the participants' accounts based on each participant's compensation as of the last day of the Plan year. For the year ended December 31, 2021, there was \$4,500,000 in discretionary employer matching contributions.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan

Notes to Financial Statements

Note 1: DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

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

Vesting

Participants are vested immediately in their contributions plus earnings thereon. A participant's allocation of the Company's profit sharing and matching contributions will become fully vested upon their death if they are employed, disabled and employed, age 65 and employed, or ratably upon completion of six years of service, as indicated in the following schedule:

Years of Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

A year of service is equal to 1,000 or more hours of service, as defined.

Notes Receivable from Participants

Participants may borrow the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and are repayable through regular payroll deductions over a period generally not to exceed five years. Loans bear interest at the prime rate plus 0.5% which is determined at the initiation of the loan. Interest rates were 3.75% to 6% on loans outstanding at December 31, 2021. Principal and interest is paid ratably through payroll deductions.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan or to an individual brokerage account which allows participant directed investments in individual common stocks.

Benefit Payments

A participant may withdraw from the Plan in the case of financial hardship, death, disability, retirement (age 65), or attainment of age 59 1/2. Upon termination of a participant's employment, the Plan will distribute, at the election of the participant, the vested portion of the participant's account in either a lump sum amount or in monthly, quarterly, or annual installments over a period not to exceed the life expectancy of the participant or the beneficiary.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 1: DESCRIPTION OF THE PLAN (Continued)

Benefit Payments (continued)

As permitted by the Internal Revenue Code (IRC), a participant may request a financial hardship withdrawal if they experience a severe financial hardship. The participant must meet the condition that they cannot relieve the amount of the need by stopping the elective contributions to the Plan. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

Administrative Expenses

Substantially all plan expenses are paid for by the Plan with the exception of legal expenses, which are paid for by the Company.

Forfeitures

Forfeitures of the non-vested portion of account balances will, at the Plan Sponsor's discretion, be added to the matching contribution or used to pay Plan expenses. If the Plan terminates before all forfeitures can be so applied, the remaining forfeitures will be allocated as of the last day of the Plan year into the profit-sharing account of each eligible participant proportionate to their compensation in comparison to the total compensation of all eligible participants employed during that Plan year. As of December 31, 2021 and 2020, forfeited, non-vested accounts totaled \$303,350 and \$220,494, respectively. Plan expenses and employer contributions were reduced by \$18,923 and \$124,460, respectively, during the year ended December 31, 2021.

Note 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for fully benefit responsive investment contract which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Notes 4 and 5 for further discussion of fair value measurements, contract value, and NAV. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan

Notes to Financial Statements

Note 2: SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (continued)

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) in the fair value of investments includes both realized and unrealized gains and losses on investments bought and sold as well as held during the year. Interest income on investments on contract basis is based on a contractually set interest rate as determined quarterly by the contract provider.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are calculated on a daily basis and are not separately reflected. Management fees and operating expenses are billed quarterly on a calendar quarter basis. These fees are paid out of the Plan and are included as part of the Administrative Expenses on the Statement of Changes in Net Assets Available for Benefits.

Payment of Benefits

Benefit distributions to participants are recorded when paid by the Plan.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as operating expenses and are expensed when incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties

The Plan's investments include mutual funds, a money market fund, common stocks, and an investment contract. Investment securities in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, September 29, 2022, and determined there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 3: INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Plan Administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The following financial information included in the Plan's financial statements has been derived from information certified to be complete and accurate by the Trustee under such regulation:

- a) Total investments, at fair value and contract value, included in the statements of net assets available for benefits at December 31, 2021 and 2020.
- b) Investment income information included in the statement of changes in net assets available for benefits for the year ended December 31, 2021.
- c) All amounts included in Note 4, *Fair Value Measurements (Unaudited)*.
- d) All amounts included in Note 5, *Guaranteed Investment Contract (Unaudited)*.
- e) All information included in the supplemental schedule of assets (held at end of year) as of December 31, 2021.

Note 4: FAIR VALUE MEASUREMENTS (UNAUDITED)

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, 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; or
 - can be corroborated by observable market data.

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

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

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

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

Common stocks (held in self-directed brokerage accounts): Valued at the closing price reported on the active market on which the individual securities are traded.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 4: FAIR VALUE MEASUREMENTS (UNAUDITED) (Continued)

Mutual funds and Money Market Fund: Valued at the net asset value (NAV) of shares held by the Plan at year end reported in the active market where the fund is traded on a daily basis.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. There were no Level 2 or Level 3 investments.

<u>December 31,</u>	<u>2021</u>	<u>2020</u>
Level 1 investments:		
Mutual funds	\$ 159,086,889	\$ 133,133,239
Self directed brokerage accounts	1,243,033	895,423
<u>Total investments, at fair value</u>	<u>\$ 160,329,922</u>	<u>\$ 134,028,662</u>

Note 5: GUARANTEED INVESTMENT CONTRACT (UNAUDITED)

The Plan entered into an investment contract with Nationwide Trust Company, FSB (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract at December 31, 2021 and 2020, is included in the statements of net assets available for benefits at contract value as of that date, as the contract is considered fully-benefit responsive as described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962, *Plan Accounting - Defined Contribution Pension Plans*. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. The contract places no restrictions on the participants' and Company's ability to transact at contract value for distributions, transfers and exchanges relating to normal plan operations and in the event of Plan termination, mergers and significant Plan sponsor layoffs.

The contract value of the investment contract at December 31, 2021 and 2020, was \$7,200,479 and \$6,316,633, respectively. The average yield and contract crediting rates ranged from approximately 1.70% to 1.97% for 2021. Such interest rates are reviewed on a quarterly basis for resetting.

Termination of the contract, Plan termination, merger of the Plan or a 15% reduction in the number of participants may limit the Plan's ability to transact at contract value. If one of these events occurs, a market value adjustment can be made on transactions within the contract. No such events occurred during the plan years 2021 and 2020.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 6: TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated February 15, 2018, that the Plan, and related trust were designed in accordance with applicable regulations of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Nationwide. In addition, the Plan has shares of an investment contract (Note 5) managed by Nationwide. Nationwide is the trustee, and therefore, these transactions qualify as party-in-interest transactions. During 2021, the Plan paid Nationwide \$379,976 for services rendered and \$1,000 for the trust/custodial fee.

In addition, the Plan paid \$344,179 for investment management fees, \$113,614 for consulting, audit and recordkeeping fees, and \$66,883 in participant periodic administration fees paid to Nationwide for the year ended December 31, 2021.

Note 8: PLAN TERMINATION

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



SUPPLEMENTAL SCHEDULE



Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2021
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturitydate, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments				
	Alliance Bernstein Large Cap Growth Fund I	Mutual Fund	**	\$ 9,497
	Abrdn U.S. Sustainable Leaders Fund Inst	Mutual Fund	**	13,780
	Allspring Utility and Telecommunications Fund Inst	Mutual Fund	**	4,666
	American Century Ultra Fund R6	Mutual Fund	**	1,864
	American Century Value Fd Inst	Mutual Fund	**	4,800
	American Funds High Income Trust R6	Mutual Fund	**	49,831
	American Funds Capital World Growth & Inc R6	Mutual Fund	**	9,088
	American Funds Growth Fund of America R6	Mutual Fund	**	203,066
	American Funds New World Fund R6	Mutual Fund	**	1,588,264
	Artisan International Value Inst	Mutual Fund	**	6,853,599
	BNY Mellon Global Real Return Fund	Mutual Fund	**	48,594
	Baird Core Plus Bond Inst	Mutual Fund	**	3,102,261
	Baron Fifth Avenue Growth Fund Institutional Class	Mutual Fund	**	16,262
	Baron Partners Inst	Mutual Fund	**	14,415
	Baron Real estate Inst	Mutual Fund	**	12,872
	Blackrock Health Science Opp Inst	Mutual Fund	**	167,075
	Blackrock International Dividend Instl	Mutual Fund	**	17,388
	Blackrock Mid-Cap Growth Equity Instl	Mutual Fund	**	659,784
	Blackrock Strategic Income Opportunity	Mutual Fund	**	541,585
	Brown Advisor Sustainable Growth Inst	Mutual Fund	**	169,611
	AdvisorOne CLS Flexible Income N	Mutual Fund	**	83,366
	AdvisorOne CLS Global Agressive Eq N	Mutual Fund	**	78,027
	AdvisorOne CLS Global Diversified Equity N	Mutual Fund	**	310,478
	AdvisorOne CLS Growth and Income N	Mutual Fund	**	186,000
	Calamos Market Neutral Inc I	Mutual Fund	**	37,091
	Calvert International Equity Fund I	Mutual Fund	**	78
	Cohen & Steers Real Estate Securities Inst	Mutual Fund	**	2,988,266
	Col Conv Sec Inst	Mutual Fund	**	462,779
	Delaware Ivy Asset Strategy Fund I	Mutual Fund	**	36,486
	Delaware Ivy High Income Fund Class I	Mutual Fund	**	151,138
	Delaware Ivy Real Estate Securities I	Mutual Fund	**	5,543
	Delaware Smid Cap Growth Fund Class A	Mutual Fund	**	13,384
	DFA Global Real Estate Securities Port	Mutual Fund	**	58,822
	DFA US Small Cap Inst	Mutual Fund	**	1,610,695
	DWS High Income Fund - Class Inst	Mutual Fund	**	53,637
	DWS Science and Technology Fund	Mutual Fund	**	5,182
	DoubleLine Core Fixed Income I	Mutual Fund	**	4,834,013
	Fed Govt Obligations Premier	Mutual Fund	**	1,662,045
	Fed Inst High Yield Bond Inst	Mutual Fund	**	1,464,475
	Federated Hermes Short-Intermediate Total Return Bond Fund	Mutual Fund	**	542,678
	Fidelity 500 Index	Mutual Fund	**	6,756,010
	Fidelity Inflation-Protection Bond Index	Mutual Fund	**	691,135
	Fidelity US Bond Index	Mutual Fund	**	744,363
	Fidelity China Region Inst	Mutual Fund	**	7,344
	Fidelity Advisor Emerging Asia Fund	Mutual Fund	**	5,704
	Fidelity Advisor Growth Opps Fund Inst	Mutual Fund	**	53,354
	Fidelity Advisor Mid Cap II Fund	Mutual Fund	**	108,001
	Fidelity Advisor Strategic Div & Inc	Mutual Fund	**	154,320
	Franklin Small-Mid Cap Growth Fund	Mutual Fund	**	16,784
	Goldman Sachs International Small Cap Insights Fund Inst	Mutual Fund	**	117
	Harbor International Fund Inst	Mutual Fund	**	20,637
	Invesco EQV Asia Pacific Growth Fund	Mutual Fund	**	5,537
	Invesco Corporate Bond Fund R5	Mutual Fund	**	54,866
	Invesco Global Opportunities Fund Class Y	Mutual Fund	**	2,341
	Invesco Gold & Special Minerals Fund	Mutual Fund	**	3,217
	JP Morgan Equity Income Select	Mutual Fund	**	10,938,769
	JP Morgan Small Cap Growth Fund - R6	Mutual Fund	**	27,941
	Janus Henderson Golbal Technology and Innovation Fund	Mutual Fund	**	51,423
	Lazard International Strategic Equity Inst	Mutual Fund	**	230,563
	Legg Mason Clearbridge Dividend Strategic	Mutual Fund	**	46,714
	Legg Mason Clearbridge Small Cap	Mutual Fund	**	181,526
	Legg Mason Clearbridge Large Cap	Mutual Fund	**	9,149
	Loomis Sayles Global Bond Instl	Mutual Fund	**	27,214
	Morgan Stnaley Insight Fund	Mutual Fund	**	13,711
	Morgan Stanley Inst Discovery I	Mutual Fund	**	3,817

(Continued)

Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2021 (Continued)
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturitydate, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	Investments (continued)			
	Morgan Stanley Institutional Fund, Inc. Global Opp Port Class I	Mutual Fund	**	2,190
	Morgan Stanley Institutional Fund, Inc. Inception	Mutual Fund	**	3,188
	Morgan Stanley Institutional Growth I	Mutual Fund	**	4,534
	Metropolitan West Ultra Short Bond I	Mutual Fund	**	5,440,203
*	Nationwide Geneva Small Cap Gr A	Mutual Fund	**	6,909,903
*	Nationwide International Index Inst	Mutual Fund	**	469,412
*	Nationwide International Small Cap Fund R6	Mutual Fund	**	803,842
	Natixis Gateway A	Mutual Fund	**	8,502
	Oakmark Fund Investor Class	Mutual Fund	**	534
	PIMCO International Bond Fund	Mutual Fund	**	1,410,225
	PIMCO StocksPLUS International	Mutual Fund	**	141,019
	PIMCO StocksPLUS International Fund (U.S. Dollar-Hedged)	Mutual Fund	**	7,433
	PIMCO CommodityRealReturn Strategy Fund	Mutual Fund	**	41,741
	Pax Sustainable Allocation Instl	Mutual Fund	**	84
	Pioneer Strategic Income Y	Mutual Fund	**	39,970
	Principal Mid Cap Value III Inst	Mutual Fund	**	108,582
	Putnam Conv Sec Y	Mutual Fund	**	61,862
	Putnam Growth Opportunities Fund Class Y	Mutual Fund	**	12,409,580
	TCW Total Return Bond I	Mutual Fund	**	37,549
	Tiaacrf Life Cycle Index Fund 2010 Inst	Mutual Fund	**	2,194
	Tiaacrf Life Cycle Index Fund 2015 Inst	Mutual Fund	**	153
	Tiaacrf Life Cycle Index Fund 2020 Inst	Mutual Fund	**	55,411
	Tiaacrf Life Cycle Index Fund 2025 Inst	Mutual Fund	**	109,620
	Tiaacrf Life Cycle Index Fund 2030 Inst	Mutual Fund	**	61,295
	Tiaacrf Life Cycle Index Fund 2035 Inst	Mutual Fund	**	448,706
	Tiaacrf Life Cycle Index Fund 2040 Inst	Mutual Fund	**	695,864
	Tiaacrf Life Cycle Index Fund 2045 Inst	Mutual Fund	**	356,020
	Tiaacrf Life Cycle Index Fund 2050 Inst	Mutual Fund	**	740,381
	Tiaacrf Life Cycle Index Fund 2055 Inst	Mutual Fund	**	625,437
	Tiaacrf Life Cycle Index Fund 2060 Inst	Mutual Fund	**	367,498
	TIAA-CREF Lifecycle Index Ret Inc Instl	Mutual Fund	**	61
	T. Rowe Price Blue Chip Growth	Mutual Fund	**	1,887,285
	T. Rowe Price Communications & Technology Fund	Mutual Fund	**	10,289
	T. Rowe Price Health Sciences Fund	Mutual Fund	**	523,494
	T. Rowe Price Personal Strategic Growth	Mutual Fund	**	56,820
	T. Rowe Price Retirement 2050 Fund	Mutual Fund	**	39,680
	T. Rowe Price Real Estate Fund	Mutual Fund	**	9,170,130
	Van Eck International Inv Gold Inst	Mutual Fund	**	36,985
	Victory Established Value I	Mutual Fund	**	6,891,773
	Vanguard 500 Index Fd Admiral	Mutual Fund	**	302,426
	Vanguard Alternate Strategies Fund	Mutual Fund	**	1,243,402
	Vanguard Balanced Index Admiral	Mutual Fund	**	19,614,669
	Vanguard Commodity Strategy Fund	Mutual Fund	**	1,224,882
	Vanguard Dividend App Index Inv	Mutual Fund	**	210,612
	Vanguard Dividend Growth Inv	Mutual Fund	**	298,225
	Vanguard Diversified Equity Inv	Mutual Fund	**	78,771
	Vanguard Emerging Market Index Admiral	Mutual Fund	**	3,599,033
	Vanguard Energy Admiral	Mutual Fund	**	59,555
	Vanguard Energy Fund Investor Shares	Mutual Fund	**	41,331
	Vanguard Global Equity Inv	Mutual Fund	**	718,597
	Vanguard GNMA Fund Admiral	Mutual Fund	**	26,341
	Vanguard Growth & Income Inv	Mutual Fund	**	31,993
	Vanguard Growth Index Admiral	Mutual Fund	**	45,027
	Vanguard Health Care Index Fund Admiral Shares	Mutual Fund	**	6,353
	Vanguard Health Care Inv	Mutual Fund	**	2,553
	Vanguard Inflation Protected Sec Adml	Mutual Fund	**	202,829
	Vanguard Information Technology Index Fund	Mutual Fund	**	148,075
	Vanguard International Explorer Fund	Mutual Fund	**	31,952
	Vanguard International Growth Admiral Fund	Mutual Fund	**	1,813,759
	Vanguard International Value Fund	Mutual Fund	**	1,686,875
	Vanguard Intermediate Term Bond Index Admiral Fund	Mutual Fund	**	49,191
	Vanguard Large Cap Index Fund Admiral Shares	Mutual Fund	**	34,970
	Vanguard Midcap Growth Index Inv	Mutual Fund	**	28,001
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	10,540

(Continued)

Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2021 (Continued)
EIN: 58-2538136
Plan Number: 001

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Investments (continued)				
	Vanguard REIT Index Admiral	Mutual Fund	**	10,574
	Vanguard Short Term Admiral	Mutual Fund	**	6,406
	Vanguard Small Cap Index Fund	Mutual Fund	**	276
	Vanguard Small Cap Value Index Inv	Mutual Fund	**	80,335
	Vanguard Target Retirement 2050 Fund	Mutual Fund	**	9,004
	Vanguard Total Bond Market Index Admiral	Mutual Fund	**	537,933
	Vanguard Total Intl Bond Index Admiral	Mutual Fund	**	300,918
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	**	6,630,002
	Vanguard Total Stock Market Index Adm	Mutual Fund	**	13,510,735
	Vanguard Total World Stock Index Fund Admiral Shares	Mutual Fund	**	100,902
	Vanguard US Growth Fund Admiral	Mutual Fund	**	10,766
	Vanguard Value Index Admiral	Mutual Fund	**	5,245,771
	Vanguard Wellesley Income Admiral	Mutual Fund	**	2,926,814
*	Nationwide Trust Company	Participant-Directed Brokerage Accounts	**	1,243,033
				160,329,922
Fully benefit-responsive investment contracts				
*	Nationwide Life Insurance Company	Deposit in the general account of Nationwide Life Insurance Company	**	7,200,479
				167,530,401
*	Notes receivable from participants	Rates of 3.75% to 6% with various maturities		1,533,449
Total				\$ 169,063,850
* Party in Interest ** Participant directed therefore cost not required				

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the Instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan; ☐ a DFE (specify) _____ B This return/report is: ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months). C If the plan is a collectively-bargained plan, check here ▶ ☐ D Check box if filing under: ☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description) _____ E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ ☐

Part II Basic Plan Information --- enter all requested information											
1a Name of plan Holder Construction Group, LLC Profit Sharing and 401(k) Plan 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) Holder Construction Group, LLC 3300 Riverwood Parkway, Suite 1200 US Atlanta GA 30339	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">1b Three-digit plan number (PN) ▶</td> <td style="text-align: center;">001</td> </tr> <tr> <td style="background-color: #f2f2f2;">1c Effective date of plan</td> <td style="text-align: center;">01/01/2002</td> </tr> <tr> <td style="background-color: #f2f2f2;">2b Employer Identification Number (EIN)</td> <td style="text-align: center;">58-2535136</td> </tr> <tr> <td style="background-color: #f2f2f2;">2c Plan Sponsor's telephone number</td> <td style="text-align: center;">(770) 988-3000</td> </tr> <tr> <td style="background-color: #f2f2f2;">2d Business code (see instructions)</td> <td style="text-align: center;">236200</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan	01/01/2002	2b Employer Identification Number (EIN)	58-2535136	2c Plan Sponsor's telephone number	(770) 988-3000	2d Business code (see instructions)	236200
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan	01/01/2002										
2b Employer Identification Number (EIN)	58-2535136										
2c Plan Sponsor's telephone number	(770) 988-3000										
2d Business code (see instructions)	236200										

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

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

SIGN HERE		10/6/2022	David M. O'Haren
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/6/2022	David M. O'Haren
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1,820
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1,405
a(2) Total number of active participants at the end of the plan year	6a(2) 1,284
b Retired or separated participants receiving benefits	6b 13
c Other retired or separated participants entitled to future benefits	6c 513
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1,810
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 1
f Total. Add lines 6d and 6e	6f 1,811
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1,759
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 132
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 2S 2T 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____



SUPPLEMENTAL SCHEDULE



Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2021
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturitydate, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments				
	Alliance Bernstein Large Cap Growth Fund I	Mutual Fund	**	\$ 9,497
	Abrdn U.S. Sustainable Leaders Fund Inst	Mutual Fund	**	13,780
	Allspring Utility and Telecommunications Fund Inst	Mutual Fund	**	4,666
	American Century Ultra Fund R6	Mutual Fund	**	1,864
	American Century Value Fd Inst	Mutual Fund	**	4,800
	American Funds High Income Trust R6	Mutual Fund	**	49,831
	American Funds Capital World Growth & Inc R6	Mutual Fund	**	9,088
	American Funds Growth Fund of America R6	Mutual Fund	**	203,066
	American Funds New World Fund R6	Mutual Fund	**	1,588,264
	Artisan International Value Inst	Mutual Fund	**	6,853,599
	BNY Mellon Global Real Return Fund	Mutual Fund	**	48,594
	Baird Core Plus Bond Inst	Mutual Fund	**	3,102,261
	Baron Fifth Avenue Growth Fund Institutional Class	Mutual Fund	**	16,262
	Baron Partners Inst	Mutual Fund	**	14,415
	Baron Real estate Inst	Mutual Fund	**	12,872
	Blackrock Health Science Opp Inst	Mutual Fund	**	167,075
	Blackrock International Dividend Instl	Mutual Fund	**	17,388
	Blackrock Mid-Cap Growth Equity Instl	Mutual Fund	**	659,784
	Blackrock Strategic Income Opportunity	Mutual Fund	**	541,585
	Brown Advisor Sustainable Growth Inst	Mutual Fund	**	169,611
	AdvisorOne CLS Flexible Income N	Mutual Fund	**	83,366
	AdvisorOne CLS Global Agressive Eq N	Mutual Fund	**	78,027
	AdvisorOne CLS Global Diversified Equity N	Mutual Fund	**	310,478
	AdvisorOne CLS Growth and Income N	Mutual Fund	**	186,000
	Calamos Market Neutral Inc I	Mutual Fund	**	37,091
	Calvert International Equity Fund I	Mutual Fund	**	78
	Cohen & Steers Real Estate Securities Inst	Mutual Fund	**	2,988,266
	Col Conv Sec Inst	Mutual Fund	**	462,779
	Delaware Ivy Asset Strategy Fund I	Mutual Fund	**	36,486
	Delaware Ivy High Income Fund Class I	Mutual Fund	**	151,138
	Delaware Ivy Real Estate Securities I	Mutual Fund	**	5,543
	Delaware Smid Cap Growth Fund Class A	Mutual Fund	**	13,384
	DFA Global Real Estate Securities Port	Mutual Fund	**	58,822
	DFA US Small Cap Inst	Mutual Fund	**	1,610,695
	DWS High Income Fund - Class Inst	Mutual Fund	**	53,637
	DWS Science and Technology Fund	Mutual Fund	**	5,182
	DoubleLine Core Fixed Income I	Mutual Fund	**	4,834,013
	Fed Govt Obligations Premier	Mutual Fund	**	1,662,045
	Fed Inst High Yield Bond Inst	Mutual Fund	**	1,464,475
	Federated Hermes Short-Intermediate Total Return Bond Fund	Mutual Fund	**	542,678
	Fidelity 500 Index	Mutual Fund	**	6,756,010
	Fidelity Inflation-Protection Bond Index	Mutual Fund	**	691,135
	Fidelity US Bond Index	Mutual Fund	**	744,363
	Fidelity China Region Inst	Mutual Fund	**	7,344
	Fidelity Advisor Emerging Asia Fund	Mutual Fund	**	5,704
	Fidelity Advisor Growth Opps Fund Inst	Mutual Fund	**	53,354
	Fidelity Advisor Mid Cap II Fund	Mutual Fund	**	108,001
	Fidelity Advisor Strategic Div & Inc	Mutual Fund	**	154,320
	Franklin Small-Mid Cap Growth Fund	Mutual Fund	**	16,784
	Goldman Sachs International Small Cap Insights Fund Inst	Mutual Fund	**	117
	Harbor International Fund Inst	Mutual Fund	**	20,637
	Invesco EQV Asia Pacific Growth Fund	Mutual Fund	**	5,537
	Invesco Corporate Bond Fund R5	Mutual Fund	**	54,866
	Invesco Global Opportunities Fund Class Y	Mutual Fund	**	2,341
	Invesco Gold & Special Minerals Fund	Mutual Fund	**	3,217
	JP Morgan Equity Income Select	Mutual Fund	**	10,938,769
	JP Morgan Small Cap Growth Fund - R6	Mutual Fund	**	27,941
	Janus Henderson Golbal Technology and Innovation Fund	Mutual Fund	**	51,423
	Lazard International Strategic Equity Inst	Mutual Fund	**	230,563
	Legg Mason Clearbridge Dividend Strategic	Mutual Fund	**	46,714
	Legg Mason Clearbridge Small Cap	Mutual Fund	**	181,526
	Legg Mason Clearbridge Large Cap	Mutual Fund	**	9,149
	Loomis Sayles Global Bond Instl	Mutual Fund	**	27,214
	Morgan Stnaley Insight Fund	Mutual Fund	**	13,711
	Morgan Stanley Inst Discovery I	Mutual Fund	**	3,817

(Continued)

Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2021 (Continued)
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturitydate, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	Investments (continued)			
	Morgan Stanley Institutional Fund, Inc. Global Opp Port Class I	Mutual Fund	**	2,190
	Morgan Stanley Institutional Fund, Inc. Inception	Mutual Fund	**	3,188
	Morgan Stanley Institutional Growth I	Mutual Fund	**	4,534
	Metropolitan West Ultra Short Bond I	Mutual Fund	**	5,440,203
*	Nationwide Geneva Small Cap Gr A	Mutual Fund	**	6,909,903
*	Nationwide International Index Inst	Mutual Fund	**	469,412
*	Nationwide International Small Cap Fund R6	Mutual Fund	**	803,842
	Natixis Gateway A	Mutual Fund	**	8,502
	Oakmark Fund Investor Class	Mutual Fund	**	534
	PIMCO International Bond Fund	Mutual Fund	**	1,410,225
	PIMCO StocksPLUS International	Mutual Fund	**	141,019
	PIMCO StocksPLUS International Fund (U.S. Dollar-Hedged)	Mutual Fund	**	7,433
	PIMCO CommodityRealReturn Strategy Fund	Mutual Fund	**	41,741
	Pax Sustainable Allocation Instl	Mutual Fund	**	84
	Pioneer Strategic Income Y	Mutual Fund	**	39,970
	Principal Mid Cap Value III Inst	Mutual Fund	**	108,582
	Putnam Conv Sec Y	Mutual Fund	**	61,862
	Putnam Growth Opportunities Fund Class Y	Mutual Fund	**	12,409,580
	TCW Total Return Bond I	Mutual Fund	**	37,549
	Tiaacrf Life Cycle Index Fund 2010 Inst	Mutual Fund	**	2,194
	Tiaacrf Life Cycle Index Fund 2015 Inst	Mutual Fund	**	153
	Tiaacrf Life Cycle Index Fund 2020 Inst	Mutual Fund	**	55,411
	Tiaacrf Life Cycle Index Fund 2025 Inst	Mutual Fund	**	109,620
	Tiaacrf Life Cycle Index Fund 2030 Inst	Mutual Fund	**	61,295
	Tiaacrf Life Cycle Index Fund 2035 Inst	Mutual Fund	**	448,706
	Tiaacrf Life Cycle Index Fund 2040 Inst	Mutual Fund	**	695,864
	Tiaacrf Life Cycle Index Fund 2045 Inst	Mutual Fund	**	356,020
	Tiaacrf Life Cycle Index Fund 2050 Inst	Mutual Fund	**	740,381
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				160,329,922
Fully benefit-responsive investment contracts				
*	Nationwide Life Insurance Company	Deposit in the general account of Nationwide Life Insurance Company	**	7,200,479
				167,530,401
*	Notes receivable from participants	Rates of 3.75% to 6% with various maturities		1,533,449
Total				\$ 169,063,850
* Party in Interest ** Participant directed therefore cost not required				