

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>THE PENTA BUILDING GROUP, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2011</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2011</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2011</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>THE PENTA BUILDING GROUP, LLC</u> <u>181 EAST WARM SPRINGS ROAD</u> <u>LAS VEGAS, NV 89119-4101</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>26-2603033</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>702-614-1678</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>237990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>26-2603033</u>	2c Plan Sponsor's telephone number <u>702-614-1678</u>	2d Business code (see instructions) <u>237990</u>	
2b Employer Identification Number (EIN) <u>26-2603033</u>					
2c Plan Sponsor's telephone number <u>702-614-1678</u>					
2d Business code (see instructions) <u>237990</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.	10/14/2022	T R BICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

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	279
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)	208
a(2) Total number of active participants at the end of the plan year		6a(2)	302
b Retired or separated participants receiving benefits.....		6b	16
c Other retired or separated participants entitled to future benefits		6c	135
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	453
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	453
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	411
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	14
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: 2A 2E 2J 2K 2F 2G 3D 3H 2T			
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 THE PENTA BUILDING GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE PENTA BUILDING GROUP, LLC	D Employer Identification Number (EIN) 26-2603033

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	12281124	410	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 3802	(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
KESTRA INVESTMENT SERVICES LLC
5707 SOUTHWEST PWKY BLDG2 #400
AUSTIN, TX 78735-3300

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3802			3

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

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

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

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

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

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

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

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

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

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

(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	578917
c	Additions: (1) Contributions deposited during the year	7c(1)	107621
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	15695
	(4) Transferred from separate account.....	7c(4)	30644
	(5) Other (specify below)	7c(5)	1606170
	▶ TRANSFER IN, LOAN REPAYMENT PRINCIPAL, REALLOCATED FORFEITURE		
	(6) Total additions	7c(6)	1760130
d	Total of balance and additions (add lines 7b and 7c(6))	7d	2339047
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	208225
	(2) Administration charge made by carrier.....	7e(2)	749
	(3) Transferred to separate account.....	7e(3)	248
	(4) Other (specify below)	7e(4)	54185
	▶ LOAN WITHDRAWALS		
	(5) Total deductions	7e(5)	263407
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2075640

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) 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 THE PENTA BUILDING GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE PENTA BUILDING GROUP, LLC	D Employer Identification Number (EIN) 26-2603033	

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	
KESTRA INVESTMENT SERVICES	5707 SOUTHWEST PWKY BLDG 2 #400 AUSTIN, TX 78735-3300

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 63 64 65	VENDOR	277300	Yes ☒ No ☐	Yes ☒ No ☐	14175	Yes ☐ No ☒

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

ALLIANCE BENEFIT GROUP

7425 HOLLISTER STREET
HOUSTON, TX 77040-5325

76-0342548

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 99	TPA	14560	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>THE PENTA BUILDING GROUP, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE PENTA BUILDING GROUP, LLC</u>	D Employer Identification Number (EIN) <u>26-2603033</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	475408323966
(2) Participant contributions.....		1b(2)	123212
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	239495429334
(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)	2879405265562485
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	5789172075640
(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	30087995 68391637
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	20242 38804
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	20242 38804
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	30067753 68352833

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)	817478
	(B) Participants	2a(1)(B)	2130839
	(C) Others (including rollovers).....	2a(1)(C)	728842
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	3677159
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)	15158
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	15158
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		6167590
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9859907
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2536548	
(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)		2536548
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		24844
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	14864	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		14864
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2576256
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7283651
l Transfers of assets:			
(1) To this plan.....	2l(1)		31001429
(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: OVIST & HOWARD CPA, INC

(2) EIN: 88-0183378

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		4336

	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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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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 THE PENTA BUILDING GROUP, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE PENTA BUILDING GROUP, LLC	D Employer Identification Number (EIN) 26-2603033

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
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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 _____

Financial Statements

THE PENTA BUILDING GROUP, LLC
401(K) PLAN
DECEMBER 31, 2021 AND 2020

--xxXXxx--

C O N T E N T S

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

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OVIST AND HOWARD
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
The PENTA Building Group, LLC 401(k) Plan

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

We have performed audits of the accompanying financial statements of The PENTA Building Group, LLC 401(k) 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 statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of The PENTA Building Group, LLC 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 audits 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 certifications from a qualified institution as of December 31, 2021 and 2020, and for the year ended December 31, 2021, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with 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 audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The PENTA Building Group, LLC 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. 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.

Independent Auditor's Report



OVIST AND HOWARD

CERTIFIED PUBLIC ACCOUNTANTS

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The PENTA Building Group, LLC 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.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, 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 The PENTA Building Group, LLC 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 The PENTA Building Group, LLC 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Independent Auditor's Report



OVIST AND HOWARD
CERTIFIED PUBLIC ACCOUNTANTS

Our audits 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 Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, is 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 schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).


Certified Public Accountants

October 13, 2022
Henderson, Nevada

Independent Auditor's Report

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

ASSETS		
	<u>2021</u>	<u>2020</u>
Cash	\$ -	\$ -
Investments (at fair value) (Notes C and F)	65,562,485	28,794,052
Investment at contract value (Notes D and F)	2,075,640	578,917
Receivables:		
Employee's contribution	212	123
Employer's contribution	323,966	475,408
Notes receivable from participants	429,334	239,495
	<u>753,512</u>	<u>715,026</u>
TOTAL ASSETS	<u><u>\$ 68,391,637</u></u>	<u><u>\$ 30,087,995</u></u>
LIABILITIES		
Accounts payable	\$ -	\$ 20,242
Excess contributions payable	<u>38,804</u>	<u>-</u>
TOTAL LIABILITIES	<u><u>38,804</u></u>	<u><u>20,242</u></u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 68,352,833</u></u>	<u><u>\$ 30,067,753</u></u>

Financial Statements

See accompanying independent auditor's report
and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment Income:

Net appreciation in fair value of investments \$ 6,167,590

Interest income on notes receivable from participants 15,158

Contributions:

Participants	2,130,839	
Participants' rollovers and other transfers	728,842	
Employer	817,478	
		<u>3,677,159</u>

TOTAL ADDITIONS		<u>9,859,907</u>
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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	2,536,548	
Deemed distributions of notes receivable from participants	24,844	
Administrative fees	14,864	
		<u>2,576,256</u>

TOTAL DEDUCTIONS		<u>2,576,256</u>
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NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS BEFORE TRANSFER		7,283,651
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Net transfers in		<u>31,001,429</u>
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NET INCREASE IN NET ASSETS AVAILABLE		38,285,080
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year		<u>30,067,753</u>
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END OF YEAR		<u>\$ 68,352,833</u>
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Financial Statements

See accompanying independent auditor's report
and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE A - DESCRIPTION OF PLAN:

The following description of The PENTA Building Group, LLC 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering all eligible employees of The PENTA Building Group, LLC, and, as of October 1, 2021, its commonly controlled affiliates, All 5's Construction, LLC and S.J. Amoroso Construction Co., LLC (referred to collectively as, "The Company"). Employees must be age twenty-one or older before being eligible to enter the plan. Once eligibility is met, employees may enter the plan the first day of the month coinciding with or next following the date on which such requirements are satisfied. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

For the profit-sharing plan, employees must be age twenty-one or older and complete one year of service before being eligible to enter the plan. Once eligibility is met, employees may enter the plan semi-annually.

Contributions – For the 401(k) plan, each year, participants may contribute up to the maximum percentage allowable of pretax annual compensation. Participants who have attained the age of 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, common stocks, bonds and an insurance investment contract as investment options for participants. All employees eligible for participation must affirmatively enroll in the plan. The Company may make matching contributions equal to a discretionary percentage. For the years ended December 31, 2021 and 2020, the Company chose to match 50% of the employee contribution up to 8%.

For the profit-sharing plan, each year, the Company can contribute to the Plan a percentage of its current profits before pension and profit-sharing costs and income taxes. The employer's contribution to the Plan is totally discretionary, including the discretion to forego a contribution for one or more Plan years. Contributions are subject to certain limitations. For the years ended December 31, 2021 and 2020, the Company declared a profit sharing contribution of -0-% and 2%, respectively, for all eligible participants.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution, (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon, along with the Company's contribution portion of their accounts plus actual earnings thereon. Vesting in the non-elective Company contributions portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Notes Receivable from Participants – Participants may borrow from their fund accounts at a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance.

Footnotes

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE A - DESCRIPTION OF PLAN (Cont'd):

Notes Receivable from Participants (Cont'd) – Each participant is allowed to have up to two loans outstanding at a time, subject to the foregoing aggregate maximum balance. The notes are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 6.50%, which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited Accounts – At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$18,726 and \$9,379, respectively. These accounts may be used to pay any administrative expenses or to reduce future employer contributions. In 2021 and 2020, administrative expenses were reduced by \$-0- and \$-0-, respectively, and employer contributions were reduced by \$-0- and \$-0-, respectively, from forfeited non-vested accounts.

Summary of Plan Amendments – In March 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law. The Plan implemented some of the provisions outlined in the CARES Act, including Coronavirus-Related Distributions (CRDs) and loan payment suspensions. The provision for CRDs allowed participants impacted by COVID-19 to take CRDs from their Plan balance of up to \$100,000 through the end of 2020. These CRDs were not penalized for early withdrawal and can be repaid over a period of up to three years. The provision for loan payment suspensions allowed impacted participants to suspend payment on new and existing loans through the end of 2020.

Transfers – On October 1, 2021, S.J. Amoroso Construction Co., LLC joined the Plan. As a result, assets totaling \$31,001,429 were transferred into the Plan and are now included in the net assets available for benefits as of December 31, 2021.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Date of Management's Review – Subsequent events were evaluated through October 13, 2022, which is the date the financial statements were available to be issued.

Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting – The financial statements are prepared on the accrual basis of accounting.

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

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont'd):

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

Payment of Benefits – Benefits are recorded when paid.

Investment Valuation and Income Recognition – Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies. See Note C for discussion of fair value measurements.

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

Operating Expenses – Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

NOTE C - FAIR VALUE MEASUREMENTS:

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring use of Level 3 inputs for the periods presented.

Level 1 – The fair value of money market funds are valued at the daily closing price as reported by the fund. The money market fund held in the Plan is an open-end mutual fund that is registered with the SEC. This fund is required to publish its daily net asset value and to transact at that price. The money market fund held by the Plan is deemed to be actively traded.

Level 2 – The fair value of mutual funds, corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE C - FAIR VALUE MEASUREMENTS (Cont'd):

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:

		Fair Value Measurements at the End of the Reporting Period Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)
		Fair Value	
<u>December 31, 2021</u>			
Mutual Funds:			
Balanced funds	\$ 19,127,670	\$ -	\$ 19,127,670
Bonds	5,229,752	-	5,229,752
International stocks	4,725,964	-	4,725,964
Large-cap stocks	29,884,523	-	29,884,523
Mid-cap stocks	2,601,805	-	2,601,805
Small-cap stocks	2,513,654	-	2,513,654
Specialty funds	1,413,072	-	1,413,072
Total mutual funds	65,496,440	-	65,496,440
Money market	66,045	66,045	-
Total assets at fair value	<u>\$ 65,562,485</u>	<u>\$ 66,045</u>	<u>\$ 65,496,440</u>
<u>December 31, 2020</u>			
Mutual Funds:			
Balanced funds	\$ 11,130,801	\$ -	\$ 11,130,801
Bonds	3,697,063	-	3,697,063
International stocks	2,099,725	-	2,099,725
Large-cap stocks	6,783,493	-	6,783,493
Mid-cap stocks	2,035,909	-	2,035,909
Small-cap stocks	1,915,761	-	1,915,761
Specialty funds	1,121,921	-	1,121,921
Total mutual funds	28,784,673	-	28,784,673
Money market	9,379	9,379	-
Total assets at fair value	<u>\$ 28,794,052</u>	<u>\$ 9,379</u>	<u>\$ 28,784,673</u>

Gains and losses included in changes in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers between Levels 1 and 2 into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2021, there were no significant transfers between Levels 1 and 2 and no transfers into or out of Level 3.

Footnotes

NOTE D - GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY:

In 2019, the Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Nationwide Life Insurance Company (NWLIC). NWLIC 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 guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by NWLIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at December 31, 2021 and 2020 was \$2,075,640 and \$578,917, respectively. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than 0.5%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with NWLIC. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to the plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the distribution of all assets.

NOTE E - 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. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

NOTE F - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Trust Company, FSB, the trustee of the plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, the Supplemental Schedule H-line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2021, and the related investment activity in the statement of changes in net assets available for benefits for the year ended December 31, 2021. At December 31, 2021 and 2020, the information certified includes total investments of \$67,638,125 and \$29,372,969, and related investment income of \$6,167,590 and \$4,530,019, respectively.

NOTE G - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2021 and 2020 to Schedule H of Form 5500:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	<u>\$ 68,352,833</u>	<u>\$ 30,067,753</u>
Net assets available for benefits per Schedule H to the Form 5500	<u>\$ 68,352,833</u>	<u>\$ 30,067,753</u>

NOTE H - TAX STATUS:

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified and the related trust is tax-exempt.

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

NOTE I - RISKS AND UNCERTAINTIES:

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

NOTE J - RELATED PARTY TRANSACTIONS:

Certain Plan investments are managed by Nationwide Trust Company, FSB. Nationwide Trust Company, FSB is the trustee as defined by the Plan and Alliance Benefit Group is the third-party administrator as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services to Nationwide Trust Company, FSB amounted to \$277,300 and \$171,492 for the years ended December 31, 2021 and 2020, respectively. Fees paid by the Plan to the third party administrator amounted to \$14,864 and \$5,905 for the years ended December 31, 2021 and 2020, respectively.

These party-in-interest transactions are exempt from the prohibited transactions rules of ERISA.

NOTE K - PROHIBITED TRANSACTIONS:

During 2021 and 2020, the Company failed to remit to the plan's trustee certain employee contributions totaling approximately \$4,336 and \$5,121, respectively, within the period prescribed by Department of Labor regulations. Delays in remitting contributions to the trustee were due to administrative errors, and the company has or will make contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays.

NOTE L - SELF-CORRECTION PROGRAM:

The company intends to correct a limited number of isolated operational errors related to employee deferrals under the IRS's Employee Plans Compliance Resolution System using the Self-Correction Program.

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in	
\$ 4,336	-0-	\$ 4,336	\$ -0-	\$ 4,336

Supplemental Information

See accompanying independent auditor's report
and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of Investment</u>	<u>Interest rate</u>	<u>(d) Cost</u>	<u>(e) Market Value</u>
	Nationwide Life Insurance Company	Amg Gw&K Esg Bd N		\$	351,761
	Nationwide Life Insurance Company	Amggw&K Smcap Val N			22,381
	Nationwide Life Insurance Company	Amgmgrs Ycktmn Fd I			5,461
	Nationwide Life Insurance Company	Amgmgrs Ycktmn Focs I			460,928
	Nationwide Life Insurance Company	Allspr Lg Co Gr Inst			674,113
	Nationwide Life Insurance Company	Allspr Prmr Lg Co Gr Inst			22,910
	Nationwide Life Insurance Company	Amcent Hertg I			3,620
	Nationwide Life Insurance Company	Amcent Onechoice2055 I			56,120
	Nationwide Life Insurance Company	Amfds 2010 Trgtdtrtrmt R6			147
	Nationwide Life Insurance Company	Amfds 2015 Trgtdtrtrmt R6			147
	Nationwide Life Insurance Company	Amfds 2020 Trgtdtrtrmt R6			106,411
	Nationwide Life Insurance Company	Amfds 2025 Trgtdtrtrmt R6			2,317,918
	Nationwide Life Insurance Company	Amfds 2030 Trgtdtrtrmt R6			1,690,653
	Nationwide Life Insurance Company	Amfds 2035 Trgtdtrtrmt R6			1,560,682
	Nationwide Life Insurance Company	Amfds 2040 Trgtdtrtrmt R6			3,660,095
	Nationwide Life Insurance Company	Amfds 2045 Trgtdtrtrmt R6			1,375,201
	Nationwide Life Insurance Company	Amfds 2050 Trgtdtrtrmt R6			1,844,149
	Nationwide Life Insurance Company	Amfds 2055 Trgtdtrtrmt R6			498,198
	Nationwide Life Insurance Company	Amfds 2060 Trgtdtrtrmt R6			183,241
	Nationwide Life Insurance Company	Amfds 2060 Trgtdtrtrmt R6			403
	Nationwide Life Insurance Company	Amfds Amcap R6			2,051,547
	Nationwide Life Insurance Company	Amfds Am Bal R6			1,816,068
	Nationwide Life Insurance Company	Amfds Europacfc Gr R6			81,254
	Nationwide Life Insurance Company	Amfds Gr Fd Am R6			66,125
	Nationwide Life Insurance Company	Amfds New Prspct R6			2,327,837
	Nationwide Life Insurance Company	Avemaria Gr			67,512
	Nationwide Life Insurance Company	Baron Fifth Ave Gr Inst			4,306
	Nationwide Life Insurance Company	Baron Oppr Inst			18,834
	Nationwide Life Insurance Company	Baron Ptnrs Inst			57,258
	Nationwide Life Insurance Company	Baron Realest Inst			83,653
	Nationwide Life Insurance Company	Blkrk Hi Yld Bd Port K			16,287
	Nationwide Life Insurance Company	Blkrk Lgcap Focs Gr Inst			48,686
	Nationwide Life Insurance Company	Blkrk Mdcap Gr Eq Inst			16,874
	Nationwide Life Insurance Company	Blkrk Is S P 500 Indx Inst			17,149
	Nationwide Life Insurance Company	De Hlthcare I			6,151
	Nationwide Life Insurance Company	De Ivy Hi Inc I			21,946
	Nationwide Life Insurance Company	De Smcap Val Inst			68,797
	Nationwide Life Insurance Company	De Smid Cap Gr Inst			894,202
	Nationwide Life Insurance Company	Dfa Intl Cor Eq Inst			4,727
	Nationwide Life Insurance Company	Dfa Us Core Eq 2 Inst			19,969
	Nationwide Life Insurance Company	Davis Fin Y			58,742
	Nationwide Life Insurance Company	Fed Hrns Gov Oblgtns Prmr			66,045
	Nationwide Life Insurance Company	Fed Hrns Kaufmanlgcap Inst			117,066
	Nationwide Life Insurance Company	Fid Intl Indx			4,756
	Nationwide Life Insurance Company	Fidadv China Reg Inst			8,231
	Nationwide Life Insurance Company	Fidadv Cnsmr Discrtny Inst			3,851
	Nationwide Life Insurance Company	Fidadv Emrg Asia Inst			6,054
	Nationwide Life Insurance Company	Fidadv Mdcap Val I			63,973
	Nationwide Life Insurance Company	Fidadv Realest I			15,485
	Nationwide Life Insurance Company	Fidadv Tech Inst			10,981
	Nationwide Life Insurance Company	Fnklnmsf Mut Gbl Disc Z			114,046
		Subtotal		\$	22,992,951

Supplemental Information

See accompanying independent auditor's report
and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2021

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of Investment</u>	<u>Interest rate</u>	<u>(d) Cost</u>	<u>(e) Market Value</u>
	Nationwide Life Insurance Company	FnkIntmp Gbl Bd Adv		\$	160,560
	Nationwide Life Insurance Company	Harbor Intl Inst			36,624
	Nationwide Life Insurance Company	Heartland Val Pls Inst			116,535
	Nationwide Life Insurance Company	Invsco Devl Mkt Y			304,673
	Nationwide Life Insurance Company	Invsco Eq Inc R5			11,090
	Nationwide Life Insurance Company	Invsco Gbl Oppr Y			4,695
	Nationwide Life Insurance Company	Invsco Mn St Mdcap Y			4,093
	Nationwide Life Insurance Company	Jpm Smcap Gr R6			6,083
	Nationwide Life Insurance Company	Jnshdrsn Contra N			14,769
	Nationwide Life Insurance Company	Jnshdrsn Gbl Lf Scnc I			56,873
	Nationwide Life Insurance Company	Jnshdrsn Gbltech Innov N			17,596
	Nationwide Life Insurance Company	Jnshdrsn Triton N			49,307
	Nationwide Life Insurance Company	Lazard Gbl Listdinftr Inst			13,662
	Nationwide Life Insurance Company	Lazard Us Strat Eq Inst			16,975
	Nationwide Life Insurance Company	Leggm Clbrdg Mdcap Gr I			38,733
	Nationwide Life Insurance Company	Leggm Clbrdg Sel I			38,486
	Nationwide Life Insurance Company	Ms Insight I			171,443
	Nationwide Life Insurance Company	Msif Gbl Oppr I			4,385
	Nationwide Life Insurance Company	Msif Inst Gr I			15,728
	Nationwide Life Insurance Company	Metwest Ttl Rtn Bd I			226,033
	Nationwide Life Insurance Company	Mnsty Mckay Hyldcorpb I			16,954
	Nationwide Life Insurance Company	Nw Bnymel Dynmc Us Cor R6			62,111
	Nationwide Life Insurance Company	Okmrk Sel Inv			59,618
	Nationwide Life Insurance Company	Pimco Gnma Govt Sec Inst			961,334
	Nationwide Life Insurance Company	Pimco Hi Yld Inst			217,367
	Nationwide Life Insurance Company	Pimco Invmt Grd Cr Bd Inst			33,828
	Nationwide Life Insurance Company	Pimco Rlestrltnstrat Inst			19,096
	Nationwide Life Insurance Company	Pimco Stkplsintdlrhg Inst			15,598
	Nationwide Life Insurance Company	Pimco Stkplus Lg Dur Inst			67,503
	Nationwide Life Insurance Company	Pimco Ttl Rtn Inst			1,035,796
	Nationwide Life Insurance Company	Primecap Odysy Aggr Gr			28,515
	Nationwide Life Insurance Company	Prncpl Mdcap Inst			12,334
	Nationwide Life Insurance Company	Royce Penn Mut Invmt			64,183
	Nationwide Life Insurance Company	Tew Emrg Mkt Inc I			4,517
	Nationwide Life Insurance Company	Trowepr Blue Chip Gr			3,740
	Nationwide Life Insurance Company	Trowepr Cap App			1,490,273
	Nationwide Life Insurance Company	Trowepr Divd Gr			22,987
	Nationwide Life Insurance Company	Trowepr Eq Inc			68,093
	Nationwide Life Insurance Company	Trowepr Gr Stk			26,888
	Nationwide Life Insurance Company	Trowepr Hlth Scnc			98,165
	Nationwide Life Insurance Company	Trowepr New Asia			4,775
	Nationwide Life Insurance Company	Trowepr New Hrizns			1,706,895
	Nationwide Life Insurance Company	Trowepr Realest			21,434
	Nationwide Life Insurance Company	Trowepr Rtrmt 2060			6,186
	Nationwide Life Insurance Company	Trowepr Us Eq Rsrch			17,350
	Nationwide Life Insurance Company	Virtus Allnzgi Tech Inst			5,640
	Nationwide Life Insurance Company	Virtus Crdex Mdcpvaleq I			308,160
	Nationwide Life Insurance Company	Virtus Kar Smcap Cor I			5,056
	Nationwide Life Insurance Company	Virtus Kar Smcap Gr R6			62,869
	Nationwide Life Insurance Company	Vngrd 500 Index Fd As			8,127,547
	Nationwide Life Insurance Company	Vngrd Bal Indx Adml			34,798
		Subtotal		\$	15,917,953

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and notes to financial statements

THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2021

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of Investment</u>	<u>Interest rate</u>	<u>(d) Cost</u>	<u>(e) Market Value</u>
	Nationwide Life Insurance Company	Vngrd Cnsmr Stpls Adml			\$ 135,350
	Nationwide Life Insurance Company	Vngrd Devl Mkt Indx Adml			1,630,681
	Nationwide Life Insurance Company	Vngrd Divd Gr Inv			2,387,606
	Nationwide Life Insurance Company	Vngrd Enrgy Indx Adml			29,986
	Nationwide Life Insurance Company	Vngrd Eq Inc Adml			397,518
	Nationwide Life Insurance Company	Vngrd Eq Inc Inv			72,595
	Nationwide Life Insurance Company	Vngrd Explr Adml			31,514
	Nationwide Life Insurance Company	Vngrd Explr Inv			71,252
	Nationwide Life Insurance Company	Vngrd Extnd Mkt Indx Adml			30,127
	Nationwide Life Insurance Company	Vngrd Gnma Inv			399,219
	Nationwide Life Insurance Company	Vngrd Glbl Min Vol Adml			57,808
	Nationwide Life Insurance Company	Vngrd Gr Indx Adml			14,643,313
	Nationwide Life Insurance Company	Vngrd Hdivd Yld Indx Adml			10,431
	Nationwide Life Insurance Company	Vngrd Hlth Care Adml			8,082
	Nationwide Life Insurance Company	Vngrd Hlth Care Inv			23,138
	Nationwide Life Insurance Company	Vngrd Infl Prtct Sec Inv			407,325
	Nationwide Life Insurance Company	Vngrd Info Tech Indx Adml			45,904
	Nationwide Life Insurance Company	Vngrd Intdtrmtrsind Adml			241,454
	Nationwide Life Insurance Company	Vngrd Intl Gr Adml			50,987
	Nationwide Life Insurance Company	Vngrd Intl Val Inv			59,418
	Nationwide Life Insurance Company	Vngrd Intmdtrminvtgrd Adml			15,483
	Nationwide Life Insurance Company	Vngrd Mdcap Gr Indx Adml			5,419
	Nationwide Life Insurance Company	Vngrd Mdcap Gr Inv			15,067
	Nationwide Life Insurance Company	Vngrd Mid-Cap Idx Fd As			241,079
	Nationwide Life Insurance Company	Vngrd Mtrls Indx Adml			41,493
	Nationwide Life Insurance Company	Vngrd Realest Indx Adml			717,791
	Nationwide Life Insurance Company	Vngrd Star Inv			22,498
	Nationwide Life Insurance Company	Vngrd Sel Val Inv			11,347
	Nationwide Life Insurance Company	Vngrd Sm Cap Indx Fd As			1,111,190
	Nationwide Life Insurance Company	Vngrd Smcap Gr Indx Adml			5,219
	Nationwide Life Insurance Company	Vngrd Smcap Val Indx Adml			5,575
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt Inc			1,785,720
	Nationwide Life Insurance Company	Vngrd Ttl Bnd Mkt Ldx Adm			1,119,884
	Nationwide Life Insurance Company	Vngrd Ttl Intlstkindx Adml			9,416
	Nationwide Life Insurance Company	Vngrd Ttl Stmkt Indx Fd As			44,923
	Nationwide Life Insurance Company	Vngrd Us Gr Adml			136,203
	Nationwide Life Insurance Company	Vngrd Wlngtn Inv			8,072
	Nationwide Life Insurance Company	Vngrd Wlsly Inc Adml			592,097
	Nationwide Life Insurance Company	Vngrd Wndsr Ii Adml			24,849
	Nationwide Life Insurance Company	Wlmlr Smcap Gr I			4,548
	Nationwide Life Insurance Company	Nw Fxd Sel Optn			2,075,640
	Nationwide Life Insurance Company	Loan Fund	4.25 - 6.50 %		429,334
		Subtotal			29,156,555
		Subtotal from page 16			22,992,951
		Subtotal from page 17			15,917,953
		Total			<u>\$ 68,067,459</u>

Supplemental Information

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THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of Investment</u>	<u>Interest rate</u>	<u>(d) Cost</u>	<u>(e) Market Value</u>
	Nationwide Life Insurance Company	Amg Gw&K Esg Bd N		\$	351,761
	Nationwide Life Insurance Company	Amggw&K Smcap Val N			22,381
	Nationwide Life Insurance Company	Amgmgrs Ycktmn Fd I			5,461
	Nationwide Life Insurance Company	Amgmgrs Ycktmn Focs I			460,928
	Nationwide Life Insurance Company	Allspr Lg Co Gr Inst			674,113
	Nationwide Life Insurance Company	Allspr Prmr Lg Co Gr Inst			22,910
	Nationwide Life Insurance Company	Amcent Hertg I			3,620
	Nationwide Life Insurance Company	Amcent Onechoice2055 I			56,120
	Nationwide Life Insurance Company	Amfds 2010 Trgtdtrtrmt R6			147
	Nationwide Life Insurance Company	Amfds 2015 Trgtdtrtrmt R6			147
	Nationwide Life Insurance Company	Amfds 2020 Trgtdtrtrmt R6			106,411
	Nationwide Life Insurance Company	Amfds 2025 Trgtdtrtrmt R6			2,317,918
	Nationwide Life Insurance Company	Amfds 2030 Trgtdtrtrmt R6			1,690,653
	Nationwide Life Insurance Company	Amfds 2035 Trgtdtrtrmt R6			1,560,682
	Nationwide Life Insurance Company	Amfds 2040 Trgtdtrtrmt R6			3,660,095
	Nationwide Life Insurance Company	Amfds 2045 Trgtdtrtrmt R6			1,375,201
	Nationwide Life Insurance Company	Amfds 2050 Trgtdtrtrmt R6			1,844,149
	Nationwide Life Insurance Company	Amfds 2055 Trgtdtrtrmt R6			498,198
	Nationwide Life Insurance Company	Amfds 2060 Trgtdtrtrmt R6			183,241
	Nationwide Life Insurance Company	Amfds 2060 Trgtdtrtrmt R6			403
	Nationwide Life Insurance Company	Amfds Amcap R6			2,051,547
	Nationwide Life Insurance Company	Amfds Am Bal R6			1,816,068
	Nationwide Life Insurance Company	Amfds Europacfc Gr R6			81,254
	Nationwide Life Insurance Company	Amfds Gr Fd Am R6			66,125
	Nationwide Life Insurance Company	Amfds New Prspct R6			2,327,837
	Nationwide Life Insurance Company	Avemaria Gr			67,512
	Nationwide Life Insurance Company	Baron Fifth Ave Gr Inst			4,306
	Nationwide Life Insurance Company	Baron Oppr Inst			18,834
	Nationwide Life Insurance Company	Baron Ptnrs Inst			57,258
	Nationwide Life Insurance Company	Baron Realest Inst			83,653
	Nationwide Life Insurance Company	Blkrk Hi Yld Bd Port K			16,287
	Nationwide Life Insurance Company	Blkrk Lgcap Focs Gr Inst			48,686
	Nationwide Life Insurance Company	Blkrk Mdcap Gr Eq Inst			16,874
	Nationwide Life Insurance Company	Blkrk Is S P 500 Indx Inst			17,149
	Nationwide Life Insurance Company	De Hlthcare I			6,151
	Nationwide Life Insurance Company	De Ivy Hi Inc I			21,946
	Nationwide Life Insurance Company	De Smcap Val Inst			68,797
	Nationwide Life Insurance Company	De Smid Cap Gr Inst			894,202
	Nationwide Life Insurance Company	Dfa Intl Cor Eq Inst			4,727
	Nationwide Life Insurance Company	Dfa Us Core Eq 2 Inst			19,969
	Nationwide Life Insurance Company	Davis Fin Y			58,742
	Nationwide Life Insurance Company	Fed Hrns Gov Oblgtns Prmr			66,045
	Nationwide Life Insurance Company	Fed Hrns Kaufmanlgcap Inst			117,066
	Nationwide Life Insurance Company	Fid Intl Indx			4,756
	Nationwide Life Insurance Company	Fidadv China Reg Inst			8,231
	Nationwide Life Insurance Company	Fidadv Cnsmr Discrtnty Inst			3,851
	Nationwide Life Insurance Company	Fidadv Emrg Asia Inst			6,054
	Nationwide Life Insurance Company	Fidadv Mdcap Val I			63,973
	Nationwide Life Insurance Company	Fidadv Realest I			15,485
	Nationwide Life Insurance Company	Fidadv Tech Inst			10,981
	Nationwide Life Insurance Company	Fnklnmsf Mut Gbl Disc Z			114,046
		Subtotal		\$	22,992,951

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THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2021

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of Investment</u>	<u>Interest rate</u>	<u>(d) Cost</u>	<u>(e) Market Value</u>
	Nationwide Life Insurance Company	FnkIntmp Gbl Bd Adv		\$	160,560
	Nationwide Life Insurance Company	Harbor Intl Inst			36,624
	Nationwide Life Insurance Company	Heartland Val Pls Inst			116,535
	Nationwide Life Insurance Company	Invsco Devl Mkt Y			304,673
	Nationwide Life Insurance Company	Invsco Eq Inc R5			11,090
	Nationwide Life Insurance Company	Invsco Gbl Oppr Y			4,695
	Nationwide Life Insurance Company	Invsco Mn St Mdcap Y			4,093
	Nationwide Life Insurance Company	Jpm Smcap Gr R6			6,083
	Nationwide Life Insurance Company	Jnshdrsn Contra N			14,769
	Nationwide Life Insurance Company	Jnshdrsn Gbl Lf Scnc I			56,873
	Nationwide Life Insurance Company	Jnshdrsn Gbltech Innov N			17,596
	Nationwide Life Insurance Company	Jnshdrsn Triton N			49,307
	Nationwide Life Insurance Company	Lazard Gbl Listdlnfr Inst			13,662
	Nationwide Life Insurance Company	Lazard Us Strat Eq Inst			16,975
	Nationwide Life Insurance Company	Leggm Clrbrdg Mdcap Gr I			38,733
	Nationwide Life Insurance Company	Leggm Clrbrdg Sel I			38,486
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	Nationwide Life Insurance Company	Msif Inst Gr I			15,728
	Nationwide Life Insurance Company	Metwest Ttl Rtn Bd I			226,033
	Nationwide Life Insurance Company	Mnsty Mckay Hyldcorpb I			16,954
	Nationwide Life Insurance Company	Nw Bnymel Dynmc Us Cor R6			62,111
	Nationwide Life Insurance Company	Okmrk Sel Inv			59,618
	Nationwide Life Insurance Company	Pimco Gnma Govt Sec Inst			961,334
	Nationwide Life Insurance Company	Pimco Hi Yld Inst			217,367
	Nationwide Life Insurance Company	Pimco Invmt Grd Cr Bd Inst			33,828
	Nationwide Life Insurance Company	Pimco Rlestrltnstrat Inst			19,096
	Nationwide Life Insurance Company	Pimco Stkplsintdlrhg Inst			15,598
	Nationwide Life Insurance Company	Pimco Stkplus Lg Dur Inst			67,503
	Nationwide Life Insurance Company	Pimco Ttl Rtn Inst			1,035,796
	Nationwide Life Insurance Company	Primecap Odysy Aggr Gr			28,515
	Nationwide Life Insurance Company	Prncpl Mdcap Inst			12,334
	Nationwide Life Insurance Company	Royce Penn Mut Invmt			64,183
	Nationwide Life Insurance Company	Tew Emrg Mkt Inc I			4,517
	Nationwide Life Insurance Company	Trowepr Blue Chip Gr			3,740
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	Nationwide Life Insurance Company	Trowepr Divd Gr			22,987
	Nationwide Life Insurance Company	Trowepr Eq Inc			68,093
	Nationwide Life Insurance Company	Trowepr Gr Stk			26,888
	Nationwide Life Insurance Company	Trowepr Hlth Scnc			98,165
	Nationwide Life Insurance Company	Trowepr New Asia			4,775
	Nationwide Life Insurance Company	Trowepr New Hrizns			1,706,895
	Nationwide Life Insurance Company	Trowepr Realest			21,434
	Nationwide Life Insurance Company	Trowepr Rtrmt 2060			6,186
	Nationwide Life Insurance Company	Trowepr Us Eq Rsrch			17,350
	Nationwide Life Insurance Company	Virtus Allnzgi Tech Inst			5,640
	Nationwide Life Insurance Company	Virtus Crdex Mdcpvaleq I			308,160
	Nationwide Life Insurance Company	Virtus Kar Smcap Cor I			5,056
	Nationwide Life Insurance Company	Virtus Kar Smcap Gr R6			62,869
	Nationwide Life Insurance Company	Vngrd 500 Index Fd As			8,127,547
	Nationwide Life Insurance Company	Vngrd Bal Indx Adml			34,798
		Subtotal		\$	15,917,953

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THE PENTA BUILDING GROUP, LLC 401(K) PLAN

SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONT'D)

DECEMBER 31, 2021

<u>(a)</u>	<u>(b) Identity of issue</u>	<u>(c) Description of Investment</u>	<u>Interest rate</u>	<u>(d) Cost</u>	<u>(e) Market Value</u>
	Nationwide Life Insurance Company	Vngrd Cnsmr Stpls Adml			\$ 135,350
	Nationwide Life Insurance Company	Vngrd Devl Mkt Indx Adml			1,630,681
	Nationwide Life Insurance Company	Vngrd Divd Gr Inv			2,387,606
	Nationwide Life Insurance Company	Vngrd Enrgy Indx Adml			29,986
	Nationwide Life Insurance Company	Vngrd Eq Inc Adml			397,518
	Nationwide Life Insurance Company	Vngrd Eq Inc Inv			72,595
	Nationwide Life Insurance Company	Vngrd Explr Adml			31,514
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	Nationwide Life Insurance Company	Vngrd Extnd Mkt Indx Adml			30,127
	Nationwide Life Insurance Company	Vngrd Gnma Inv			399,219
	Nationwide Life Insurance Company	Vngrd Glbl Min Vol Adml			57,808
	Nationwide Life Insurance Company	Vngrd Gr Indx Adml			14,643,313
	Nationwide Life Insurance Company	Vngrd Hdivd Yld Indx Adml			10,431
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	Nationwide Life Insurance Company	Vngrd Info Tech Indx Adml			45,904
	Nationwide Life Insurance Company	Vngrd Intdtrmtrsind Adml			241,454
	Nationwide Life Insurance Company	Vngrd Intl Gr Adml			50,987
	Nationwide Life Insurance Company	Vngrd Intl Val Inv			59,418
	Nationwide Life Insurance Company	Vngrd Intmdtrminvtgrd Adml			15,483
	Nationwide Life Insurance Company	Vngrd Mdcap Gr Indx Adml			5,419
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	Nationwide Life Insurance Company	Vngrd Star Inv			22,498
	Nationwide Life Insurance Company	Vngrd Sel Val Inv			11,347
	Nationwide Life Insurance Company	Vngrd Sm Cap Indx Fd As			1,111,190
	Nationwide Life Insurance Company	Vngrd Smcap Gr Indx Adml			5,219
	Nationwide Life Insurance Company	Vngrd Smcap Val Indx Adml			5,575
	Nationwide Life Insurance Company	Vngrd Trgt Rtrmt Inc			1,785,720
	Nationwide Life Insurance Company	Vngrd Ttl Bnd Mkt Ldx Adm			1,119,884
	Nationwide Life Insurance Company	Vngrd Ttl Intlstkindx Adml			9,416
	Nationwide Life Insurance Company	Vngrd Ttl Stmkt Indx Fd As			44,923
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	Nationwide Life Insurance Company	Vngrd Wndsr Ii Adml			24,849
	Nationwide Life Insurance Company	Wlmlr Smcap Gr I			4,548
	Nationwide Life Insurance Company	Nw Fxd Sel Optn			2,075,640
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		Subtotal from page 16			22,992,951
		Subtotal from page 17			15,917,953
		Total			<u>\$ 68,067,459</u>

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