

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>AGC SOUTHWEST CHAPTERS 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOUSTON CHAPTER AGC/LOUISIANA AGC</u> <u>C/O 3(16) FIDUCIARY</u> <u>3825 DACOMA STREET</u> <u>HOUSTON, TX 77092</u>	1c Effective date of plan	<u>12/15/2000</u>
2b Employer Identification Number (EIN) <u>74-0490820</u>	2c Plan Sponsor's telephone number	<u>713-843-3700</u>
2d Business code (see instructions) <u>813000</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	DONAL K. FORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor 3(16) FIDUCIARY SERVICES CORPORATION 6234 OLD HIGHWAY 5 SUITE D9 #508 WOODSTOCK, GA 30188		3b Administrator's EIN 45-4813650	
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		3c Administrator's telephone number 561-440-2139	
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN	
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).		5 16350	
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 13334	
a(2) Total number of active participants at the end of the plan year		6a(2) 13070	
b Retired or separated participants receiving benefits.....		6b 254	
c Other retired or separated participants entitled to future benefits		6c 2299	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 15623	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0	
f Total. Add lines 6d and 6e		6f 15623	
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 8372	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 237	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 2S 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC	D Employer Identification Number (EIN) 74-0490820

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

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INS CO

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932232-000	16350	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 1328362	(b) Total amount of fees paid 287132
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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
BAIRD INSURANCE SERVICES, INC
PRODUCER STEPHEN H ELLSWORTH
777 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
796978			3

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

BAIRD INSURANCE SERVICES, INC
PRODUCER ROBERT W BRANN
777 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
531384			3

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

PINNACLE FINANCIAL SERVICES, INC.

220 CONGRESS PARK DRIVE SUITE
DELRAY BEACH, FL 33445

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	287132	TPA FEES	5

(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	471622933

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 ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year	7b	42663700
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c	Additions: (1) Contributions deposited during the year	7c(1)	2271066	
	(2) Dividends and credits.....	7c(2)	26580	
	(3) Interest credited during the year.....	7c(3)	301001	
	(4) Transferred from separate account.....	7c(4)	5931463	
	(5) Other (specify below)	7c(5)	6024969	

▶ CONVERSION ASSETS EBA CREDITS FORF CREDITS & LOAN PRIN AND INT PD

(6) Total additions	7c(6)	14555079
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	57218779
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7911815	
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)	9274232	
(4) Other (specify below)	7e(4)	1444094	

▶ 3(16) FEE ADMIN FEE EBA WITHDRAWLS AND FORFS

(5) Total deductions	7e(5)	18630141
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	38588638
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

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

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	142993	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

3(16) FIDUCIARY SERVICES

45-4813650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	125000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANNIS T. BOURGEOIS

72-0636725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	74100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BOWEN MICLETTE & BRITT INSURANCE AG

26-3860108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	28605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE FINANCIAL SERVICES, INC.

59-2438373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECRODKEEPER	15560	Yes ☒ No ☐	Yes ☒ No ☐	2055	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PINNACLE FINANCILA SERVICES, INC.	15 37 64	2055
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRANSAMERICA FINANCIAL LIFE INS CO 36-6071399	THIRD PARTY ADMINISTRATION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>AGC SOUTHWEST CHAPTERS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HOUSTON CHAPTER AGC/LOUISIANA AGC</u>	D Employer Identification Number (EIN) <u>74-0490820</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD TARGET RETIREMENT 2015</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-356</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD TARGET RETIREMENT 2010</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-134</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO GLOBAL REAL ESTATE RET ACCT</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-274</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>630841</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TA VANGUARD LIFESTRATEGY INCOME RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-503</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>991929</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON GLOBAL FIXED INCOME RET</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-761</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1212829</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA LIFE GOAL 2060 WITH BLA</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-607</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1385624</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DFA INFLATION-PROTECTED SECURITIES</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-526</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1895330</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP VALU		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1970585
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING PRECIOUS METALS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2295228
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERGING MARKETS INDEX		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2295415
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-263	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2559908
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REAL ESTATE INDEX RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2849266
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN INTERNATIONAL RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-321	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3179066
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3439779
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3474939
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL CAP GROW		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-172	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3608397
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. TARGETED VALUE PORTFOLIO R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-527	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3675294

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3712132
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP VALU		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3890796
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CONSERVATI		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4118268
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATIONAL INDEX RE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4170094
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS HIGH YIELD BO		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4292974
a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES MDT SMALL CAP CORE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4355286
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND INDEX RET AC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4813116
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MID CAP INDEX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5401945
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE MID CAP RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-379	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5847372
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8341214

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER SELECT MID CAP GROWTH RET A		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-738	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8508322
a Name of MTIA, CCT, PSA, or 103-12 IE: DWS CORE EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-758	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9422709
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC GROWTH R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9631206
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE ESTABLISHED VALUE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-608	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9753660
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10190323
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10426438
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RETIREMENT WI		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-417	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11465979
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL LARGE CAP GROW		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12539453
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INVESTMENT GRADE BOND		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12614743
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13070577

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13364025
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13675761
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MODERATE G		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14211926
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PARTNERS STOCK INDEX R		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14943887
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GROWTH RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15057650
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STOCK MARKET INDE		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16492794
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18492104
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASHINGTON MUTUAL IN		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23972733
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVESTORS GROWTH		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-663	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37816464
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118206634

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC	D Employer Identification Number (EIN) 74-0490820	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1334149	1353311
(2) Participant contributions.....	1b(2)	1135783	1275266
(3) Other	1b(3)	118256	139420
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	402043	621276
(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)	8438150	8937238
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	389063681	478266349
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	43490771	39634344
(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	443982833 530227204
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1971640 2720609
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1971640 2720609
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	442011193 527506595

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)	11691527
	(B) Participants	2a(1)(B)	32832809
	(C) Others (including rollovers).....	2a(1)(C)	5674296
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	50198632
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	388
	(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)	398339
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	398727
(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)		63306805
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		901717
d Total income. Add all income amounts in column (b) and enter total.....	2d		114805881
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	38900144	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	893206	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		39793350
f Corrective distributions (see instructions).....	2f		2851806
g Certain deemed distributions of participant loans (see instructions).....	2g		469429
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	74100	
(2) Contract administrator fees.....	2i(2)	-656443	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	506295	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		-76048
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		43038537
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		71767344
l Transfers of assets:			
(1) To this plan.....	2l(1)		14646275
(2) From this plan.....	2l(2)		918217

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: HANNIS T. BOURGEOIS, LLP

(2) EIN: 72-0636725

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		4407510

	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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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)	
JPS AVAIATION 401K PLAN	27-5233597	002	
LIVE OAK ENVIRONMENTAL 401K PLAN	47-3073877	001	
SAFETYPRO RESOURCES, LLC 401K PLAN	20-8665057	002	
MAGNOLIA CONSTRUCTION COMPANY SPIN-OFF PLAN	72-1122665	004	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

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

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-6071399</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

Schedule R (Form 5500) 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 _____

AGC SOUTHWEST CHAPTERS
401(K) PLAN

DECEMBER 31, 2021

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2322 Tremont Drive • Baton Rouge, LA 70809
178 Del Orleans Avenue, Suite C • Denham Springs, LA 70726
650 Poydras Street, Suite 1200 • New Orleans, LA 70130
Phone: 225.928.4770 • Fax: 225.926.0945
www.htbcpa.com

Independent Auditor's Report

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

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

We have performed an audit of the financial statements of the AGC Southwest Chapters 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Plan management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Plan management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- the amounts and disclosures in the accompanying 2021 financial statements, 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 accompanying 2021 Financial Statements 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 plan management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the AGC Southwest Chapters 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Plan Management for the 2021 Financial Statements

Plan 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. Plan management's election of the ERISA Section 103(a)(3)(C) audit does not affect plan management's responsibility for the financial statements.

In preparing the financial statements, plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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 plan 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 Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of plan management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the AGC Southwest Chapters 401(k) Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Respectfully submitted,

HARRIS T. BOURGEOIS, LLP

Baton Rouge, Louisiana
October 17, 2022

AGC SOUTHWEST CHAPTERS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
<u>ASSETS</u>		
Investments, at Fair Value:		
Pooled Separate Accounts	\$ 478,266,349	\$ 389,063,681
Stable Value Fund	<u>40,255,620</u>	<u>43,892,814</u>
Total Investments	518,521,969	432,956,495
Receivables:		
Participant Contributions	1,275,266	1,135,783
Employer Contributions	1,353,311	1,334,149
Notes Receivable from Participants	9,200,331	8,632,040
Other	<u>139,420</u>	<u>118,256</u>
Total Receivables	<u>11,968,328</u>	<u>11,220,228</u>
Total Assets	530,490,297	444,176,723
<u>LIABILITIES</u>		
Excess Contributions Payable	<u>2,720,609</u>	<u>1,971,640</u>
Total Liabilities	<u>2,720,609</u>	<u>1,971,640</u>
Net Assets Available for Benefits	<u><u>\$ 527,769,688</u></u>	<u><u>\$ 442,205,083</u></u>

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

AGC SOUTHWEST CHAPTERS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

Additions to Net Assets Attributed to:

Net Investment Gain	\$ 63,306,805
Interest Income on Notes Receivable from Participants	398,727
Other Income	1,366,356
Contributions:	
Participants	32,832,809
Employers	11,691,527
Other - Rollover	5,674,296
	<u>50,198,632</u>
Total Additions	115,270,520

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	38,900,144
Deemed Distributions	400,226
Corrective Distributions	2,851,806
Administrative Expenses	388,591
Other Expense	893,206
	<u>43,433,973</u>
Total Deductions	<u>43,433,973</u>
Net Increase	71,836,547

Net Assets Available for Benefits:

Beginning of Year	442,205,083
Transfers In - Qualified Plans	14,646,275
Transfers Out - Qualified Plans	<u>(918,217)</u>
End of Year	<u><u>\$527,769,688</u></u>

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

AGC SOUTHWEST CHAPTERS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

Note 1 - Description of Plan -

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

General

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

During 2020, the Plan was operationally amended for the optional relief items as permitted under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) which was signed into law on March 27, 2020. The provisions adopted by the Plan include coronavirus-related withdrawals and loans, the suspension of certain loan payments, and the waiver of required minimum distributions. See the respective disclosures below for more detailed explanations of the provisions adopted.

Contributions

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

Participant Accounts

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

Vesting

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

Notes Receivable from Participants

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

In accordance with the CARES Act, plan participants could request a one-year delay of note repayments occurring between March 27, 2020 and December 31, 2020. The applicable participants' notes were re-amortized and includes any interest accrued during the period of delay. The ability to request a delay in note repayments under the CARES Act ceased as of December 31, 2020.

Additionally, the CARES Act permitted the Plan to temporarily increase the limit on participant loans to qualified individuals to \$100,000 or 100% of the participant's vested account balance, whichever is lower. This increase was permitted for loans granted during the period March 27, 2020 through September 22, 2020. In addition, repayment of these loans can be delayed in accordance with the provisions allowed under the CARES Act.

Payment of Benefits

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

In accordance with the CARES Act, participants who were receiving required minimum distributions (RMD) were offered the option to waive their 2020 distribution and participants who were due to receive their first RMD to skip those RMDs for 2020. The ability to request special waivers with respect to required minimum distributions under the CARES Act ceased as of December 31, 2020.

Additionally, the CARES Act permitted plan participants to request up to \$100,000 in coronavirus-related distributions, with repayment terms of up to three years. The ability to request coronavirus-related distributions under the CARES Act ceased as of December 31, 2020.

Forfeited Accounts

At December 31, 2021 and 2020 forfeited non-vested accounts totaled \$1,077,326 and \$892,204, respectively. These accounts can be used to reduce future employer contributions and/or pay administrative expenses of the Plan. During 2021, forfeitures totaling approximately \$484,000 were used for these purposes.

Note 2 - Summary of Accounting Policies -

Basis of Accounting

The financial statements of the Plan are prepared in accordance with the accrual basis of accounting and investments are valued at current fair value as quoted by the custodian of the Plan. At December 31, 2021 and 2020, all assets of the Plan are participant directed.

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (GAAP) requires plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates, particularly given the significant social and economic disruptions and uncertainties associated with the ongoing COVID-19 pandemic and the control responses, and such differences may be material.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the Plan custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis of accounting. Dividends are recorded on the ex-dividend date. Net investment gain (loss) includes gains and losses on investments sold during the year as well as appreciation and depreciation of the investments held at the end of the year. Benefits are recorded when paid.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 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 deduction from net assets based on the terms of the Plan document. For the year ended December 31, 2021, there were \$400,226 of deemed distributions.

Risks and Uncertainties

The Plan provides for various investment options in any combination of selected funds held by the custodian. These funds are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these funds, it is at least reasonably possible that changes in the values of these funds will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

The COVID-19 outbreak in the United States and globally has caused an economic downturn on a global scale, disrupted global supply chains, and created significant uncertainty, volatility, and disruption across economies and financial markets. Therefore, uncertainty remains regarding the ongoing impact of the COVID-19 outbreak upon the Plan's net assets available for benefits, as well as upon the significant estimates and assumptions utilized in reporting certain assets and liabilities.

Excess Contributions Payable

Amounts payable to participants totaling \$2,720,609 for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability as of December 31, 2021 and included as a part of corrective distributions for the year ended December 31, 2021. The Plan distributed the majority of 2021 excess contributions to the applicable participants before March 15, 2021. The remaining excess contributions will be distributed during 2021 and the applicable excess tax will be paid in connection with these contributions by the participating employer affected. The amount of excess contributions payable at December 31, 2020 was \$1,971,640.

Administrative Expenses

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

In addition, the Plan utilizes an expense budget account. Fees for the expense budget account, like investment management fees, are included in net investment gain as they are paid through revenue sharing, rather than a direct payment. The expense budget account is used to pay Plan expenses, as needed. These funds are included in the Stable Value Fund in these financial statements. The balance of the expense budget account as of December 31, 2021 and 2020 was approximately \$621,000 and \$402,000, respectively. During 2021, approximately \$245,000 of funds in the expense budget account were utilized to pay Plan expenses. During 2021, \$350,000 of excess expense budget account funds were reallocated to the participants on a nondiscriminatory basis.

Subsequent Events

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 17, 2022, the date which the financial statements were available to be issued.

Note 3 - Plan Termination -

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

Note 4 - Tax Status -

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

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations for years prior to 2018.

Note 5 - Fair Value Measurements -

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

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

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

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020:

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Stable Value Fund	\$ -	\$ 40,255,620	\$ -	\$ 40,255,620
Total Assets in the Fair Value Hierarchy	\$ -	\$ 40,255,620	\$ -	40,255,620
Investments Measured Using Net Asset Value Per Share Practical Expedient *				478,266,349
Total Investments at Fair Value				\$ 518,521,969

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Stable Value Fund	\$ -	\$ 43,892,814	\$ -	\$ 43,892,814
Total Assets in the Fair Value Hierarchy	\$ -	\$ 43,892,814	\$ -	43,892,814
Investments Measured Using Net Asset Value Per Share Practical Expedient *				389,063,681
Total Investments at Fair Value				\$ 432,956,495

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

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2021 are reported in net investment gain.

The following tables summarize investments measured at fair value based on NAV per share practical expedient as of December 31, 2021 and 2020.

	December 31, 2021			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts	<u>\$ 478,266,349</u>	none	daily	daily
	December 31, 2020			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts	\$ 389,063,681	none	daily	daily

Note 6 - Information Prepared and Certified by the Custodian -

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

	<u>2021</u>	<u>2020</u>
Investments, at Fair Value		
Pooled Separate Accounts	\$ 478,266,349	\$ 389,063,681
Stable Value Fund	40,255,620	43,892,814
	<u>\$ 518,521,969</u>	<u>\$ 432,956,495</u>
Notes Receivable from Participants	<u>\$ 9,200,331</u>	<u>\$ 8,632,040</u>
Net Investment Gain	<u>\$ 63,306,805</u>	
Interest Income on Notes Receivable from Participants	<u>\$ 398,727</u>	

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

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

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

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

	<u>2021</u>	<u>2020</u>
Net Assets Available for Benefits		
per the Financial Statements	\$ 527,769,688	\$ 442,205,083
Less: Deemed Distributions of Participant Loans	<u>(263,093)</u>	<u>(193,890)</u>
Net Assets Available for Benefits		
per Schedule H of Form 5500	<u>\$ 527,506,595</u>	<u>\$ 442,011,193</u>

The following is a reconciliation of the net increase in the statement of changes in net assets available for benefits per the financial statements to net income per Schedule H Form 5500 for the year ended December 31, 2021:

Net Increase per the Financial Statements	\$ 71,836,547
Less: Change in Deemed Distributions of Participant Loans	<u>(69,203)</u>
Net Income per Schedule H of Form 5500	<u>\$ 71,767,344</u>

Note 9 - Transfers - Qualified Plans -

During 2021, five qualified plans were merged into the Plan with assets of \$14,646,275.

During 2021, five participating employer transferred \$918,217 of assets out of the Plan.

Note 10 - Delinquent Participant Contributions -

During the year ended December 31, 2021, participant deferrals totaling \$2,206,276, were not timely remitted to the Plan in accordance with the requirements of the Department of Labor. The contributions were remitted to the Plan upon discovery of the errors. The participating employers will compute the lost earnings on these deposits and will make a contribution for lost earnings to the Plan during 2022.

SUPPLEMENTAL INFORMATION

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT
 Schedule H Line 4i
 AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
** Transamerica Financial Life Insurance Company	Stable Value Fund:		
	Transamerica Stable Value Advantage Account	*	\$ 40,255,620
** Transamerica Financial Life Insurance Company	Pooled Separate Accounts:		
	American Funds EuroPacific Growth Fund	*	9,631,206
	American Funds Balanced Fund	*	118,207,060
	American Funds Washington Mutual Investors Fund	*	23,972,733
	BNY Mellon Global Fixed Income Fund	*	1,212,829
	ClearBridge Mid Cap Fund	*	5,847,372
	Columbia Acorn International Fund	*	3,179,066
	DWS Core Equity Fund	*	9,422,709
	DFA Inflation-Protected Securities Fund	*	1,895,330
	DFA U.S. Targeted Value Portfolio Fund	*	3,675,294
	Federated Hermes MDT Small Cap Core Fund	*	4,355,286
	Franklin Utilities Fund	*	2,559,908
	Invesco Global Real Estate Fund	*	630,841
	Janus Triton Fund	*	8,341,214
	Loomis Sayles Investment Grade Bond Fund	*	12,614,872
	MFS Massachusetts Investors Growth Stk Fund	*	37,816,752
	Oakmark International Fund	*	3,475,044
	Pioneer Select Mid Cap Growth Fund	*	8,508,322
	SSgA Emerging Markets Index Fund	*	2,295,415
	SSgA International Index Fund	*	4,170,094
	SSgA Russell Small Cap Growth Index Fund	*	3,608,397
	SSgA Russell Large Cap Growth Index Fund	*	12,539,453
	SSgA Russell Large Cap Value Index Fund	*	3,890,795
	SSgA Russell Small Cap Index Fund	*	3,439,779
	SSgA Russell Small Cap Value Index Fund	*	1,970,585
	SSgA S&P Mid Cap Index Fund	*	5,401,945
	SSgA U.S. Bond Index Fund	*	4,813,116
	Transamerica Partners High Yield Bond Fund	*	4,292,974
	Transamerica Partners Stock Index Fund	*	14,944,112

(CONTINUED)

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)
 Schedule H Line 4i
 AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
	TA Vanguard LifeStrategy Conservative Growth Fund	*	4,118,268
	TA Vanguard LifeStrategy Growth Fund	*	15,057,650
	TA Vanguard LifeStrategy Income Fund	*	991,929
	TA Vanguard LifeStrategy Moderate Growth Fund	*	14,212,029
	TA Vanguard Real Estate Index Fund	*	2,849,266
	TA LifeGoal Retirement with BlackRock Fund	*	11,465,979
	TA LifeGoal 2025 with BlackRock Fund	*	18,492,113
	TA LifeGoal 2030 with BlackRock Fund	*	13,364,025
	TA LifeGoal 2035 with BlackRock Fund	*	13,070,577
	TA LifeGoal 2040 with BlackRock Fund	*	13,675,761
	TA LifeGoal 2045 with BlackRock Fund	*	10,426,463
	TA LifeGoal 2050 with BlackRock Fund	*	10,190,323
	TA LifeGoal 2055 with BlackRock Fund	*	3,712,132
	TA LifeGoal 2060 with BlackRock Fund	*	1,385,624
	TA Vanguard Total Stock Market Index Fund	*	16,492,794
	Victory Sycamore Established Value Fund	*	9,753,685
	Allspring Precious Metals Fund	*	2,295,228
			<u>478,266,349</u>
** Participating Employers	Participant Loans varying dates of maturity with interest rates ranging from 3.25% to 7.50% (Net of cumulative deemed distributions of \$263,093)		8,937,238
			<u><u>\$527,459,207</u></u>

* Cost information omitted for participant directed investments.

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

See independent auditor's report.

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

FOR THE YEAR ENDED DECEMBER 31, 2021

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Corrected Under VFCP and PTE 2002-51
* \$ 2,201,234	\$ -	\$ 2,201,234	\$ -	\$ -
** \$ 2,206,276	\$ 2,206,276	\$ -	\$ -	\$ -

* Represents delinquent participant contributions and participant loan repayments for 2020. The contributions were remitted to the Plan upon discovery of the error. The participating employers have remitted lost earnings and filed the required Form 5330 in 2021.

** Represents delinquent participant contributions and participant loan repayments for 2021. The contributions were remitted to the Plan upon discovery of the error. The participating employers will compute lost earnings and will file the required Form 5330 in 2022.

See independent auditor's report.

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: AGC SOUTHWEST CHAPTERS 401(K) PLAN

EIN: 74-0490820

PN: 002

Plan Year End: December 31, 2021

(a) NAME OF PARTICIPATING EMPLOYER	(b) EIN	(c) PERCENT OF TOTAL CONTRIBUTIONS	(d) Aggregate Account Balance
ASW/AAR INCORPORATED	760219081	0.37%	2385171.73
ASW/ABC STEEL PRODUCTS, CO, INC. DBA ABC D	741536512	0.23%	1973650.62
ASW/ACI FACILITY SUPPORT, LLC	454057894	0.07%	1504217.58
ASW/ACI INDUSTRIAL SERVICES, LLC	464386659	0.51%	1107194.06
ASW/ACTION TIRE & WHEEL LLC	261568766	0.00%	35994.33
ASW/AMERICAN DOOR PRODUCTS, INC.	741493216	0.39%	2910113.97
ASW/HOUSTON CHAPTER ASSOCIATED GENERA	740490820	0.46%	2946318.64
ASW/A&H DRYWALL	742732630	0.16%	1593825.1
ASW/ALFRED MILLER CONTRACTING COMPANY	720742446	1.08%	5479700.83
ASW/AMERICAN MARBLE MOSAIC CO, INC.	741543672	0.04%	1478175.46
ASW/ANGELLE CONCRETE GROUP, LLC	201896831	0.19%	1211310.91
ASW/AO COMPACTORS, LLC.	471952679	0.07%	82409.69
ASW/ARKELO CONTRACTORS, LLC	720912550	0.24%	4776716.18
ASW/ASSOCIATED GENERAL CONTRACTORS OF	741045189	0.14%	502295.42
ASW/AXIS BUILDERS LLC	455273353	0.16%	143329.65
ASW/BARBER BROTHERS CONTRACTING CO., LL	000014815	0.49%	3988955.7
ASW/BAUM ENVIRONMENTAL GROUP, INC. D/I	721429842	0.02%	54211.7
ASW/BELL BOTTOM FOUNDATION COMPANY	741279779	0.28%	2207304.45
ASW/BENGAL EQUIPMENT, LLC	820749129	0.09%	293673.7
ASW/BERGER IRON WORKS, INC.	741329383	0.19%	2296224.35
ASW/BUILDING SPECIALTIES	741148394	0.09%	497179.48
ASW/BOGGS & POOLE CONTRACTING GROUP II	721471799	0.16%	1373738.06
ASW/BOLTEX MANUFACTURING COMPANY, INC	844007772	1.02%	7375625.37
ASW/BOTTOM LINE EQUIPMENT, LLC.	203195863	2.06%	3398673.35
ASW/BROOKSTONE L.P.	741465210	1.26%	8483292.86
ASW/BROWN-MCKEE, INC.	750906414	0.22%	828015.71
ASW/BUILDERS DRYWALL, INC.	760376586	0.57%	3691458.29
ASW/BUQUET & LEBLANC, INC.	720478103	0.55%	4133740.92
ASW/B.E.T. CONSTRUCTION, INC.	721222177	0.15%	3075311.95
ASW/REECO RENTAL AND SUPPLY, INC.	721257361	0.13%	923144.28
ASW/BETTER WASTE DISPOSAL, LLC	270132155	0.00%	87661.06
ASW/REECO RENTAL AND SUPPLY OF ROBERT L	331176826	0.04%	199764.19
ASW/LABOR RESOURCES	711001710	0.00%	0
ASW/BYRON E. TALBOT CONTRACTOR, INC. (SU	000001732	0.07%	357379.71
ASW/B.E.T. CONSTRUCTION, INC. (SUPERVISOR	000002177	0.08%	581967.15
ASW/BYRON E. TALBOT CONTRACTOR, INC.	720791732	0.45%	3618843.23
ASW/CAMARATA MASONRY SYSTEMS, LTD.	421640578	1.14%	6275040.65
ASW/CANAAN LEASING, LLC. DBA DIAMOND B	721336809	1.40%	9815977.01
ASW/CANALCO, INC.	760688841	0.00%	0
ASW/SIEMA CONSTRUCTION, LLC.	270415896	0.11%	321433.71
ASW/CENTRAL TEXAS CHAPTER ASSOCIATED GE	741056306	0.09%	1479283.72
ASW/CENTURION CONSTRUCTION MANAGEME	421765074	0.14%	166618.08
ASW/CFS OF LOUISIANA, LLC	300959137	0.00%	130855.85
ASW/CHAMBERLIN CENTRAL SERVICES, LLC	202093995	1.33%	7378852.51
ASW/JAGGED HORSE HOLDINGS, INC. (CHAMP4	760016290	0.11%	1658399.05
ASW/COASTAL HEAVY HAULERS, LLC	455420176	0.15%	974405.26
ASW/CHERO-KEY PIPING COMPANY, INC.	742153727	0.06%	528915.98
ASW/COASTAL MECHANICAL CONTRACTORS DE	721059893	0.01%	48893.87
ASW/COASTAL BRIDGE COMPANY, LLC.	720858086	0.00%	2728620.33

ASW/COASTAL CONTRACTORS INC.	720466157	0.45%	844856.39
ASW/COMMAND CONSTRUCTION INDUSTRIES,	261280480	0.42%	1561055.48
ASW/CONTRACTORS SUPPLY & EQUIPMENT CO	000005506	0.23%	2853181.59
ASW/CONTRACTORS SUPPLY & EQUIPMENT CO	270355506	0.02%	149246.72
ASW/CYCLE CONSTRUCTION COMPANY, LLC	721476798	0.07%	524714.95
ASW/THE DELAHOUSSEY COMPANY, INC	721127918	0.11%	747717.25
ASW/DIEHL CHEMICAL, LLC	852428707	0.01%	4030.31
ASW/DIVERSIFIED THERMAL, LLC	760316072	0.27%	1478297.56
ASW/D & J CONSTRUCTION COMPANY, INC.	720687947	1.24%	11877552.52
ASW/D&J SITE CONSTRUCTION LLC	742682180	0.07%	33695.67
ASW/DP AGGREGATES LLC	870707959	0.00%	15104.56
ASW/DP CONCRETE PRODUCTS LLC	331063427	0.03%	285477.7
ASW/DUNHAM PRICE LLC	720174456	0.04%	572412.41
ASW/DUNHAM PRICE GROUP LLC	810613927	0.00%	641234.36
ASW/DUNHAM PRICE INDUSTRIAL LLC	472983195	0.02%	101568.15
ASW/DUROTECH, INC.	760242329	1.60%	13011746.01
ASW/DYNAMIC GLASS, LLC	611730523	1.58%	5730374.51
ASW/EMERSON CONSTRUCTION COMPANY, IN	742071412	0.56%	4890274.54
ASW/EMPIRE ACERO, LLC.	272071307	0.00%	0
ASW/FORDICE CONSTRUCTION CO.	591656111	0.91%	6132749.19
ASW/FOUR TWO SERVICES, LLC. DBA EMPIRE S	000000280	0.66%	3624037.87
ASW/GALLANT COMMERCIAL, LLC	842600958	0.08%	277189.28
ASW/GALLANT COMPANIES, LLC.	842608953	1.24%	4352411.14
ASW/THE GEORGE SOLLITT CONSTRUCTION CO	361795790	0.03%	694463.05
ASW/GOOTEE CONSTRUCTION, INC.	721199308	0.57%	4605692.26
ASW/GRECO STRUCTURES	465153917	0.14%	537349.68
ASW/GUARD 1 SERVICES, LLC.	461125859	0.12%	131481.15
ASW/GULF INDUSTRIES, INC.	720572987	0.78%	4794279.88
ASW/GULF SAFETY PRODUCTS	464193305	1.29%	6769696.27
ASW/HAND CONSTRUCTION COMPANY	721466880	0.38%	4975926.38
ASW/HAWK INDUSTRIES HOLDING COMPANY, I	812613101	0.00%	0
ASW/HCL MECHANICAL SERVICES, LLC	202491305	0.43%	2116365.03
ASW/R.E. HEIDT CONSTRUCTION CO., LLC	720367139	0.04%	648082.48
ASW/HIGHWAY GRAPHICS, LLC.	721107148	0.27%	2157002.56
ASW/HUMPHREY COMPANY, LTD	760582569	0.78%	4826200.27
ASW/HUNTER RESOURCES, LLC	821701469	0.00%	0
ASW/HUVAL & ASSOCIATES, INC.	721163205	1.13%	6830963.52
ASW/IE2 CONSTRUCTION, INC.	264583296	0.53%	1284188.63
ASW/IE SMART SYSTEMS, LLC.	760628189	0.77%	3023911.14
ASW/J B JAMES CONSTRUCTION, LLC	020547426	0.18%	516345.04
ASW/J.B. MOUTON, LLC.	720605512	0.26%	3507827.87
ASW/JOMAR CONTRACTORS, INC.	760477868	0.22%	1134572.85
ASW/JONES INDUSTRIAL HOLDINGS, INC.	000004642	15.88%	42499267.08
ASW/JPS AVIATION, LLC	275233597	0.01%	0
ASW/JPS EQUIPMENT RENTAL, LLC	462113272	0.04%	423296.95
ASW/JPS MOTOR DBA JPS FORD	471926518	0.00%	0
ASW/J.S. RUGG CONSTRUCTION, INC.	720914717	0.08%	1863123.51
ASW/JT VAUGHN CONSTRUCTION, LLC.	263561928	10.52%	59970188.53
ASW/KASS BROTHERS, INC.	720684592	0.16%	1482265.75
ASW/KAUFFMAN COMPANY	421720298	0.44%	1587213.46
ASW/KEILAND CONSTRUCTION, LLC.	208981711	0.18%	411871.53
ASW/KILGORE INDUSTRIES, LP	020650722	2.94%	7562641.19
ASW/LETSOS COMPANY	741189447	2.26%	18449422.56
ASW/LINCOLN BUILDERS, INC.	720562797	1.00%	11907738.74
ASW/LIVE OAK ENVIRONMENTAL, LLC	473073877	0.11%	0
ASW/LOCKE PROTECTIVE SERVICES, LTD	760541359	0.10%	419210.85
ASW/LOUISIANA ASSOCIATED GENERAL CONTR	720395279	0.17%	1023092.75
ASW/MAINTENANCE CENTER LLC	331063436	0.02%	197543.05
ASW/MAGNOLIA CONSTRUCTION COMPANY, L	721122665	0.00%	0

ASW/MAPP GROUP, LLC.	200257574	2.77%	10786739.03
ASW/MARCHAND CONSTRUCTION, INC.	720548607	0.15%	1014719.43
ASW/MARSHALL COMPANY LTD	741248129	0.13%	830790.74
ASW/MATERIAL HANDLING LLC	331063429	0.01%	183688.1
ASW/MCELVEEN INSURANCE	422836989	0.38%	1757566.51
ASW/MCINNIS BROTHERS CONSTRUCTIONS, IN	720633245	0.30%	4444905.84
ASW/M CONTRACTORS, LLC.	464796504	0.16%	940437.45
ASW/M.D. DESCANT, LLC.	720723146	0.16%	1920373.63
ASW/MERRICK CONSTRUCTION, INC.	720692737	0.19%	1435212.74
ASW/MP ELECTRIC, INC.	742917088	0.32%	1559828.09
ASW/NANCE AND SIMPSON, LLP	030497610	0.14%	1565633.83
ASW/NORTHWIND AIR CONDITIONING, HEATING	760564915	0.00%	291867.13
ASW/ORPHANS	001111222	0.00%	21468.16
ASW/PAT WILLIAMS CONSTRUCTION, INC.	721133098	0.38%	1878452.41
ASW/PICKETT INDUSTRIES, LLC	261388592	0.74%	2189716.93
ASW/PIEPER-HOUSTON ELECTRIC, L.P.	760290387	2.59%	20099188.16
ASW/PRAIRIE MATERIALS, INC.	000003736	0.03%	145341.72
ASW/PRAIRIE CONTRACTORS, INC.	721383736	0.87%	6648318.76
ASW/RATCLIFF CONSTRUCTION COMPANY, LLC	720762029	0.47%	3897644.77
ASW/RATCLIFF CONSTRUCTORS, LP	752685704	0.66%	3969868.68
ASW/RAVEN MECHANICAL, LP	742068403	0.46%	6637366.55
ASW/RED HAMMER LLC	000002446	0.00%	4.82
ASW/RICH MANAGEMENT, INC.	830355123	0.12%	50078.33
ASW/RIVER CITY READY MIX, LLC	843618109	0.31%	289299.88
ASW/ROCKET GLASS & MIRROR, INC.	743003398	0.19%	742070.27
ASW/ROLLCON, LLC.	452613581	0.16%	330582.43
ASW/SAFETYPRO RESOURCES, LLC	208665057	0.02%	0
ASW/SATTERFIELD & PONTIKES CONSTRUCTION	760310885	5.62%	22180348.54
ASW/SBB ENTERPRISES, LLC	471358098	0.20%	90819.37
ASW/SOUTHERN DELTA CONSTRUCTION, LLC.	261592036	0.00%	1877.81
ASW/ASSOCIATED GENERAL CONTRACTORS OF	740490825	0.02%	81065.31
ASW/SERVICE ADMINISTRATORS LLC	331063434	0.12%	2121148.07
ASW/SLACK & CO CONTRACTING, INC	760363756	0.37%	2932331.23
ASW/AGC SOUTH TEXAS CHAPTER	742840104	0.04%	126467.33
ASW/SPRINT ENERGY, LP	004435522	0.00%	164991.72
ASW/SPRINT MONTGOMERY COUNTY LANDFILL	471688565	0.13%	621712.64
ASW/SPRINT ENVIRONMENTAL SERVICES, LLC	823330464	0.16%	162283.17
ASW/SPRINT FORT BEND COUNTY LANDFILL, LP	760395693	0.12%	270167.7
ASW/SPRINT SAND & CLAY, LLC	760555041	0.40%	1564250.47
ASW/SPRINT TRANSPORT, LLC	272803155	0.76%	1432532.29
ASW/SPRINT WASTE SERVICES, LP	204435522	4.15%	10040374.84
ASW/SPRINT WASTE OF TEXAS, LP	844666289	0.76%	469230.8
ASW/STUART & COMPANY GENERAL CONTRACT	352198708	0.29%	1123244.83
ASW/SUN INDUSTRIES, LLC	721094335	0.19%	645138.24
ASW/SUPPLIER SERVICES LLC	331063432	0.00%	16651.19
ASW/SYNERGY GLASS COMPANY	463796804	0.21%	550294.12
ASW/TRIDENT TANK WASH, LLC.	861439301	0.00%	143.82
ASW/TAS COMMERCIAL CONCRETE CONSTRUCT	760616082	2.50%	7587142.41
ASW/TEXAS MASONRY COUNCIL	237079251	0.00%	79985.45
ASW/THE THREE C'S PROPERTIES INC.	721262287	0.14%	993496.55
ASW/TL HAWK, LLC	812668135	0.18%	224908.33
ASW/TRAFFIC COMMANDER, LLC	832013481	0.05%	183232.82
ASW/TRIPLE-S COMPOST, LLC	821673806	0.04%	68495.19
ASW/TEXAS BUILDING BRANCH	741774229	0.06%	66940.85
ASW/VOLUTE SERVICES	463301680	0.00%	0
ASW/VOLUTE, INC.	721278158	0.21%	953892.34
ASW/WACO PAVING, INC.	000089701	0.00%	82116.89
ASW/WACO PAVING, INC.	000089701	0.00%	0
ASW/ALLEGIANCE FLOOR	205608664	0.18%	105720.84

ASW/WESTWAY CONSTRUCTION	472205299	0.19%	320521.35
ASW/WEST TEXAS CHAPTER OF AGC INC.	750847111	0.07%	470326.24
ASW/WILLIAM MORRIS COMPANIES, LLC	832051902	0.29%	1218199.79
ASW/WILL SOURCE, INC	205821800	0.11%	128619.98
ASW/W.L. BASS CONSTRUCTION, INC.	261130897	0.31%	311165.78
ASW/W.S. BELLOWS CONSTRUCTION CORPORT	741055900	2.43%	32687130.47
ASW PLAN TOTALS		100.00%	526872168.2

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT
 Schedule H Line 4i
 AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
** Transamerica Financial Life Insurance Company	Stable Value Fund:		
	Transamerica Stable Value Advantage Account	*	\$ 40,255,620
** Transamerica Financial Life Insurance Company	Pooled Separate Accounts:		
	American Funds EuroPacific Growth Fund	*	9,631,206
	American Funds Balanced Fund	*	118,207,060
	American Funds Washington Mutual Investors Fund	*	23,972,733
	BNY Mellon Global Fixed Income Fund	*	1,212,829
	ClearBridge Mid Cap Fund	*	5,847,372
	Columbia Acorn International Fund	*	3,179,066
	DWS Core Equity Fund	*	9,422,709
	DFA Inflation-Protected Securities Fund	*	1,895,330
	DFA U.S. Targeted Value Portfolio Fund	*	3,675,294
	Federated Hermes MDT Small Cap Core Fund	*	4,355,286
	Franklin Utilities Fund	*	2,559,908
	Invesco Global Real Estate Fund	*	630,841
	Janus Triton Fund	*	8,341,214
	Loomis Sayles Investment Grade Bond Fund	*	12,614,872
	MFS Massachusetts Investors Growth Stk Fund	*	37,816,752
	Oakmark International Fund	*	3,475,044
	Pioneer Select Mid Cap Growth Fund	*	8,508,322
	SSgA Emerging Markets Index Fund	*	2,295,415
	SSgA International Index Fund	*	4,170,094
	SSgA Russell Small Cap Growth Index Fund	*	3,608,397
	SSgA Russell Large Cap Growth Index Fund	*	12,539,453
	SSgA Russell Large Cap Value Index Fund	*	3,890,795
	SSgA Russell Small Cap Index Fund	*	3,439,779
	SSgA Russell Small Cap Value Index Fund	*	1,970,585
	SSgA S&P Mid Cap Index Fund	*	5,401,945
	SSgA U.S. Bond Index Fund	*	4,813,116
	Transamerica Partners High Yield Bond Fund	*	4,292,974
	Transamerica Partners Stock Index Fund	*	14,944,112

(CONTINUED)

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)
 Schedule H Line 4i
 AS OF DECEMBER 31, 2021

Issuer	Investment Description	Cost	Current Value
	TA Vanguard LifeStrategy Conservative Growth Fund	*	4,118,268
	TA Vanguard LifeStrategy Growth Fund	*	15,057,650
	TA Vanguard LifeStrategy Income Fund	*	991,929
	TA Vanguard LifeStrategy Moderate Growth Fund	*	14,212,029
	TA Vanguard Real Estate Index Fund	*	2,849,266
	TA LifeGoal Retirement with BlackRock Fund	*	11,465,979
	TA LifeGoal 2025 with BlackRock Fund	*	18,492,113
	TA LifeGoal 2030 with BlackRock Fund	*	13,364,025
	TA LifeGoal 2035 with BlackRock Fund	*	13,070,577
	TA LifeGoal 2040 with BlackRock Fund	*	13,675,761
	TA LifeGoal 2045 with BlackRock Fund	*	10,426,463
	TA LifeGoal 2050 with BlackRock Fund	*	10,190,323
	TA LifeGoal 2055 with BlackRock Fund	*	3,712,132
	TA LifeGoal 2060 with BlackRock Fund	*	1,385,624
	TA Vanguard Total Stock Market Index Fund	*	16,492,794
	Victory Sycamore Established Value Fund	*	9,753,685
	Allspring Precious Metals Fund	*	2,295,228
			<u>478,266,349</u>
** Participating Employers	Participant Loans varying dates of maturity with interest rates ranging from 3.25% to 7.50% (Net of cumulative deemed distributions of \$263,093)		8,937,238
			<u><u>\$527,459,207</u></u>

* Cost information omitted for participant directed investments.

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

See independent auditor's report.