# 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**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [X] 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
- [X] 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:
- [X] 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
AGC RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 01/01/2000

**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)
AGC GEORGIA

1940 THE EXCHANGE, SUITE 100
ATLANTA, GA 30339

**2b** Employer Identification Number (EIN) 58-0144470

**2c** Plan Sponsor's telephone number 678-298-4100

**2d** Business code (see instructions) 237210

**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. | 07/05/2023 | MICHAEL T. DUNHAM |
| | **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 |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
**a** Sponsor's name
**c** Plan Name

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 4973 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 4265 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 4345 |
| **b** Retired or separated participants receiving benefits | **6b** | 5 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 569 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 4919 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 7 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 4926 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 3526 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 623 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2T 3D 3H 2A

**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)** | [X] | 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)** | [X] | 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)** | [X] | **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)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [ ] | 0 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **D** (DFE/Participating Plan Information) |
| **(6)** | [ ] | | **G** (Financial Transaction Schedules) |

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2021**<br>**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 | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| AGC RETIREMENT SAVINGS PLAN | | 003 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| AGC GEORGIA | 58-0144470 | |

## Part I Service Provider Information (see instructions)

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

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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)

BLUESTAR RETIREMENT SERVICES, INC.

59-3092339

| (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? |
|---|---|---|---|---|---|---|
| 12 13 15 17 37 38 49 50 64 65 99 | NONE | 530239 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

BENSOURCE EMPLOYEE BENEFITS

27-1598845

| (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? |
|---|---|---|---|---|---|---|
| 26 27 52 | NONE | 383379 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CAMBRIDGE INVESTMENT RESEARCH, INC.

42-1445429

| (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? |
|---|---|---|---|---|---|---|
| 50 71 | BROKER DEALER | 67655 | Yes [ ] No [X] | 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)

SMITH & HOWARD, PC

58-1250486

| (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 50 | NONE | 32500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CHARLES SCHWAB BANK

82-3967259

| (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? |
|---|---|---|---|---|---|---|
| 19 37 50 62 | NONE | 26845 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

ASSOCIATED GENERAL CONTRACTORS

58-0144470

| (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? |
|---|---|---|---|---|---|---|
| 12 15 37 50 99 | NONE | 17673 | Yes [ ] No [X] | 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 |
|---|---|---|
| CHARLES SCHWAB TRUST BANK | 19 59 | 0 |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| ALGER FUNDS<br><br>13-2665689 | RANGE OF 0.00 - 0.02% OF AVERAGE DAILY BALANCE OF ASSETS | |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

| **Part III** | **Termination Information on Accountants and Enrolled Actuaries (see instructions)**<br>(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.**

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

**A** Name of plan
AGC RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
AGC GEORGIA

**D** Employer Identification Number (EIN)
58-0144470

## 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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE GAC 25554

**b** Name of sponsor of entity listed in (a): WILMINGTON TRUST CO.

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 26-0142858-094 | C | 15962006 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**Part II** **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

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

**A** Name of plan
AGC RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
AGC GEORGIA

**D** Employer Identification Number (EIN)
58-0144470

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | 406825 | 124080 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 0 | 0 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 372381 | 204070 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 16378884 | 15962006 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 0 | 0 |
| **(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) | 148336520 | 173266467 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 0 | 0 |
| **(15)** Other | 1c(15) | | |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(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 | 165494610 | 189556623 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 0 | 6183 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 6183 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 165494610 | 189550440 |

## Part II Income and Expense Statement

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

| | **Income** | | **(a)** Amount | **(b)** Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 5144701 | |
| | **(B)** Participants | 2a(1)(B) | 12532699 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 1126844 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 18804244 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(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) | 15092 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 15092 |
| | **(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) | 9685384 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 9685384 |
| | **(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) | | 464004 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 10698618 |
| c Other income | 2c | | 10964 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 39678306 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 12631345 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 12631345 |
| f Corrective distributions (see instructions) | 2f | | 94867 |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 33709 | |
| (2) Contract administrator fees | 2i(2) | 574758 | |
| (3) Investment advisory and management fees | 2i(3) | 451034 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 1059501 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 13785713 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 25892593 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 1406545 |
| (2) From this plan | 2l(2) | | 3243308 |

## 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)** [X] 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)** [X] 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: SMITH & HOWARD, PC **(2)** EIN: 58-1250486

**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:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **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.) | 4a | X | | 319072 |

| | | | 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? | 4e | X | | 1000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 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.) | 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 | X | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| YLH CONSTRUCTION CO. INC. 401(K) PLAN | 20-4510346 | 001 |
| GOODMAN DECORATING 401(K) PLAN | 58-0707662 | 001 |
| | | |
| | | |

**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
AGC RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
AGC GEORGIA

**D** Employer Identification Number (EIN)
58-0144470

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 82-3967259

**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**

## 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 RETIREMENT SAVINGS PLAN

## FINANCIAL STATEMENTS
## DECEMBER 31, 2021 AND 2020
## and
## SUPPLEMENTAL SCHEDULES

## with
## INDEPENDENT AUDITORS' REPORT

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SMITH+HOWARD
CPAs and Advisors

# INDEPENDENT AUDITORS' REPORT

**Plan Administrator and Participants of**
**AGC Retirement Savings Plan**

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

We have performed an audit of the financial statements of Associated General Contractors of Georgia, Inc. (the "Association") Retirement Savings 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).

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

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

## Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the 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 ("GAAP").

- 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 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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 GAAP.

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, Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year), as of and for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

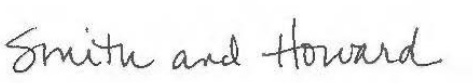
In our opinion:

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

- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

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

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.




Atlanta, GA
October 12, 2022

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

**ASSETS**

| | 2021 | 2020 |
|---|---|---|
| Cash, Non-interest Bearing | $ 335,814 | $ 406,825 |
| Investments, at Fair Value | 189,016,739 | 164,715,404 |
| Notes Receivable from Participants | 197,887 | 372,381 |
| Contributions Receivable: | | |
| Employer | 802,941 | 1,403,068 |
| Participant | 204,263 | 208,616 |
| Other | 713 | 2,016 |
| | 1,007,917 | 1,613,700 |
| Net Assets Available for Benefits | $ 190,558,357 | $ 167,108,310 |

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

**AGC RETIREMENT SAVINGS PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**YEAR ENDED DECEMBER 31, 2021**

| | |
|---|---|
| Contributions: | |
| Participant | $ 12,527,043 |
| Employer | 4,544,574 |
| Rollover | 1,126,844 |
| | 18,198,461 |
| Investment Income: | |
| Net Appreciation in Fair Value of Investments | 11,173,586 |
| Interest and dividend income | 9,685,384 |
| | 20,858,970 |
| Interest Income on Notes Receivable from Participants | 15,092 |
| Deductions: | |
| Benefits paid to participants | (12,726,212) |
| Administrative and other expenses | (1,059,501) |
| | (13,785,713) |
| Increase in Net Assets | 25,286,810 |
| Net Assets Available for Benefits at Beginning of Year | 167,108,310 |
| Transfers: | |
| Transfers in | 1,406,545 |
| Transfers out | (3,243,308) |
| Transfers Out, Net | (1,836,763) |
| Net Assets Available for Benefits at End of Year | $ 190,558,357 |

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

**AGC RETIREMENT SAVINGS PLAN**
**NOTES TO FINANCIAL STATEMENTS**
**DECEMBER 31, 2021 AND 2020**

## NOTE 1 - DESCRIPTION OF PLAN

The following description of the Associated General Contractors of Georgia, Inc. (the "Association") Retirement Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan is a multiple employer Retirement Savings Plan as defined by section 413(c) of the Internal Revenue Code (the "IRC") and is sponsored by Associated General Contractors of Georgia, Inc. (the "Association" or the "Sponsor"). The Association exists in order to provide resources for a group of separately owned business entities referred to as the "Members". Prior to November 1, 2011, each Member had a separate 401(k) plan. On November 1, 2011 the Association and several of its Members merged their respective 401(k) plans into one plan. During 2021, two members merged into the Plan, resulting in net assets transferred into the Plan totaling $1,406,545. Additionally, three new members adopted the Plan during 2021.

During 2021, two members exited the Plan, resulting in net assets transferred out of the Plan totaling $3,243,308.

Subsequent to year end, three additional members adopted the Plan.

The purpose of the Plan is to provide retirement benefits for the eligible employees of the Association, as well as eligible employees of any Member ("Adopting Employers") that has elected to adopt the Plan. Each Adopting Employer has executed an Adoption Agreement ("AA") that is included as part of the Plan. The AA supersedes the general guidelines of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

### Contributions

Employees may defer and contribute a percentage of their salary each year; however, total deferrals cannot exceed certain IRC limits. If a participant has attained age 50 prior to the end of the Plan year, they are eligible to make catch-up contributions up to the maximum allowed by the IRC. Participants direct the investment of their contributions into various investment options offered by the Plan.

Any participant contributing to the Plan is eligible to receive matching contributions. Each Adopting Employer may declare their own matching contribution in the AA. Unless otherwise provided in their applicable AA, participants with a minimum of 1,000 service hours and are employed on the last day of the year at certain employer locations, may be entitled to profit sharing contributions in addition to the regular employer match.

### Participant Accounts

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

**NOTE 1 - DESCRIPTION OF PLAN (Continued)**

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon, as well as any safe harbor employer contributions.

The Adopting Employer's matching contributions and/or profit sharing allocations vest according to the following schedule:

| Years of Service | Vested Percentage |
|---|---|
| Less than one | 0% |
| One | 0% |
| Two | 20% |
| Three | 40% |
| Four | 60% |
| Five | 80% |
| Six or more | 100% |

Participants must be credited with a minimum of 1,000 hours of service during the plan year to complete a year of service for vesting purposes. Participants become fully vested upon attainment of normal retirement age, disability, or death.

Forfeitures

Forfeitures of terminated participants' non-vested accounts can be used to pay administrative expenses or reduce the future matching contributions of the Adopting Employers. The balance of forfeited accounts was $81,888 and $171,799 at December 31, 2021 and 2020, respectively. During 2021, $249,204 of forfeitures were used to reduce employer contributions and pay plan expenses.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Each participant is limited to one outstanding note receivable at a time. The notes receivable from participants are secured by the balance in the participant's account and bear interest at the prime rate plus 1.0%. The interest rates ranged from 4.00% to 6.50% for notes receivable outstanding at December 31, 2021. Principal and interest repayments are made ratably through payroll deductions over a period not to exceed five years, unless the notes receivable from participants were used to purchase a primary residence in which case the notes receivable terms may exceed five years.

## NOTE 1 - DESCRIPTION OF PLAN (Continued)

Payment of Benefits

Upon termination of service due to death, disability, retirement or other reasons, a participant or beneficiary can elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Withdrawals from the Plan may also be made upon circumstances of hardship, in accordance with provisions specified by the Plan.

Plan Expenses

Certain administrative expenses of the Plan are paid by the Plan as provided in the plan agreement. Certain other administrative expenses of the Plan are paid by the Association. Investment fees are paid by the Plan in the form of reductions of net investment income earned by Plan participants.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan were prepared using the accrual basis of accounting. The Plan follows accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to makes estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians.

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

Notes Receivable

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

## NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payments of Benefits

Benefits are recorded when paid.

Risks and Uncertainties

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

Subsequent Events

Management has reviewed subsequent events through the date of this report, which is the date the financial statements were available to be issued.

## NOTE 3 - INVESTMENTS (UNAUDITED)

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Charles Schwab Trust Bank ("Charles Schwab"), the custodian, has provided certification that the information included in the financial statements and supplemental schedules as of December 31, 2021 and 2020 and for the year ended December 31, 2021 is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedules as of December 31, 2021 and 2020 and for the year ended December 31, 2021 is covered by such certification and has not been audited by independent auditors.

## NOTE 4 - FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement

*Level 1* - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

*Level 2* - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

*Level 3* - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

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 or 2020.

*Registered Investment Companies*

Shares of registered investment companies represent investments with various investment managers. The fair values of these investments are determined by reference to the registered investment companies' underlying assets, which are principally marketable equity and fixed income securities. These registered investment companies are traded on national securities exchanges and are valued at the net asset value ("NAV") as of December 31, 2021. It is not probable that the shares of registered investment companies will be sold at amounts that differ materially from the NAV of shares held.

*Common Collective Trust Fund*

The Plan holds a common collective trust fund, the Reliance MetLife Stable Value Series Fund. The Plan's interests in the common collective trust fund is based on information reported by the investment advisor using the audited financial statements of the common collective trust fund at year end. The investment income is allocated to participants based on their proportionate share of the net assets of the fund. Units of the stable return fund are valued at NAV based on the last reported sales price of the underlying investments held.

## NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Basis of Fair Value Measurement (Continued)

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

| | 2021 | | | | |
|---|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | NAV(*) | Total |
| Registered Investment Companies | $ 173,054,733 | $ - | $ - | $ - | $ 173,054,733 |
| Common Collective Trust Fund | - | - | - | 15,962,006 | 15,962,006 |
| Total Investments at Fair Value | $ 173,054,733 | $ - | $ - | $ 15,962,006 | $ 189,016,739 |

| | 2020 | | | | |
|---|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | NAV(*) | Total |
| Registered Investment Companies | $ 148,336,520 | $ - | $ - | $ - | $ 148,336,520 |
| Common Collective Trust Fund | - | - | - | 16,378,884 | 16,378,884 |
| Total Investments at Fair Value | $ 120,930,141 | $ - | $ - | $ 12,079,441 | $ 164,715,404 |

(*) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Benefits.

## NOTE 5 - INCOME TAXES

The Plan adopted the BlueStar Retirement Services, Inc. Defined Contribution Volume Submitter Plan and Trust, which received an opinion letter from the Internal Revenue Service ("IRS") dated June 30, 2020, stating that the Volume Submitter Plan was designed in accordance with the provisions of the IRC. Although the Plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Accordingly, the trust's net investment income is exempt from income taxes.

## NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Association has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination, participants will become or remain 100% vested in their accounts. These accounts, which are non-forfeitable, will continue to accrue investment earnings until benefits to be provided according to the terms of the Plan are paid.

## NOTE 7 - RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan. These parties include investment advisors, trustee, record keeping, and accounting services.

All investments are managed by Charles Schwab, the custodian of the Plan. These transactions qualify as party-in-interest transactions. Notes receivable from participants are also defined by ERISA as party-in-interest transactions.

## NOTE 8 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2021 and 2020, employee withholdings of $226,532 and $92,540, respectively, were not remitted within the appropriate time period by certain Adopting Employers. The Adopting Employers remitted the 2021 late deposits in 2022 and the 2020 late deposits in 2021. These transactions constituted prohibited transactions as defined by ERISA. The Association remitted the lost earnings for the 2021 late deposits in 2022 and the 2020 lost earnings in 2021, but elected not to do so through the Voluntary Fiduciary Correction Program ("VFCP") given the immaterial amounts.

## NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

| | 2021 | 2020 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 190,558,357 | $ 167,108,310 |
| Total contributions receivable | (1,007,917) | (1,613,700) |
| Net assets available for benefits per Form 5500 | $ 189,550,440 | $ 165,494,610 |
| | | |
| Increase in net assets per the financial statements | $ 25,286,810 | $ 32,052,150 |
| Plus: contributions receivable at beginning of year | 1,613,700 | 745,398 |
| Less: contributions receivable at end of year | (1,007,917) | (1,613,700) |
| Net income per Form 5500 | $ 25,892,593 | $ 31,183,848 |

# SUPPLEMENTAL SCHEDULES

**AGC RETIREMENT SAVINGS PLAN**
**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**YEAR ENDED DECEMBER 31, 2021**

Employer Identification No: 58-0144470
Plan No: 003
Form No: 5500

*Total that Constitute Nonexempt Prohibited Transactions*

| Year | Participant contributions and loan repayments transferred late to Plan | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in VFCP | Total fully corrected under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|
| 2021 | $ 226,532 | $ 226,532 | $ - | $ - | $ - |
| 2020 | $ 92,540 | $ - | $ 92,540 | $ - | $ - |

**AGC RETIREMENT SAVINGS PLAN**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2021**

EMPLOYER IDENTIFICATION NUMBER: 58-0144470
PLAN NUMBER: 003
FORM: 5500

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| | **Common Collective Trust:** | | | |
| | Reliance Trust Company | MetLife Stable Value Series Fund | | $ 15,962,006 |
| | **Registered Investment Companies** | | | |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2030 Inst | | 11,999,209 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2035 Inst | | 10,895,766 |
| * | Charles Schwab | BlackRock Equity Dividend Fund (K) | | 10,448,901 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2025 Inst | | 9,987,787 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2045 Inst | | 9,576,793 |
| * | Charles Schwab | Vanguard Total Stock Mkt Idx Adm | | 9,092,321 |
| * | Charles Schwab | Morgan Stanley Institutional Growth IS | | 8,482,358 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2040 Inst | | 8,120,829 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2050 Inst | | 6,118,745 |
| * | Charles Schwab | Vanguard Value Index Fund (Adm) | | 5,919,068 |
| * | Charles Schwab | Alger Capital Appreciation Fund | | 5,648,113 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2020 Inst | | 4,837,462 |
| * | Charles Schwab | American Funds American Balanced R6 | | 4,250,174 |
| * | Charles Schwab | Vanguard Growth Index Fund (Adm) | | 3,947,469 |
| * | Charles Schwab | American Funds EuroPacific Gr R6 | | 3,882,394 |
| * | Charles Schwab | Columbia Contrarian Core Fund (Y) | | 3,756,180 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2055 Inst | | 3,468,499 |
| * | Charles Schwab | Vanguard LifeStrategy Moderate Gr Inv | | 3,332,986 |
| * | Charles Schwab | Prudential Total Return Bond Fund (Q) | | 3,251,124 |
| * | Charles Schwab | Vanguard Mid-Cap Growth Index Fund (Adm) | | 3,164,763 |
| * | Charles Schwab | RidgeWorth Mid-Cap Value Equity Fund (IS | | 3,143,607 |
| * | Charles Schwab | American Funds New Perspective R6 | | 2,876,447 |
| * | Charles Schwab | Fidelity Mid Cap Index Fund (IPre) | | 2,791,969 |
| * | Charles Schwab | Vanguard Small Cap Value Index Admiral | | 2,407,245 |
| * | Charles Schwab | DFA Inflation-Protected Securities I | | 2,168,867 |
| * | Charles Schwab | TIAA Cref Quant Small Cap Eqty Inst | | 2,038,380 |
| * | Charles Schwab | Vanguard LifeStrategy Income Inv | | 2,034,395 |
| * | Charles Schwab | Vanguard LifeStrategy Growth Inv | | 1,954,237 |
| * | Charles Schwab | Janus Triton Fund (N) | | 1,938,450 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2060 Inst | | 1,895,867 |
| * | Charles Schwab | Janus Balanced Fund (N) | | 1,884,596 |
| * | Charles Schwab | Vanguard Small Cap Growth Index Admiral | | 1,850,358 |
| * | Charles Schwab | JPMorgan High Yield R6 | | 1,821,989 |
| * | Charles Schwab | Vanguard LifeStrategy Cnsrv Gr Inv | | 1,749,766 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2015 Inst | | 1,701,626 |
| * | Charles Schwab | Neuberger Berman Genesis Fund (R6) | | 1,459,026 |
| * | Charles Schwab | T. Rowe Price Internat Discovery Fund I | | 1,220,925 |
| * | Charles Schwab | Fidelity US Bond Index Fund (IPre) | | 1,130,826 |
| * | Charles Schwab | Oppenheimer Developing Markets I | | 1,118,823 |
| * | Charles Schwab | Franklin Utilities Fund (R6) | | 975,390 |
| * | Charles Schwab | Pioneer Strategic Income Fund (K) | | 912,275 |
| * | Charles Schwab | Transamerica Short-Term Bond Fund (R6) | | 833,108 |
| * | Charles Schwab | First Eagle Overseas Fund (R6) | | 808,085 |
| * | Charles Schwab | Invesco Global Real Estate Fund (R6) | | 795,336 |
| * | Charles Schwab | Vanguard Inst Target Reretirement Income Inst | | 510,810 |
| * | Charles Schwab | AllianceBernstein Global Bond Fund (Z) | | 419,098 |
| * | Charles Schwab | AllianceBernstein High Income Fund (Z) | | 359,319 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2065 Inst | | 72,972 |
| | | | | 173,054,733 |
| | **Notes Receivable:** | | | |
| * | Participants | Notes Receivable with variable maturities and interest rates ranging from 4.00% to 6.50% | | 197,887 |
| | | | | $ 189,214,626 |

* Indicates a party-in-interest to the Plan as defined by the ERISA.
** Cost information has not been included in Column (d) because all investments are participant directed.

**Multiple-Employer Plan Participating Employer Information**

**AGC Retirement Savings Plan**

| **Employer Identification Number: 58-0144470** | **Plan Number: 003** |
|---|---|
| **For plan year (beginning/ending):** | **01/01/2021 - 12/31/2021** |

| *(1) Name of participating employer* | *(2) EIN* | *(3) Percent of Total Contributions for Plan Year* | *(4) Aggregate Account Balances at End of Year Attributable to Participating Employer* |
|---|---|---|---|
| Accutrack Systems LLC | 46-3454876 | 0.54% | $2,300,962.22 |
| Ace Electric, Inc. | 20-2028352 | 9.69% | $10,786,120.33 |
| ACE Technologies, LLC | 27-1668897 | 0.83% | $943,304.63 |
| All-State Electrical, LLC | 58-2344673 | 2.07% | $2,682,916.64 |
| Anchor Heating and Air Conditioning Co., Inc. | 58-1116681 | 0.75% | $577,214.78 |
| Aqua Design Systems, Inc. | 58-2206714 | 0.38% | $400,978.74 |
| Associated General Contractors | 58-0144470 | 1.09% | $4,014,222.46 |
| Augusta Industrial Services, Inc. | 58-1649457 | 2.28% | $4,881,674.53 |
| Auto Glass Direct, Inc. | 58-2634174 | 0.36% | $603,314.26 |
| B & D Concrete Cutting, Inc. | 58-2645514 | 2.12% | $1,839,933.21 |
| B2 Constructors | 47-4254931 | 0.00% | $0.00 |
| Barnsley Consulting, LLC | 81-4400696 | 0.83% | $424,245.06 |
| Bibler Masonry Contractors, Inc. | 27-0172505 | 0.34% | $1,916,508.13 |
| BoldAir Mechanical | 85-3146152 | 0.00% | $0.00 |
| Bowen & Watson | 58-0806601 | 1.40% | $5,835,546.14 |
| Brent Scarbrough & Company, Inc. | 58-1761943 | 7.80% | $13,979,139.22 |
| C & C Masonry | 63-1153295 | 0.52% | $894,282.69 |
| C. E. Garbutt Construction | 58-1300982 | 0.50% | $1,584,885.97 |
| Chris R. Sheridan Company | 58-0532971 | 1.87% | $6,248,694.53 |
| Collaborative Real Estate, LLC | 84-2126762 | 1.55% | $3,160,824.40 |
| Cooper & Company General Contractors, Inc. | 58-0975932 | 1.04% | $2,730,808.51 |
| Cork Howard Construction, Co. | 58-2167137 | 0.71% | $2,301,533.60 |
| Derucki Construction Compamy, LLC | 47-0958998 | 0.21% | $883,119.87 |
| Diversified Construction of Georgia, Inc. | 56-2465751 | 0.24% | $144,516.65 |
| Dublin Construction Company, Inc. | 58-0961831 | 0.32% | $3,735,357.98 |
| Duffey Southeast Construction, Inc. | 33-0999128 | 3.28% | $7,513,146.09 |
| Dupree Plumbing, Co. | 58-1165513 | 1.46% | $4,000,898.35 |
| Eagle West, LLC | 58-2450132 | 1.81% | $3,807,231.71 |
| Engineered Openings and Hardware Supply Inc | 58-2099390 | 0.42% | $233,978.78 |
| Fifth Street Management Company, LLC | 58-2649078 | 0.60% | $1,056,115.87 |
| Foster Concrete Services, Inc. | 45-5526199 | 0.00% | $7,003.72 |
| GoodmanDecorating Co., Inc. | 58-0707662 | 0.72% | $0.00 |
| Greene & Associates, Inc. | 58-1924632 | 0.17% | $197,861.73 |
| H & L Clearing, LLC | 00-0006508 | 0.41% | $515,839.41 |
| Headley Construction Corporation | 58-1112090 | 1.11% | $1,078,389.74 |
| Hogan Construction Group, LLC | 58-2394337 | 3.77% | $7,991,022.02 |
| JCI General Contractors, Inc. | 58-1935720 | 2.27% | $2,974,592.51 |
| Jollay Masonry, Inc. | 58-0682192 | 0.67% | $174,372.08 |
| Jones Glass, Inc. | 58-1344812 | 1.43% | $2,746,294.32 |
| Kinney Company, LLC | 27-4675864 | 0.00% | $0.00 |
| Lanier HVAC Services LLC | 81-3144291 | 0.62% | $396,310.95 |
| Lusk & Company, Inc. | 20-8450771 | 0.73% | $2,401,250.78 |
| M & D Masonry, Inc. | 58-1986389 | 0.22% | $398,650.51 |
| Magnum Contracting, LLC | 51-0439719 | 0.94% | $675,999.41 |
| Major & Associates Inc dba Cana Communications | 58-1501370 | 0.97% | $1,695,225.13 |
| McGee Equipment, Company | 58-2462080 | 1.41% | $3,420,297.44 |
| Mock Plumbing & Mechanical, Inc. | 58-1440150 | 3.41% | $8,043,600.83 |
| NG Turf, LLC | 45-2815003 | 0.06% | $10,063.43 |
| North Georgia Turf | 58-1734888 | 0.43% | $855,348.99 |
| Oak Construction Group LLC | 82-0911672 | 0.48% | $205,285.51 |
| Oconee Construction Services, LLC | 52-2402356 | 0.27% | $331,040.76 |
| P.R.O. Building Systems, Inc. | 58-1171465 | 3.67% | $6,696,772.22 |
| Parker Engineering & Mechanical, Inc. | 58-2526145 | 0.80% | $2,119,937.37 |
| Parrish Construction Group, Inc. | 58-2174521 | 4.77% | $8,330,943.16 |
| Pellicano Company, Inc. | 58-1897471 | 1.92% | $3,100,708.74 |
| Penco Electrical Contractors, Inc. | 58-1516716 | 0.91% | $2,842,179.43 |
| Place Services, Inc. | 20-5850562 | 3.11% | $1,615,603.70 |
| Polk County Public Service, Inc. | 58-2025360 | 1.32% | $5,322,009.97 |
| Porter Steel, Inc. | 58-1828212 | 1.92% | $1,914,162.27 |

**Multiple-Employer Plan Participating Employer Information**

**AGC Retirement Savings Plan**

| **Employer Identification Number: 58-0144470** | **Plan Number: 003** |
|---|---|
| **For plan year (beginning/ending):** | **01/01/2021 - 12/31/2021** |

| *(1) Name of participating employer* | *(2) EIN* | *(3) Percent of Total Contributions for Plan Year* | *(4) Aggregate Account Balances at End of Year Attributable to Participating Employer* |
|---|---|---|---|
| Project Builders, Inc. | 58-2253735 | 1.38% | $2,481,713.11 |
| R.E. Primm & Company, Inc. | 58-2065838 | 0.84% | $1,631,803.30 |
| Reliance Interiors, Inc. | 58-2425322 | 0.71% | $1,475,828.15 |
| River City Contracting | 46-1472662 | 0.35% | $507,640.35 |
| S & L Integrated Systems, LLC | 27-3662112 | 0.40% | $471,477.75 |
| Schoppman Company, Inc. | 20-1265887 | 0.27% | $501,769.18 |
| SoCo Contracting Co, Inc. | 42-1553604 | 0.29% | $214,328.56 |
| Specialty Finishes | 58-1503570 | 2.54% | $7,518,539.78 |
| Sports Turf Company, Inc. | 58-1974907 | 0.89% | $1,715,751.71 |
| Swofford Construction, Inc. | 58-1317567 | 1.00% | $3,167,984.60 |
| Synergy Development Partners, LLC | 20-0195132 | 0.16% | $89,847.59 |
| The Circle Group, LLC | 58-2565048 | 0.66% | $3,110,590.35 |
| The Pinyan Company | 58-2624782 | 0.92% | $1,233,509.07 |
| Trash Taxi of Georgia, LLC | 41-2232307 | 0.79% | $310,651.19 |
| True North Companies, LLC | 46-2223304 | 0.24% | $452,740.44 |
| V Line Services LLC | 83-3185460 | 0.81% | $150,137.73 |
| Van Winkle and Company | 58-1601517 | 2.07% | $6,413,202.97 |
| Window Film Depot | 20-0461501 | 1.71% | $2,293,047.62 |
| Wiregrass Electric, Inc. | 58-2209744 | 0.44% | $164,773.85 |
| Wisco Pen Electric, LLC | 27-3906013 | 0.00% | $29,731.94 |

# 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**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan
- [X] 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
- [X] 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:
- [X] 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
AGC RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan 01/01/2000

**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)

AGC GEORGIA

1940 THE EXCHANGE, SUITE 100

ATLANTA GA 30339

**2b** Employer Identification Number (EIN)
58-0144470

**2c** Plan Sponsor's telephone number
678-298-4100

**2d** Business code (see instructions)
237210

**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 | Michael T Dunham | 7/5/2023 | MICHAEL T. DUNHAM |
| | 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 |

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4d** PN | |
| **c** Plan Name | | |
| **5** Total number of participants at the beginning of the plan year | **5** | 4,973 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1)**, **6a(2)**, **6b**, **6c**, and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 4,265 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 4,345 |
| **b** Retired or separated participants receiving benefits | **6b** | 5 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 569 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 4,919 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 7 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 4,926 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 3,526 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 623 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the Instructions:
2E 2F 2G 2J 2K 2T 3D 3H 2A

**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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) | [ ] Insurance | (1) | [ ] Insurance |
| (2) | [ ] Code section 412(e)(3) insurance contracts | (2) | [ ] Code section 412(e)(3) insurance contracts |
| (3) | [X] Trust | (3) | [X] Trust |
| (4) | [ ] General assets of the sponsor | (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) [X] **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) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [X] **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_____

**AGC RETIREMENT SAVINGS PLAN**
**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**
**YEAR ENDED DECEMBER 31, 2021**

Employer Identification No: 58-0144470
Plan No: 003
Form No: 5500

*Total that Constitute Nonexempt Prohibited Transactions*

| Year | Participant contributions and loan repayments transferred late to Plan | Contributions not corrected | Contributions corrected outside VFCP | Contributions pending correction in VFCP | Total fully corrected under VFCP and PTE 2002-51 |
|---|---|---|---|---|---|
| 2021 | $ 226,532 | $ 226,532 | $ - | $ - | $ - |
| 2020 | $ 92,540 | $ - | $ 92,540 | $ - | $ - |

**AGC RETIREMENT SAVINGS PLAN**
**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**DECEMBER 31, 2021**

EMPLOYER IDENTIFICATION NUMBER: 58-0144470
PLAN NUMBER: 003
FORM: 5500

| (a) | (b) Identity of issuer, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value | (d) Cost ** | (e) Current Value |
|---|---|---|---|---|
| | **Common Collective Trust:** | | | |
| | Reliance Trust Company | MetLife Stable Value Series Fund | | $ 15,962,006 |
| | **Registered Investment Companies** | | | |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2030 Inst | | 11,999,209 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2035 Inst | | 10,895,766 |
| * | Charles Schwab | BlackRock Equity Dividend Fund (K) | | 10,448,901 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2025 Inst | | 9,987,787 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2045 Inst | | 9,576,793 |
| * | Charles Schwab | Vanguard Total Stock Mkt Idx Adm | | 9,092,321 |
| * | Charles Schwab | Morgan Stanley Institutional Growth IS | | 8,482,358 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2040 Inst | | 8,120,829 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2050 Inst | | 6,118,745 |
| * | Charles Schwab | Vanguard Value Index Fund (Adm) | | 5,919,068 |
| * | Charles Schwab | Alger Capital Appreciation Fund | | 5,648,113 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2020 Inst | | 4,837,462 |
| * | Charles Schwab | American Funds American Balanced R6 | | 4,250,174 |
| * | Charles Schwab | Vanguard Growth Index Fund (Adm) | | 3,947,469 |
| * | Charles Schwab | American Funds EuroPacific Gr R6 | | 3,882,394 |
| * | Charles Schwab | Columbia Contrarian Core Fund (Y) | | 3,756,180 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2055 Inst | | 3,468,499 |
| * | Charles Schwab | Vanguard LifeStrategy Moderate Gr Inv | | 3,332,986 |
| * | Charles Schwab | Prudential Total Return Bond Fund (Q) | | 3,251,124 |
| * | Charles Schwab | Vanguard Mid-Cap Growth Index Fund (Adm) | | 3,164,763 |
| * | Charles Schwab | RidgeWorth Mid-Cap Value Equity Fund (IS | | 3,143,607 |
| * | Charles Schwab | American Funds New Perspective R6 | | 2,876,447 |
| * | Charles Schwab | Fidelity Mid Cap Index Fund (IPre) | | 2,791,969 |
| * | Charles Schwab | Vanguard Small Cap Value Index Admiral | | 2,407,245 |
| * | Charles Schwab | DFA Inflation-Protected Securities I | | 2,168,867 |
| * | Charles Schwab | TIAA Cref Quant Small Cap Eqty Inst | | 2,038,380 |
| * | Charles Schwab | Vanguard LifeStrategy Income Inv | | 2,034,395 |
| * | Charles Schwab | Vanguard LifeStrategy Growth Inv | | 1,954,237 |
| * | Charles Schwab | Janus Triton Fund (N) | | 1,938,450 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2060 Inst | | 1,895,867 |
| * | Charles Schwab | Janus Balanced Fund (N) | | 1,884,596 |
| * | Charles Schwab | Vanguard Small Cap Growth Index Admiral | | 1,850,358 |
| * | Charles Schwab | JPMorgan High Yield R6 | | 1,821,989 |
| * | Charles Schwab | Vanguard LifeStrategy Cnsrv Gr Inv | | 1,749,766 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2015 Inst | | 1,701,626 |
| * | Charles Schwab | Neuberger Berman Genesis Fund (R6) | | 1,459,026 |
| * | Charles Schwab | T. Rowe Price Internat Discovery Fund I | | 1,220,925 |
| * | Charles Schwab | Fidelity US Bond Index Fund (IPre) | | 1,130,826 |
| * | Charles Schwab | Oppenheimer Developing Markets I | | 1,118,823 |
| * | Charles Schwab | Franklin Utilities Fund (R6) | | 975,390 |
| * | Charles Schwab | Pioneer Strategic Income Fund (K) | | 912,275 |
| * | Charles Schwab | Transamerica Short-Term Bond Fund (R6) | | 833,108 |
| * | Charles Schwab | First Eagle Overseas Fund (R6) | | 808,085 |
| * | Charles Schwab | Invesco Global Real Estate Fund (R6) | | 795,336 |
| * | Charles Schwab | Vanguard Inst Target Reretirement Income Inst | | 510,810 |
| * | Charles Schwab | AllianceBernstein Global Bond Fund (Z) | | 419,098 |
| * | Charles Schwab | AllianceBernstein High Income Fund (Z) | | 359,319 |
| * | Charles Schwab | Vanguard Inst Target Reretirement 2065 Inst | | 72,972 |
| | | | | 173,054,733 |
| | **Notes Receivable:** | | | |
| * | Participants | Notes Receivable with variable maturities and interest rates ranging from 4.00% to 6.50% | | 197,887 |
| | | | | $ 189,214,626 |

* Indicates a party-in-interest to the Plan as defined by the ERISA.
** Cost information has not been included in Column (d) because all investments are participant directed.