

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	JOANNE PALADINO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☐ Same as Plan Sponsor NPPG FIDUCIARY SERVICES, INC. 494 SYCAMORE AVE. SHREWSBURY, NJ 07702	3b Administrator's EIN 30-0835405 3c Administrator's telephone number 732-758-1577
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 17161
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 14362 6a(2) 13642 6b 141 6c 2443 6d 16226 6e 0 6f 16226 6g 8726 6h 426
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 2S 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC	D Employer Identification Number (EIN) 74-0490820	

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INS CO
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	932232-000		01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
1319519	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
BAIRD INSURANCE SERVICES, INC PRODUCER STEPHEN H ELLSWORTH 777 E WISCONSIN AVE MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
792476			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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BAIRD INSURANCE SERVICES, INC PRODUCER ROBERT W BRANN 777 E WISCONSIN AVE MILWAUKEE, WI 53202
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
526805			3

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

BAIRD INSURANCE SERVICES, INC

PRODUCER MARCUS FAIR
777 E WISCONSIN AVE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
238			3

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	409838050

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year	7b	40247639
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c	Additions: (1) Contributions deposited during the year	7c(1)	3052860	
	(2) Dividends and credits.....	7c(2)	35060	
	(3) Interest credited during the year.....	7c(3)	371225	
	(4) Transferred from separate account.....	7c(4)	18192338	
	(5) Other (specify below)	7c(5)	4065846	

▶ CONV. ASSETS 2,197,865 EBA CR. 885,810; FORF CR. 678,367 LN PRIN AND INT 303,804

(6) Total additions.....	7c(6)	25717329
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	65964968
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6652009	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	8371758	
(4) Other (specify below)	7e(4)	1638681	

▶ 3(16) ADM. FID. FEE 125,000 EBA WD 618,479; FORF WDS 501,481 LN ISSUE 348,335; FEES 45,386

(5) Total deductions.....	7e(5)	16662448
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	49302520
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC	D Employer Identification Number (EIN) 74-0490820	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(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)

TRANSAMERICA FINANCIAL LIFE INS CO

36-6071399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	183896	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

3(16) FIDUCIARY SERVICES

45-4813650

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

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

HANNIS T. BOURGEOIS

72-0636725

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	76500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BOWEN MICLETTE & BRITT INSURANCE AG

26-3860108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	29467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PINNACLE FINANCIAL SERVICES, INC.

59-2438373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	8800	Yes ☒ No ☐	Yes ☒ No ☐	1851	Yes ☐ No ☒

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PINNACLE FINANCILA SERVICES, INC.	15 37 64	1851

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRANSAMERICA FINANCIAL LIFE INS CO 36-6071399	THIRD PARTY ADMINISTRATION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC		D Employer Identification Number (EIN) 74-0490820
Part I	Information 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: TRANS PARTNERS HI YIELD BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071400-102	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3693057
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA PRTNR STCK IDX RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071401-139	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12310855
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SM CP IDX RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071402-437	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3013561
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTL INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071403-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3764689
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CP IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071404-438	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5182029
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET U.S. BOND IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071405-416	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4167159
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE ST RUSS SM CP VAL IDX RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071406-355	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1924535
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2022 v. 220413		

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL RET WITH BLAC		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071407-417	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9675252
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2025 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071408-018	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15156850
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2035 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071409-019	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11003762
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2045 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071410-295	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9007553
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS EUROPACIFIC GR RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071411-076	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7083020
a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES INV GRD BD RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071412-094	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9346548
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071413-130	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2316469
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2030 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071414-163	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11773907
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2040 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071415-164	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11713178
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2050 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071416-165	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9360551

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TTL STOCK MKT IDX RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071417-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14688567
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS LG CP VAL IDX RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071418-171	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4650254
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS SM CAP GR IDX RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071419-172	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2864839
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSS LG CP GR IDX RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071420-173	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8490230
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BALANCED RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071421-228	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 113313409
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FDS WA MTL INVS RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071422-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20698047
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN UTILITIES RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071423-263	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2922182
a Name of MTIA, CCT, PSA, or 103-12 IE: ALLSPRING PRECIOUS METALS RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071424-272	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2197449
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL REAL ESTATE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071425-274	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 508065
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA ACORN INTL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071426-321	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED MDT SM CAP CR RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071427-351	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3621705
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY CNSV GR RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071428-501	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2374589
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY GR RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071429-502	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12939874
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY INC RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071430-503	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1213573
a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD LIFESTRATEGY MOD GR RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071431-504	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10744668
a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE MID CAP RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071432-379	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4197635
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2055 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071433-505	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2995510
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INF-PROTECTED SEC PRTF RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071434-526	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1676122
a Name of MTIA, CCT, PSA, or 103-12 IE: OAKMARK INTERNATIONAL RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071435-539	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. TRGTED VALUE PRTF RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071436-527	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3734592

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071437-578	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5880941
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFE GOAL 2060 WITH BLA		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071438-607	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1103043
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SYCAMORE EST VALUE RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071439-608	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9741752
a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET EMERG MKT IDX RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071440-169	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1956441
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASSACHUSETTS INVS GR STOCK RT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071441-663	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28285944
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTL SMALL CP VAL PRTF RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071442-720	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2163897
a Name of MTIA, CCT, PSA, or 103-12 IE: PARAMETRIC INTL EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071443-737	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2823206
a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER SELECT MID CAP GR RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071444-738	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6006576
a Name of MTIA, CCT, PSA, or 103-12 IE: DEUTSCHE CORE EQUITY RET ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071445-758	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6999006
a Name of MTIA, CCT, PSA, or 103-12 IE: DREYFUS/ST&ISH GL FIXED INC RT ACCT		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071446-761	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1238808

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
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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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>AGC SOUTHWEST CHAPTERS 401(K) PLAN</u>		B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOUSTON CHAPTER AGC/LOUISIANA AGC</u>		D Employer Identification Number (EIN) <u>74-0490820</u>

Part I 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		<u>766897</u>
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	<u>1353311</u>	<u>942977</u>
(2) Participant contributions.....	1b(2)	<u>1275266</u>	<u>531058</u>
(3) Other.....	1b(3)	<u>139420</u>	<u>142968</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>621276</u>	
(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)	<u>8937238</u>	<u>9468566</u>
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	<u>478266349</u>	<u>410524035</u>
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>39634344</u>	<u>48551083</u>
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	530227204	470927584

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	2720609	2073340
k Total liabilities (add all amounts in lines 1g through 1j)	1k	2720609	2073340

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	527506595	468854244
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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)	13331349	
(B) Participants	2a(1)(B)	37301336	
(C) Others (including rollovers)	2a(1)(C)	3821477	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		54454162
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1150	
(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)	403213	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		404363
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-75225015
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1097481
d Total income. Add all income amounts in column (b) and enter total	2d		-19269009
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49072145	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	796266	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		49868411
f Corrective distributions (see instructions)	2f		2040968
g Certain deemed distributions of participant loans (see instructions)	2g		528879
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	76500	
(2) Contract administrator fees	2i(2)	-693741	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	656005	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		38764
j Total expenses. Add all expense amounts in column (b) and enter total	2j		52477022
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-71746031
l Transfers of assets:			
(1) To this plan	2l(1)		14018752
(2) From this plan	2l(2)		925072

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HANNIS T. BOURGEOIS, LLP

(2) EIN: 72-0636725

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a	X		4157981

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
BUILDING SPECIALTIES, INC. 401(K) PLAN	74-1148394	002
GIS, LLC COMPENSATION DEFERRAL PLAN	35-2603405	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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan AGC SOUTHWEST CHAPTERS 401(K) PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HOUSTON CHAPTER AGC/LOUISIANA AGC		D Employer Identification Number (EIN) 74-0490820
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-6071399		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

AGC SOUTHWEST CHAPTERS
401(K) PLAN

DECEMBER 31, 2022

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Baton Rouge | Denham Springs | New Orleans | Hammond
www.htbcpa.com

Independent Auditor's Report

To NPPG Fiduciary Services, LLC
on behalf of the AGC Southwest Chapters 401(k) Plan

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

We have performed audits of the financial statements of the AGC Southwest Chapters 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Plan management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits 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 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 Plan Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by plan management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters - Supplemental Schedules Required by ERISA

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

In our opinion

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

Respectfully submitted,

HANES T. BOURGEOIS, LLP

Baton Rouge, Louisiana
October 16, 2023

AGC SOUTHWEST CHAPTERS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
<u>ASSETS</u>		
Investments, at Fair Value:		
Pooled Separate Accounts	\$ 410,524,035	\$ 478,266,349
Stable Value Fund	<u>49,317,980</u>	<u>40,255,620</u>
Total Investments	459,842,015	518,521,969
Receivables:		
Participant Contributions	531,058	1,275,266
Employer Contributions	942,977	1,353,311
Notes Receivable from Participants	9,696,639	9,200,331
Other	<u>142,968</u>	<u>139,420</u>
Total Receivables	<u>11,313,642</u>	<u>11,968,328</u>
Total Assets	471,155,657	530,490,297
<u>LIABILITIES</u>		
Excess Contributions Payable	<u>2,073,340</u>	<u>2,720,609</u>
Total Liabilities	<u>2,073,340</u>	<u>2,720,609</u>
Net Assets Available for Benefits	<u><u>\$ 469,082,317</u></u>	<u><u>\$ 527,769,688</u></u>

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

AGC SOUTHWEST CHAPTERS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2022

Additions to Net Assets Attributed to:

Net Investment Loss	\$ (75,225,015)
Interest Income on Notes Receivable from Participants	404,363
Other Income	1,097,481
Contributions:	
Participants	37,301,336
Employers	13,331,349
Other - Rollover	3,821,477
	<u>54,454,162</u>
Total Additions	(19,269,009)

Deductions from Net Assets Attributed to:

Benefits Paid to Participants	49,072,145
Deemed Distributions	563,899
Corrective Distributions	2,040,968
Administrative Expenses	38,764
Other Expense	796,266
	<u>52,512,042</u>
Total Deductions	
Net Decrease	(71,781,051)

Net Assets Available for Benefits:

Beginning of Year	527,769,688
Transfers In - Qualified Plans	14,018,752
Transfers Out - Qualified Plans	(925,072)
End of Year	<u><u>\$469,082,317</u></u>

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

AGC SOUTHWEST CHAPTERS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

Note 1 - Description of Plan -

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

General

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

Contributions

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

Participant Accounts

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

Vesting

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

Notes Receivable from Participants

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

Payment of Benefits

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

Forfeited Accounts

At December 31, 2022 and 2021 forfeited non-vested accounts totaled \$1,256,870 and \$1,077,326, respectively. These accounts can be used to reduce future employer contributions and/or pay administrative expenses of the Plan. During 2022, forfeitures totaling approximately \$393,600 were used for these purposes.

Note 2 - Summary of Accounting Policies -

Basis of Accounting

The financial statements of the Plan are prepared in accordance with the accrual basis of accounting and investments are valued at current fair value as quoted by the custodian of the Plan. At December 31, 2022 and 2021, all assets of the Plan are participant directed.

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a deduction from net assets based on the terms of the Plan document. For the year ended December 31, 2022, there were \$563,899 of deemed distributions.

Risks and Uncertainties

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

Excess Contributions Payable

Amounts payable to participants totaling \$2,073,340 for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability as of December 31, 2022 and included as a part of corrective distributions for the year ended December 31, 2022. The Plan distributed the majority of 2022 excess contributions to the applicable participants before March 15, 2023. The remaining excess contributions will be distributed during 2023 and the applicable excess tax will be paid in connection with these contributions by the participating employer affected. The amount of excess contributions payable at December 31, 2021 was \$2,720,609.

Administrative Expenses

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

In addition, the Plan utilizes an expense budget account. Fees for the expense budget account, like investment management fees, are included in net investment loss as they are paid through revenue sharing, rather than a direct payment. The expense budget account is used to pay Plan expenses, as needed. These funds are included in the Stable Value Fund in these financial statements. The balance of the expense budget account as of December 31, 2022 and 2021 was approximately \$765,000 and \$621,000, respectively. During 2022, approximately \$243,000 of funds in the expense budget account were utilized to pay Plan expenses. During 2022, \$500,000 of excess expense budget account funds were reallocated to the participants on a nondiscriminatory basis.

Subsequent Events

The Plan evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through October 16, 2023, the date which the financial statements were available to be issued.

Note 3 - Plan Termination -

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

Note 4 - Tax Status -

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

U.S. generally accepted accounting principles require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. With few exceptions, the Plan is no longer subject to income tax examinations for years prior to 2019.

Note 5 - Fair Value Measurements -

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Stable Value Fund: The Stable Value Fund is a fully benefit-responsive investment contract and is not a traditional GIC or SIC that relies upon underlying investment contracts for specific return guarantees or specific maturities. The Stable Value Fund is fairly valued at contract value. That is, the contract value is also fair value. Contract value represents principal plus accrued interest, less withdrawals and expenses, plus or minus net transfer activity with the Plan's other investment funds. If the Plan initiates a full redemption of the contract, Transamerica may impose a hold period at the contract level. No events, such as a significant decline in the creditworthiness of Transamerica, are probable of occurring that might limit the ability of the Plan to transact contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with participants.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022 and 2021:

Assets at Fair Value as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Stable Value Fund	\$ -	\$ 49,317,980	\$ -	\$ 49,317,980
Total Assets in the Fair Value Hierarchy	<u>\$ -</u>	<u>\$ 49,317,980</u>	<u>\$ -</u>	<u>\$ 49,317,980</u>
Investments Measured Using Net Asset Value Per Share Practical Expedient *				\$ 410,524,035
Total Investments at Fair Value				<u>\$ 459,842,015</u>

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

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

Gains and losses included in changes in net assets available for benefits for the year ended December 31, 2022 are reported in net investment loss.

The following tables summarize investments measured at fair value based on NAV per share practical expedient as of December 31, 2022 and 2021.

December 31, 2022				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts	<u>\$ 410,524,035</u>	none	daily	daily
December 31, 2021				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Pooled Separate Accounts	<u>\$ 478,266,349</u>	none	daily	daily

Note 6 - Information Prepared and Certified by the Custodian -

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

	2022	2021
Investments, at Fair Value		
Pooled Separate Accounts	\$ 410,524,035	\$ 478,266,349
Stable Value Fund	49,317,980	40,255,620
Total Investments	<u>\$ 459,842,015</u>	<u>\$ 518,521,969</u>
Notes Receivable from Participants	<u>\$ 9,696,639</u>	<u>\$ 9,200,331</u>
Net Investment Loss	<u>\$ (75,225,015)</u>	
Interest Income on Notes Receivable from Participants	<u>\$ 404,363</u>	

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

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

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

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 as of December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Net Assets Available for Benefits per the Financial Statements	\$ 469,082,317	\$ 527,769,688
Less: Deemed Distributions of Participant Loans	<u>(228,073)</u>	<u>(263,093)</u>
Net Assets Available for Benefits per Schedule H of Form 5500	<u>\$ 468,854,244</u>	<u>\$ 527,506,595</u>

The following is a reconciliation of the net decrease in the statement of changes in net assets available for benefits per the financial statements to net loss per Schedule H Form 5500 for the year ended December 31, 2022:

Net Decrease per the Financial Statements	\$ (71,781,051)
Less: Change in Deemed Distributions of Participant Loans	<u>35,020</u>
Net Loss per Schedule H of Form 5500	<u>\$ (71,746,031)</u>

Note 9 - Transfers - Qualified Plans -

During 2022, six qualified plans were merged into the Plan with assets of \$14,018,752.

During 2022, two participating employer transferred \$925,072 of assets out of the Plan.

Note 10 - Delinquent Participant Contributions -

During the year ended December 31, 2022, participant deferrals totaling \$1,951,705, were not timely remitted to the Plan in accordance with the requirements of the Department of Labor. The contributions were remitted to the Plan upon discovery of the errors. The participating employers will compute the lost earnings on these deposits and will make a contribution for lost earnings to the Plan during 2023.

SUPPLEMENTAL INFORMATION

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT
 Schedule H Line 4i
 AS OF DECEMBER 31, 2022

Issuer	Investment Description	Cost	Current Value
** Transamerica Financial Life Insurance Company	Stable Value Fund:		
	Transamerica Stable Value Advantage Account	*	49,317,980
** Transamerica Financial Life Insurance Company	Pooled Separate Accounts:		
	American Funds EuroPacific Growth Fund	*	7,084,582
	American Funds Balanced Fund	*	113,313,077
	American Funds Washington Mutual Investors Fund	*	20,700,636
	BNY Mellon Global Fixed Income Fund	*	1,238,808
	ClearBridge Mid Cap Fund	*	4,197,635
	DWS Core Equity Fund	*	6,999,006
	DFA Inflation-Protected Securities Fund	*	1,676,122
	DFA International Small Cap Value Portfolio Fund	*	2,163,897
	DFA U.S. Targeted Value Portfolio Fund	*	3,734,592
	Federated Hermes MDT Small Cap Core Fund	*	3,621,705
	Franklin Utilities Fund	*	2,922,182
	Invesco Global Real Estate Fund	*	508,065
	Janus Triton Fund	*	5,880,941
	Loomis Sayles Investment Grade Bond Fund	*	9,346,548
	MFS Massachusetts Investors Growth Stk Fund	*	28,292,981
	Parametric International Equity Fund	*	2,823,206
	Pioneer Select Mid Cap Growth Fund	*	6,006,576
	SSgA Emerging Markets Index Fund	*	1,956,441
	SSgA International Index Fund	*	3,764,689
	SSgA Russell Small Cap Growth Index Fund	*	2,864,839
	SSgA Russell Large Cap Growth Index Fund	*	8,490,230
	SSgA Russell Large Cap Value Index Fund	*	4,639,535
	SSgA Russell Small Cap Index Fund	*	3,013,561
	SSgA Russell Small Cap Value Index Fund	*	1,924,535
	SSgA S&P Mid Cap Index Fund	*	5,182,029
	SSgA U.S. Bond Index Fund	*	4,167,159
	Transamerica Partners High Yield Bond Fund	*	3,693,057
	Transamerica Partners Stock Index Fund	*	12,310,855

(CONTINUED)

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)
 Schedule H Line 4i
 AS OF DECEMBER 31, 2022

Issuer	Investment Description	Cost	Current Value
	TA Vanguard LifeStrategy Conservative Growth Fund	*	2,374,589
	TA Vanguard LifeStrategy Growth Fund	*	12,939,874
	TA Vanguard LifeStrategy Income Fund	*	1,213,573
	TA Vanguard LifeStrategy Moderate Growth Fund	*	10,744,668
	TA Vanguard Real Estate Index Fund	*	2,316,469
	TA LifeGoal Retirement with BlackRock Fund	*	9,675,252
	TA LifeGoal 2025 with BlackRock Fund	*	15,156,850
	TA LifeGoal 2030 with BlackRock Fund	*	11,773,907
	TA LifeGoal 2035 with BlackRock Fund	*	11,003,761
	TA LifeGoal 2040 with BlackRock Fund	*	11,713,178
	TA LifeGoal 2045 with BlackRock Fund	*	9,007,553
	TA LifeGoal 2050 with BlackRock Fund	*	9,360,551
	TA LifeGoal 2055 with BlackRock Fund	*	2,995,510
	TA LifeGoal 2060 with BlackRock Fund	*	1,103,043
	TA Vanguard Total Stock Market Index Fund	*	14,688,567
	Victory Sycamore Established Value Fund	*	9,741,752
	Allspring Precious Metals Fund	*	2,197,449
			<u>410,524,035</u>
** Participating Employers	Participant Loans varying dates of maturity with interest rates ranging from 4.25% to 8.00% (Inclusive of cumulative deemed distributions of \$228,073)		9,696,639
			<u><u>\$ 469,538,654</u></u>

* Cost information omitted for participant directed investments.

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

See independent auditor's report.

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

FOR THE YEAR ENDED DECEMBER 31, 2022

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			
	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Corrected Under VFCP and PTE 2002-51
* \$ 2,206,276	\$ -	\$ 2,206,276	\$ -	\$ -
** \$ 1,951,705	\$ 1,951,705	\$ -	\$ -	\$ -

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

** Represents delinquent participant contributions and participant loan repayments for 2022. The contributions were remitted to the Plan upon discovery of the error. The participating employers will compute lost earnings and will file the required Form 5330 in 2023.

See independent auditor's report.

MULTIPLE EMPLOYER PLAN PARTICIPATING EMPLOYER INFORMATION

PLAN NAME: AGC SOUTHWEST CHAPTERS 401(K) PLAN

EIN: 74-0490820

PN: 002

Plan Year End: December 31, 2022

(a) NAME OF PARTICIPATING EMPLOYER	(b) EIN	(c) PERCENT OF TOTAL CONTRIBUTIONS	(d) Aggregate Account Balance
ASW/AAR INCORPORATED	760219081	0.47%	2240227.11
ASW/ABC STEEL PRODUCTS, CO, INC. DBA ABC I	741536512	0.21%	1662984.54
ASW/ACI FACILITY SUPPORT, LLC	454057894	0.31%	913771.18
ASW/ACI INDUSTRIAL SERVICES, LLC	464386659	0.33%	1068381.62
ASW/ACTION TIRE & WHEEL LLC	261568766	0.01%	35796.82
ASW/AMERICAN DOOR PRODUCTS, INC.	741493216	0.34%	2463181.71
ASW/HOUSTON CHAPTER ASSOCIATED GENERA	740490820	0.39%	2459885.71
ASW/A&H DRYWALL	742732630	0.16%	600624.23
ASW/ALFRED MILLER CONTRACTING COMPANY	720742446	0.98%	4775854.39
ASW/AMERICAN MARBLE MOSAIC CO, INC.	741543672	0.02%	958111.33
ASW/ANGELLE CONCRETE GROUP, LLC	201896831	0.22%	721604.67
ASW/AO COMPACTORS, LLC.	471952679	0.02%	84319.86
ASW/ARKEL CONSTRUCTORS, LLC	720912550	0.88%	4367608.19
ASW/ASCENSION QUALITY MATERIALS, LLC	832689656	0.00%	0
ASW/ASSOCIATED GENERAL CONTRACTORS OF	741045189	0.10%	455361.32
ASW/AXIS BUILDERS LLC	455273353	0.27%	252852.15
ASW/BARBER BROTHERS CONTRACTING CO., LI	000014815	0.39%	3486670.66
ASW/BAUM ENVIRONMENTAL GROUP, INC. D/E	721429842	0.00%	26490.52
ASW/BAXTON CONSTRUCTION SERVICES, INC.	000015625	0.07%	38415
ASW/BCS CONCRETE STRUCTURES, LLC	264215625	0.20%	2766447.38
ASW/BELL BOTTOM FOUNDATION COMPANY	741279779	0.27%	1622822.4
ASW/BENGAL EQUIPMENT, LLC	820749129	0.11%	310920.1
ASW/BERGER IRON WORKS, INC.	741329383	0.15%	2089600.71
ASW/BUILDING SPECIALITIES	741148394	0.02%	0
ASW/BOGGS & POOLE CONTRACTING GROUP I	721471799	0.16%	1166669.92
ASW/BOLTEX MANUFACTURING COMPANY, INC	844007772	1.17%	6854045.41
ASW/BOTTOM LINE EQUIPMENT, LLC.	203195863	2.07%	3658216.84
ASW/BROOKSTONE L.P.	741465210	0.91%	6308809.7
ASW/BROWN-MCKEE, INC.	750906414	0.20%	804842.4
ASW/BUILDERS DRYWALL, INC.	760376586	0.43%	3200787.76
ASW/BUQUET & LEBLANC, INC.	720478103	0.59%	3895333.22
ASW/B.E.T. CONSTRUCTION, INC.	721222177	0.13%	2620021.47
ASW/REECO RENTAL AND SUPPLY, INC.	721257361	0.13%	877753.37
ASW/BETTER WASTE DISPOSAL, LLC	270132155	0.00%	74546.56
ASW/REECO RENTAL AND SUPPLY OF ROBERT L	331176826	0.03%	191377.3
ASW/LABOR RESOURCES	711001710	0.00%	0
ASW/BYRON E. TALBOT CONTRACTOR, INC. (SU	000001732	0.07%	341967.66
ASW/B.E.T. CONSTRUCTION, INC. (SUPERVISOR	000002177	0.06%	531096.49
ASW/BYRON E. TALBOT CONTRACTOR, INC.	720791732	0.40%	3336448.01
ASW/CAMARATA MASONRY SYSTEMS, LTD.	421640578	1.13%	5714647.74
ASW/CANAAN LEASING, LLC. DBA DIAMOND B	721336809	1.25%	7898653
ASW/CANALCO, INC.	000088841	0.00%	0
ASW/SIEMA CONSTRUCTION, LLC.	270415896	0.12%	337937.79
ASW/CENTRAL TEXAS CHAPTER ASSOCIATED GE	741056306	0.08%	1338715.83
ASW/CENTURION CONSTRUCTION MANAGEME	421765074	0.21%	250450.53
ASW/CFS OF LOUISIANA, LLC	300959137	0.00%	114789.48
ASW/CHAMBERLIN CENTRAL SERVICES, LLC	202093995	1.36%	6390841.28
ASW/JAGGED HORSE HOLDINGS, INC. (CHAMP	760016290	0.09%	1158998
ASW/COASTAL HEAVY HAULERS, LLC	455420176	0.15%	828491.33

ASW/CHERO-KEY PIPING COMPANY, INC.	742153727	0.04%	431645.66
ASW/COASTAL MECHANICAL CONTRACTORS DE	721059893	0.01%	49944.76
ASW/COASTAL BRIDGE COMPANY, LLC.	720858086	0.00%	1161778.02
ASW/COASTAL CONTRACTORS INC.	720466157	0.40%	1100131.77
ASW/COMMAND CONSTRUCTION INDUSTRIES,	261280480	0.30%	1181640.16
ASW/CONTRACTORS SUPPLY & EQUIPMENT CO	000005506	0.20%	1663827.76
ASW/CONTRACTORS SUPPLY & EQUIPMENT CO	270355506	0.02%	91552.55
ASW/CYCLE CONSTRUCTION COMPANY, LLC	721476798	0.07%	472585.84
ASW/THE DELAHOUSSEY COMPANY, INC	721127918	0.08%	675929.6
ASW/DIEHL CHEMICAL, LLC	852428707	0.01%	22236.13
ASW/DIVERSIFIED THERMAL, LLC	760316072	0.26%	1447477.82
ASW/D & J CONSTRUCTION COMPANY, INC.	720687947	1.20%	9581158.72
ASW/D&J SITE CONSTRUCTION LLC	742682180	0.04%	47610.52
ASW/DON M. BARRON CONTRACTOR, INC.	720701118	0.00%	1379262.23
ASW/DP AGGREGATES LLC	870707959	0.00%	2839.43
ASW/DP CONCRETE PRODUCTS LLC	331063427	0.04%	268528.37
ASW/DUNHAM PRICE LLC	720174456	0.11%	500759.99
ASW/DUNHAM PRICE GROUP LLC	810613927	0.00%	403171.33
ASW/DUNHAM PRICE INDUSTRIAL LLC	472983195	0.02%	80325.32
ASW/DUROTECH, INC.	760242329	1.47%	10008957.25
ASW/DYNAMIC GLASS, LLC	611730523	1.82%	5421129.11
ASW/EMERSON CONSTRUCTION COMPANY, IN	742071412	0.53%	4385133.18
ASW/FORDICE CONSTRUCTION CO.	591656111	0.75%	5504452.35
ASW/FOUR TWO SERVICES, LLC. DBA EMPIRE S	000000280	0.55%	3007571.51
ASW/GAINEY'S CONCRETE PRODUCTS, LLC	721243242	0.03%	702057.12
ASW/GALLANT COMMERCIAL, LLC	842600958	0.00%	0
ASW/GALLANT COMPANIES, LLC.	842608953	1.27%	4303241.44
ASW/THE GEORGE SOLLITT CONSTRUCTION CO	361795790	0.03%	585520.17
ASW/GOOTEE CONSTRUCTION, INC.	721199308	0.55%	4158360.08
ASW/GRECO STRUCTURES	465153917	0.26%	640995.54
ASW/GUARD 1 SERVICES, LLC.	461125859	0.05%	109392.55
ASW/GULF INDUSTRIES, INC.	720572987	0.00%	0
ASW/GULF SAFETY PRODUCTS	464193305	1.56%	10590231.39
ASW/HAND CONSTRUCTION COMPANY	721466880	0.34%	4373778.65
ASW/HCL MECHANICAL SERVICES, LLC	202491305	0.39%	1641284.58
ASW/R.E. HEIDT CONSTRUCTION CO., LLC	720367139	0.06%	590360.25
ASW/HIGHWAY GRAPHICS, LLC.	721107148	0.25%	1946603.59
ASW/HUMPHREY COMPANY, LTD	760582569	0.55%	4207483.65
ASW/HUNTER RESOURCES, LLC	821701469	0.00%	0
ASW/HUVAL & ASSOCIATES, INC.	721163205	1.18%	6230403.9
ASW/IE2 CONSTRUCTION, INC.	264583296	0.47%	1110071.97
ASW/IE SMART SYSTEMS, LLC.	760628189	0.60%	2606650.05
ASW/J B JAMES CONSTRUCTION, LLC	020547426	0.18%	497023.73
ASW/J.B. MOUTON, LLC.	720605512	0.29%	3073455.77
ASW/JOMAR CONTRACTORS, INC.	760477868	0.26%	1136739
ASW/JONES INDUSTRIAL HOLDINGS, INC.	000004642	18.03%	39508355.4
ASW/JPS EQUIPMENT RENTAL, LLC	462113272	0.00%	181061.17
ASW/J.S. RUGG CONSTRUCTION, INC.	720914717	0.06%	1468146.1
ASW/JT VAUGHN CONSTRUCTION, LLC.	263561928	10.31%	50012720.41
ASW/KASS BROTHERS, INC.	720684592	0.21%	1389150.32
ASW/KAUFFMAN COMPANY	421720298	0.40%	1499807.7
ASW/KEILAND CONSTRUCTION, LLC.	208981711	0.24%	471897.42
ASW/KILGORE INDUSTRIES, LP	020650722	2.82%	7238738
ASW/LOUISIANA CONTROLS, INC.	720929471	0.06%	27988.46
ASW/LETSOS COMPANY	741189447	2.06%	14469868.18
ASW/LINCOLN BUILDERS, INC.	720562797	0.55%	10523296.32
ASW/LOCKE PROTECTIVE SERVICES, LTD	760541359	0.07%	378818.27
ASW/LOUISIANA ASSOCIATED GENERAL CONTR	720395279	0.17%	676434.19
ASW/MAINTENANCE CENTER LLC	331063436	0.04%	196377.3

ASW/MAPP GROUP, LLC.	200257574	2.64%	9617611.17
ASW/MARCHAND CONSTRUCTION, INC.	720548607	0.00%	536585.88
ASW/MARSHALL COMPANY LTD	741248129	0.11%	748981.71
ASW/MATERIAL HANDLING LLC	331063429	0.01%	165899.5
ASW/MCELVEEN INSURANCE	422836989	0.38%	1508708.03
ASW/MCINNIS BROTHERS CONSTRUCTIONS, IN	720633245	0.37%	3965017.9
ASW/M CONTRACTORS, LLC.	464796504	0.12%	742058.82
ASW/M.D. DESCANT, LLC.	720723146	0.16%	1684808.79
ASW/MERRICK CONSTRUCTION, INC.	720692737	0.18%	1298550.56
ASW/MOBILE ENTERPRISES INC.	751431896	0.27%	129894.19
ASW/MOORE INDUSTRIES, LLC	721042418	0.45%	1126395.29
ASW/MP ELECTRIC, INC.	742917088	0.31%	1431292.88
ASW/NANCE AND SIMPSON, LLP	030497610	0.13%	1387123.54
ASW/NORTHWIND AIR CONDITIONING, HEATIN	760564915	0.00%	257311.88
ASW/ORPHANS	001111222	0.00%	21657.1
ASW/PAT WILLIAMS CONSTRUCTION, INC.	721133098	0.34%	1610842.86
ASW/PHYLWAY CONSTRUCTION LLC	721218097	0.54%	7014491.59
ASW/PICKETT INDUSTRIES, LLC	261388592	0.75%	1980913.86
ASW/PIEPER-HOUSTON ELECTRIC, L.P.	760290387	2.32%	16029854.07
ASW/PRAIRIE MATERIALS, INC.	000003736	0.04%	140527.35
ASW/PRAIRIE CONTRACTORS, INC.	721383736	0.82%	5686888.3
ASW/RATCLIFF CONSTRUCTION COMPANY, LLC	720762029	0.48%	3510131.04
ASW/RATCLIFF CONSTRUCTORS, LP	752685704	0.53%	3621277.65
ASW/RAVEN MECHANICAL, LP	742068403	1.03%	5967354.3
ASW/RED HAMMER LLC	000002446	0.01%	3938.24
ASW/REMOLINO, INC.	111115625	0.05%	28275
ASW/RICH MANAGEMENT, INC.	830355123	0.10%	89202.8
ASW/RIVER CITY READY MIX, LLC	843618109	0.41%	445110.02
ASW/ROCKET GLASS & MIRROR, INC.	743003398	0.18%	703948.15
ASW/ROLLCON, LLC.	452613581	0.15%	259126.49
ASW/SATTERFIELD & PONTIKES CONSTRUCTION	760310885	5.26%	20005415.26
ASW/SBB ENTERPRISES, LLC	471358098	0.22%	188868.46
ASW/SOUTHERN DELTA CONSTRUCTION, LLC.	261592036	0.00%	0
ASW/ASSOCIATED GENERAL CONTRACTORS OF	740490825	0.02%	80143.12
ASW/SERVICE ADMINISTRATORS LLC	331063434	0.22%	1081240.61
ASW/SLACK & CO CONTRACTING, INC	760363756	0.27%	2043865.22
ASW/AGC SOUTH TEXAS CHAPTER	742840104	0.04%	125911.82
ASW/SPRINT ENERGY, LP	004435522	0.00%	136969.14
ASW/SPRINT MONTGOMERY COUNTY LANDFILL	471688565	0.09%	520131.88
ASW/SPRINT ENVIRONMENTAL SERVICES, LLC	823330464	0.23%	231823.49
ASW/SPRINT FORT BEND COUNTY LANDFILL, LP	760395693	0.11%	290915.09
ASW/SPRINT SAND & CLAY, LLC	760555041	0.39%	1509685.27
ASW/SPRINT TRANSPORT, LLC	272803155	0.83%	1617330.84
ASW/SPRINT WASTE SERVICES, LP	204435522	3.85%	10040374.84
ASW/SPRINT WASTE OF TEXAS, LP	844666289	0.80%	469230.8
ASW/STUART & COMPANY GENERAL CONTRAC	352198708	0.26%	1032383.84
ASW/SUN INDUSTRIES, LLC	721094335	0.00%	0
ASW/SUPPLIER SERVICES LLC	331063432	0.00%	8291.82
ASW/SYNERGY GLASS COMPANY	463796804	0.22%	551391.53
ASW/TRIDENT TANK WASH, LLC.	861439301	0.02%	4805.9
ASW/TAS COMMERCIAL CONCRETE CONSTRUCT	760616082	2.37%	6936797.67
ASW/TEXAS MASONRY COUNCIL	237079251	0.00%	70268.94
ASW/THE THREE C'S PROPERTIES INC.	721262287	0.12%	912517.57
ASW/TL HAWK, LLC	812668135	0.14%	229566.2
ASW/TRAFFIC COMMANDER, LLC	832013481	0.02%	34734.65
ASW/TRIPLE-S COMPOST, LLC	821673806	0.02%	28006.01
ASW/TEXAS BUILDING BRANCH	741774229	0.06%	88370.61
ASW/VOLUTE, INC.	721278158	0.20%	894067.84
ASW/WACO PAVING, INC.	000089701	0.00%	83856.75

ASW/ALLEGIANCE FLOOR	205608664	0.20%	179529.42
ASW/WESTWAY CONSTRUCTION	472205299	0.17%	309245.37
ASW/WEST TEXAS CHAPTER OF AGC INC.	750847111	0.06%	415929.19
ASW/WILLIAM MORRIS COMPANIES, LLC	832051902	0.26%	1158515.53
ASW/WILL SOURCE, INC	205821800	0.07%	105554.05
ASW/W.L. BASS CONSTRUCTION, INC.	261130897	0.29%	390329.3
ASW/W.S. BELLOWS CONSTRUCTION CORPORTATION		2.37%	27276987.21
ASW PLAN TOTALS		100.00%	468097937.2

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT
 Schedule H Line 4i
 AS OF DECEMBER 31, 2022

Issuer	Investment Description	Cost	Current Value
** Transamerica Financial Life Insurance Company	Stable Value Fund:		
	Transamerica Stable Value Advantage Account	*	49,317,980
** Transamerica Financial Life Insurance Company	Pooled Separate Accounts:		
	American Funds EuroPacific Growth Fund	*	7,084,582
	American Funds Balanced Fund	*	113,313,077
	American Funds Washington Mutual Investors Fund	*	20,700,636
	BNY Mellon Global Fixed Income Fund	*	1,238,808
	ClearBridge Mid Cap Fund	*	4,197,635
	DWS Core Equity Fund	*	6,999,006
	DFA Inflation-Protected Securities Fund	*	1,676,122
	DFA International Small Cap Value Portfolio Fund	*	2,163,897
	DFA U.S. Targeted Value Portfolio Fund	*	3,734,592
	Federated Hermes MDT Small Cap Core Fund	*	3,621,705
	Franklin Utilities Fund	*	2,922,182
	Invesco Global Real Estate Fund	*	508,065
	Janus Triton Fund	*	5,880,941
	Loomis Sayles Investment Grade Bond Fund	*	9,346,548
	MFS Massachusetts Investors Growth Stk Fund	*	28,292,981
	Parametric International Equity Fund	*	2,823,206
	Pioneer Select Mid Cap Growth Fund	*	6,006,576
	SSgA Emerging Markets Index Fund	*	1,956,441
	SSgA International Index Fund	*	3,764,689
	SSgA Russell Small Cap Growth Index Fund	*	2,864,839
	SSgA Russell Large Cap Growth Index Fund	*	8,490,230
	SSgA Russell Large Cap Value Index Fund	*	4,639,535
	SSgA Russell Small Cap Index Fund	*	3,013,561
	SSgA Russell Small Cap Value Index Fund	*	1,924,535
	SSgA S&P Mid Cap Index Fund	*	5,182,029
	SSgA U.S. Bond Index Fund	*	4,167,159
	Transamerica Partners High Yield Bond Fund	*	3,693,057
	Transamerica Partners Stock Index Fund	*	12,310,855

(CONTINUED)

AGC SOUTHWEST CHAPTERS 401(K) PLAN
 EIN 74-0490820 PN:002
SCHEDULE OF ASSETS HELD FOR INVESTMENT (CONTINUED)
 Schedule H Line 4i
 AS OF DECEMBER 31, 2022

<u>Issuer</u>	<u>Investment Description</u>	<u>Cost</u>	<u>Current Value</u>
	TA Vanguard LifeStrategy Conservative Growth Fund	*	2,374,589
	TA Vanguard LifeStrategy Growth Fund	*	12,939,874
	TA Vanguard LifeStrategy Income Fund	*	1,213,573
	TA Vanguard LifeStrategy Moderate Growth Fund	*	10,744,668
	TA Vanguard Real Estate Index Fund	*	2,316,469
	TA LifeGoal Retirement with BlackRock Fund	*	9,675,252
	TA LifeGoal 2025 with BlackRock Fund	*	15,156,850
	TA LifeGoal 2030 with BlackRock Fund	*	11,773,907
	TA LifeGoal 2035 with BlackRock Fund	*	11,003,761
	TA LifeGoal 2040 with BlackRock Fund	*	11,713,178
	TA LifeGoal 2045 with BlackRock Fund	*	9,007,553
	TA LifeGoal 2050 with BlackRock Fund	*	9,360,551
	TA LifeGoal 2055 with BlackRock Fund	*	2,995,510
	TA LifeGoal 2060 with BlackRock Fund	*	1,103,043
	TA Vanguard Total Stock Market Index Fund	*	14,688,567
	Victory Sycamore Established Value Fund	*	9,741,752
	Allspring Precious Metals Fund	*	2,197,449
			<u>410,524,035</u>
** Participating Employers	Participant Loans varying dates of maturity with interest rates ranging from 4.25% to 8.00% (Inclusive of cumulative deemed distributions of \$228,073)		9,696,639
			<u><u>\$ 469,538,654</u></u>

* Cost information omitted for participant directed investments.

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

See independent auditor's report.

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
		2022
		This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning		and ending	
A Name of plan		B Three-digit plan number (PN) ►	
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

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

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

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f		

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a			

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☐ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

Attachment to 2022 Form 5500
Schedule H, line 4a - Schedule of Delinquent Participant Contributions

Plan Name AGC SOUTHWEST CHAPTERS 401(K) PLAN

EIN: 74-0490820

Plan Sponsor's Name HOUSTON CHAPTER AGC/LOUISIANA AGC

PN: 002

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
Check here if Late Participant Loan Repayments are included: ☒	1,951,705	2,206,276	0	0