| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 01/01/2019

**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)
CORNERSTONE BUILDERS OF SW FLORI

3150 OLD METRO PARKWAY
FORT MYERS, FL 33916

**2b** Employer Identification Number (EIN) 22-3915170

**2c** Plan Sponsor's telephone number 239-332-3020

**2d** Business code (see instructions) 321210

**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. | 10/03/2024 | KATHRYN PANTELUP |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

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

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**a** Sponsor's name

**c** Plan Name

**4b** EIN

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 220 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 204 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 185 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 36 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 221 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 221 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 127 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 164 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **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 2S 2T 3D 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2023 |
| Department of Labor Employee Benefits Security Administration | ▶ File as an attachment to Form 5500. | This Form is Open to Public Inspection. |
| Pension Benefit Guaranty Corporation | | |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
CORNERSTONE BUILDERS OF SW FLORI

**D** Employer Identification Number (EIN)
22-3915170

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

AMERICAN FUNDS DISTRIBUTORS, INC.

95-2769620

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

FEDERATED SECURITIES CORP.
5800 CORPORATE DRIVE
2ND FLOOR
PITTSBURGH, PA 15237

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

INVESCO
1555 PEACHTREE STREET NW
1800
ATLANTA, GA 30309

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

JOHN HANCOCK FUNDS, LLC

601 CONGRESS STREET, 9145
BOSTON, MA 02210

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

LORD ABBETT DISTRIBUTOR, LLC

90 HUDSON STREET
JERSEY CITY, NJ 07032

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

MFS FUND DISTRIBUTORS, INC.

04-2747644

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087

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

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

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

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

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

ADP, INC.

13-3036745

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 37 50 15 64 | RECORD KEEPER | 22552 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

## Part I Service Provider Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
CORNERSTONE BUILDERS OF SW FLORI

**D** Employer Identification Number (EIN)
22-3915170

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (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) | 132061 | 168439 |
| (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) | 3207649 | 4264035 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 3339710 | 4432474 |
| **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 through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 3339710 | 4432474 |

## 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) | 347583 | |
| **(B)** Participants | 2a(1)(B) | 668273 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 703 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1016559 |
| **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) | 9728 | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 9728 |
| **(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) | 110077 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 110077 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 466439 |
| c Other income | 2c | | 35 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1602838 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 464973 | |
| (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) | | 464973 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 22548 |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | 22553 | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 22553 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 510074 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1092764 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 0 |
| (2) From this plan | 2l(2) | | 0 |

## Part III Accountant's Opinion

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

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

**(1)** [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

**(1)** [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

**(1)** Name: HSC TUSCAN & COMPANY, P.A. **(2)** EIN: 59-2309183

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

**(1)** [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 334000 |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) …….. ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
CORNERSTONE BUILDERS OF SW FLORI

**D** Employer Identification Number (EIN)
22-3915170

## Part I Distributions

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

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

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

EIN(s): 57-1198022 _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that (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): _____

**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) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

**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._____

## Part VII IRS Compliance Questions

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 10 / 06 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704162A .

# CORNERSTONE BUILDERS OF SW FLORIDA, INC.
# 401(k) PLAN

## FINANCIAL STATEMENTS, TOGETHER WITH REPORT OF INDEPENDENT AUDITOR

## YEARS ENDED
## DECEMBER 31, 2023 and 2022

# TABLE OF CONTENTS


| | Page |
|---|---|
| **Independent Auditor's Report** | 1-5 |
| **Financial Statements** | |
| Statements of Net Assets Available for Plan Benefits (modified cash basis) | 6 |
| Statements of Changes in Net Assets Available for Plan Benefits (modified cash basis) | 7 |
| Notes to the Financial Statements | 8-21 |
| **Supplementary Schedules** | |
| Schedule 1 - Reportable Transactions - For the year ended December 31, 2023 | 22 |
| Schedule 2 - Reportable Transactions - For the year ended December 31, 2022 | 23 |
| Schedule 3 - Assets Held for Investment Purposes at the End of Plan Year (modified cash basis) - December 31, 2023 | 24 |
| Schedule 4 - Assets Held for Investment Purposes at the End of Plan Year (modified cash basis) - December 31, 2022 | 25 |


All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.

HSC/Tuscan
& Company, PA
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

# INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Cornerstone Builders of SW Florida, Inc.
401(k) Plan
3150 Old Metro Parkway
Fort Myers, FL 33916

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of Cornerstone Builders of SW Florida, Inc. 401(k) Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statements of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2023 and 2022, and the related Statements of Changes in Net Assets Available for Plan Benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cornerstone Builders of SW Florida, Inc. 401(k) Plan 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 by Reliance Trust Company that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Reliance Trust Company in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from Reliance Trust Company as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

**Opinion**

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

• The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

• The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Basis for Opinion**

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

**Basis of Accounting**

As described in NOTE B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

**Management's Responsibilities for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cornerstone Builders of SW Florida, Inc. 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 made by management, as well as evaluate the overall presentation of 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 Cornerstone Builders of SW Florida, Inc. 401(k) Plan internal controls. Accordingly, no such opinion is expressed.

• Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

• Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cornerstone Builders of SW Florida, Inc. 401(k) Plan 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 the modified cash basis of accounting which is a comprehensive basis of accounting other than 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.

**Supplementary Schedules Required by ERISA**

The supplementary schedules of Reportable Transactions and Assets Held for Investment Purposes are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary 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 supplementary schedules, we evaluated whether the supplementary 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 supplementary schedules, other than the information in the supplementary 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 Regulation for Reporting and Disclosure under ERISA.

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

HSC/Tuscan & Company, P.A.

HSC/TUSCAN & COMPANY, P.A.
Fort Myers, Florida
August 27, 2024

**CORNERSTONE BUILDERS OF SW FLORIDA, INC.**
**401(k) PLAN**
**STATEMENTS OF NET ASSETS AVAILABLE**
**FOR PLAN BENEFITS (MODIFIED CASH BASIS)**
**December 31, 2023 and 2022**

| **ASSETS** | 2023 | 2022 |
|---|---|---|
| Investments at fair value: | | |
| ADP/Reliance - Plan number 270366 | | |
| Mutual funds | $ 4,264,035 | $ 3,207,648 |
| TOTAL INVESTMENTS | 4,264,035 | 3,207,648 |
| **RECEIVABLES** | | |
| Notes receivable from participants | 168,439 | 132,061 |
| TOTAL RECEIVABLES | 168,439 | 132,061 |
| TOTAL ASSETS AT FAIR VALUE | 4,432,474 | 3,339,709 |
| **LIABILITIES** | | |
| Contribution carryover | - | - |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 4,432,474 | $ 3,339,709 |

The accompanying notes are an integral part of this statement.

**CORNERSTONE BUILDERS OF SW FLORIDA, INC.**
**401(k) PLAN**
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS (MODIFIED CASH BASIS)**
**Years Ended December 31, 2023 and 2022**

| **ADDITIONS TO NET ASSETS ATTRIBUTED TO:** | 2023 | 2022 |
|---|---|---|
| **Investment income (loss)** | | |
| Interest and dividends - investments | $ 110,077 | $ 79,636 |
| Interest on notes receivable | 9,728 | 9,769 |
| Other income | 35 | - |
| Net appreciation (depreciation) in fair value of investments including net realized gain (loss) on investments | 466,440 | (648,152) |
| TOTAL INVESTMENT INCOME (LOSS) | 586,280 | (558,747) |
| **Contributions (Cash)** | | |
| Employee (deferrals and rollovers) | 668,976 | 619,546 |
| Employer - Safe Harbor match | 347,583 | 294,548 |
| Employer - discretionary match/contribution | - | - |
| | 1,016,559 | 914,094 |
| TOTAL ADDITIONS (REDUCTIONS) TO NET ASSETS | 1,602,839 | 355,347 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:** | | |
| Benefits paid to participants | 464,973 | 509,603 |
| Administrative expenses | 22,553 | 17,896 |
| Deemed distributions | 22,548 | 6,693 |
| TOTAL DEDUCTIONS FROM NET ASSETS | 510,074 | 534,192 |
| Net increase (decrease) in net assets | 1,092,765 | (178,845) |
| **Net assets available for plan benefits:** | | |
| BEGINNING OF YEAR | 3,339,709 | 3,518,554 |
| END OF YEAR | $ 4,432,474 | $3,339,709 |

The accompanying notes are an integral part of this statement.

## NOTE A - DESCRIPTION OF PLAN

The following description of Cornerstone Builders of SW Florida, Inc. (the "Company") (sponsor) 401(k) Plan (the "Plan") Plan number 004 provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

### General

Cornerstone Builders of SW Florida, Inc. 401(k) Plan ("The Plan") was originally adopted and effective on January 1, 2019, and is intended to provide participants with future retirement benefit opportunities. The Plan is a self-directed single employer defined contribution 401(k) profit sharing plan covering all eligible employees of the Company. Each employee is eligible to participate in the Plan after one (1) year of service or at least 1,000 hours and eligible for safe harbor matching contribution and attainment of age 21. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan prepares its financial statements using the modified cash basis of accounting. The Plan is a totally third party administered participant-directed Plan. The Plan was restated during the year ended December 31, 2022, effective October 1, 2022. The restatement was legislative in nature except it added an automatic deferral feature.

### Plan administration

Administration of the Plan was the responsibility of Cornerstone Builders of SW Florida, Inc. and its designee. Cornerstone Builders of SW Florida, Inc. has designated Reliance Trust Company ("Reliance") as trustee/custodian of all the Plan's assets including substantially all the responsibility for investment and reinvestment at the direction of the participants. Reliance holds and is the custodian of all the assets of the Plan. ADP acts as Cornerstone Builders of SW Florida, Inc.'s designated Servicing Agent, and accounts for participant information and the Plan's annual financial activity and reporting.

## NOTE A - DESCRIPTION OF PLAN, CONTINUED

### Contributions

Effective with the October 1, 2022, restatement, the Plan added an automatic deferral feature of 2%. The participant can elect to not defer or select an alternate deferral amount. The automatic deferral increases each subsequent year of participation by 1% annually on the first day of the Plan year until a maximum deferral of 6%.

An eligible participant's annual salary reduction (deductible) contributions may not exceed the lesser of 100 percent of the participant's compensation for calendar years 2023 and 2022, or $22,500 and $20,500, respectively. Eligible compensation included all employee compensation. Certain participants over age 49 may contribute up to $7,500 and $6,500 for the years 2023 and 2022, respectively, more by taking advantage of "catch up" provisions authorized by federal law. The employee may make elective pre-tax deferrals or Roth after tax contributions.

In addition, the Plan is funded by employer Safe Harbor matching contributions. The Company (employer) may also elect to make a discretionary matching contribution and/or a discretionary profit sharing contribution. The discretionary matching employer contributions are limited to 4% of employee compensation. Effective January 1, 2021, there is no service requirement to be eligible for employer discretionary matching contributions. Safe Harbor matching employer contributions are equal to 100% of the first 3% of employee deferred earnings and 50% of the next 2% of deferred wages. Participants are 100% vested in Safe Harbor contributions. Employees who make elective deferrals are eligible to receive Safe Harbor matching contributions. Safe Harbor matching contributions are contributed each pay period.

The participant must make an elective deferral to the Plan to receive the Safe Harbor matching contribution and discretionary profit sharing contributions.

The Plan does accept rollover contributions and Roth rollover contributions.

## NOTE A - DESCRIPTION OF PLAN, CONTINUED

### Forfeitures

Forfeitures resulting from termination of Plan participation of non-vested employees are used to pay Plan expenses. Any forfeitures remaining after paying Plan expenses are used to offset employer contributions. As of December 31, 2023 and 2022, forfeitures generated by the Plan were approximately $471 and $0, respectively. For the years ended December 31, 2023 and 2022, approximately $507 and $0 of forfeitures were applied to reduce employer contributions, respectively.

### Participant accounts

Each participant's account is credited with the participant's contributions and the allocation of the Company's contribution and the participant's pro rata share of the Plan earnings as determined and allocated under the Plan as well as the allocated Plan expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. At December 31, 2023 and 2022, such accounts allocated to participants who have withdrawn from the Plan but were not paid were $7,302 and $5,353, respectively.

Participants may select from an array of investment options to invest in their respective participant account. See Note D for a listing of investment options.

### Vesting

The employee is always 100% vested in their elective deferrals and the employer Safe Harbor contributions and any rollover contributions. Vesting in discretionary matching employer contributions and related investment earnings occurs upon attainment of normal retirement age of age 65 or completion of six years of service. However, upon termination of employment for any other reason, a participant is entitled to a portion of their discretionary matching and discretionary profit sharing employer contributions (excluding salary deferred amounts and any related income earned thereon which are immediately 100% vested) in accordance with the following six year vesting schedule:

## NOTE A - DESCRIPTION OF PLAN, CONTINUED

### Vesting, continued

| Years of Service* | Vested % |
|---|---|
| Less than one year | 0% |
| One (1) | 0% |
| Two (2) | 20% |
| Three (3) | 40% |
| Four (4) | 60% |
| Five (5) | 80% |
| Six (6) or more | 100% |

*Vesting in the employer discretionary matching and discretionary profit sharing contribution of the participant accounts is based on participant's years of continuous service. The employee is immediately vested in the employee's respective contributions, Safe Harbor matching contributions and rollovers.

The Plan also provides for early vesting due to death or disability, if determined disabled by a qualified physician.

### Payment of benefits

Payments are made upon termination of service, retirement, death, disability, or financial hardship. The participant must receive payment in a lump-sum if the vested balance is $5,000 or less. For distributions on balances greater than $5,000 lump sum or periodic installments are permitted. Partial withdrawals or installments are only permitted for participants or beneficiaries who must receive required minimum distributions. Based upon certain criteria, in-service distributions are permitted upon the participant's attainment of age 59 1/2 and being fully vested in the Plan.

Upon death of a participant, the vested balance of the participant's account is distributed to the participant's beneficiary in an elected form. Benefits due to terminated employees, either through retirement or otherwise are recorded when paid.

In the event of a financial hardship you may withdraw your own elective deferrals (excluding earnings on your elective deferrals) as well as any vested matching contributions. Safe Harbor matching contributions are not permitted to be withdrawn in the event of a financial hardship. Minimum distribution is $500.

## NOTE A - DESCRIPTION OF PLAN, CONTINUED

### Payment of benefits, continued

In-service distributions are permitted upon attainment of age 59 1/2, however, no distributions are permitted of less than $500. No more than two in-service distributions per participant per year are permitted.

### Loans

Loans are available to participants under the Plan. The minimum loan amount is $500. Loans are limited to 50% of the vested balance to a maximum of $50,000. Participants are allowed only two loans to be outstanding at any point in time and only one of such loan may be for a primary residence. Loans are secured by the vested balances in the participant's Plan account and bear interest at two percent (2%) over prime. Loans must be repaid through payroll deductions within 5 years except for loans to purchase a primary residence which are limited to 30 years.

Interest earned on the loans by the Plan is separately recognized when accrued.

Loans become due and payable in full upon termination of employment.

### Expenses

Administrative expenses incurred by the Trustee/Custodian, the Servicing Agent and/or Investment Advisors are paid for by the Company or by the Plan with Plan assets. Such expenses include but are not limited to, expenses required by ERISA, required bonding, recordkeeping, and fees and expenses of the Trustee/Custodian.

### Plan eligibility

Employees qualify for participation in the Plan upon completion of one year of continuous service (1,000 hours) and attainment of age 21. Union employees, nonresident aliens and residents of Puerto Rico are not eligible to participate. The Plan allows employees to become a participant on the first day of the month following the completion of the eligibility requirements.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

### Basis of accounting

The Plan prepares its financial statements using the modified cash basis of accounting. Under this comprehensive basis of accounting, no provision has been made to record items which have been incurred but not paid or earned but not received. This includes items such as interest receivable except for notes receivable which are accrued. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

Fair market value is the amount plan sponsors would receive currently if they were to withdraw or transfer funds within the plan prior to their maturity. This fair market value represents contract value adjusted to reflect current market interest rates only to the extent such market rates exceed credit rates.

### Investments

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investments are carried at fair value based on the fair value of the underlying securities in which the account is invested. The values of the forfeiture accounts are equal to actual cash value and or outstanding balance at the respective year-end. Participant loans are valued at their outstanding unpaid balances, which approximates fair value. Interest income on loans is recorded when accrued, consistent with the modified cash basis of accounting.

### Income recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. Realized gains and losses are not separately reported as such information is not available. In accordance with the policy of stating investments at fair market value, any change in unrealized appreciation or depreciation for the year is recorded and combined with realized gains and losses on

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

### Income recognition, continued

investments in the Statements of Changes in Net Assets Available for Plan Benefits. As such, both realized and unrealized gain/appreciation and loss/depreciation are recorded net and reflected as investment income (loss).

Interest and dividends are combined and reported.

### Notes receivable from participants (participant loans)

Notes receivable from participants are measured at their unpaid principal balance. Interest income on notes receivable is recorded when accrued. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses had been recorded as of December 31, 2023 or 2022.

### Income tax status

The Plan adopted a Prototype Non-Standardized 401(k) Profit Sharing Plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) which stated that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's counsel and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

The Plan's annual return Form 5500 for the prior three (3) fiscal years remain open for examination.

## NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

### Parties-in-interest transactions

All Plan investments are managed by Reliance Trust Company, the trustee/custodian as defined by the Plan, which is considered a party-in-interest. ADP, a third party administrator, also performs certain Plan administrative servicing agent functions. Certain administrative functions are performed by officers and employees of the Company (ADP and the Company, both, are considered a party-in-interest). No such officer or employee of the Company receives compensation from the Plan.

### Plan termination

Although the Company has not expressed any intent to do so, the Plan may be terminated at any time subject to the provisions of ERISA. Upon termination, all assets are to be distributed to vested Plan participants or their beneficiaries. In the event of such termination, participants would become 100% vested in their individual accounts.

### Use of estimates

The preparation of financial statements in accordance with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the Statements of Net Assets Available for Plan Benefits and the changes in Plan net assets during the reporting period. Accordingly, actual results could differ from these estimates.

### Fair value of financial instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

### Subsequent events

Subsequent events have been evaluated through August 27, 2024, which is the date the financial statements were available to be issued.

## NOTE C - MARKET RISK

The Plan investments included pooled separate accounts (mutual funds), which invest in various investment securities and in various companies within various markets. All of the Plan's investments are recorded at fair value in accordance with the reporting requirements governing the Plan. Net changes in asset value is reflected as net appreciation (depreciation) in fair value of investments which includes realized income or loss as well. All such investments are subject to various market and economic risk factors as well as the national and global economies and it is at least reasonably possible that changes in the values (loss of principal) of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the Plan's financial statements and supplementary schedules.

## NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the Trustee/Custodian at December 31:

| | | 2023 | | 2022 | |
|---|---|---|---|---|---|
| **Trustee/Custodian** | | | | | |
| Mutual Funds: | | | | | |
| Reliance | Vanguard Target Retire 2020 | $ 11,554 | | $ 88,103 | |
| Reliance | Vanguard Target Retire 2025 | 324,426 | * | 312,259 | * |
| Reliance | Vanguard Target Retire 2030 | 859,970 | * | 597,422 | * |
| Reliance | Vanguard Target Retire 2035 | 489,727 | * | 413,397 | * |
| Reliance | Vanguard Target Retire 2040 | 494,260 | * | 382,356 | * |
| Reliance | Vanguard Target Retire 2045 | 294,705 | * | 217,982 | * |
| Reliance | Vanguard Target Retire 2050 | 387,386 | * | 229,783 | * |
| Reliance | Vanguard Target Retire 2055 | 199,331 | | 140,121 | |
| Reliance | Vanguard Target Retire 2060 | 92,086 | | 52,308 | |
| Reliance | Vanguard Target Retire 2065 | 23,095 | | 8,562 | |
| Reliance | Vanguard Target Retire Income | 97,556 | | 57,535 | |
| Reliance | Vanguard Mid Cap Value | 5,580 | | 3,953 | |
| Reliance | Vanguard Small Cap Index ADMRL | 23,256 | | 11,472 | |
| Reliance | Invesco International Equity | 19,824 | | 15,091 | |
| Reliance | PIMCO Income Fund | 17,933 | | 13,820 | |
| Reliance | MFS Mid Cap Growth | 91,823 | | 51,022 | |
| Reliance | Vanguard Value Index Fund | 43,719 | | 33,505 | |
| Reliance | Vanguard Federal MM | 248,786 | * | 254,464 | * |
| Reliance | Fed Kaufmann Small Cap Growth | 30,358 | | 26,512 | |
| Reliance | Vanguard Mid Cap Index | 69,451 | | 40,597 | |
| Reliance | American Funds Balanced | 39,227 | | 31,854 | |
| Reliance | John Hancock Bond Fund | 5,815 | | 5,479 | |
| Reliance | Vanguard International | 14,926 | | 10,929 | |
| Reliance | Lord Abbett Short Duration Income | 8,627 | | 14,976 | |
| Reliance | Vanguard 500 Index Fund | 166,049 | | 86,218 | |
| Reliance | T Rowe Price Blue Chip Growth | 50,695 | | 36,504 | |
| Reliance | Vanguard International Growth Adm | 102,339 | | 37,103 | |
| Reliance | Vanguard Small Cap Value Index | 51,531 | | 34,321 | |
| Total Mutual Funds | | $ 4,264,035 | | $ 3,207,648 | |

* Investments equal to or greater than 5% of net assets available for Plan benefits at end of plan year.

## NOTE D - INVESTMENTS, CONTINUED

### Information certified by Trustee

The Plan administrator has elected a method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company ("Reliance"), the trustee/custodian of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Plan Benefits as of December 31, 2023 and 2022, and the schedules of assets (held at end of year), and the related investment activity reflected in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2023 and 2022.

## NOTE E - FAIR VALUE MEASUREMENTS

### Fair value measurements

FASB ASC 820-10-50-1 (formerly Financial Accounting Standards Board Statement No. 157), "Fair Value Measurements," establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level (2) inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level (3) inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value. Level (3) inputs were only used when Level (1) or Level (2) inputs were not available.

## NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

**Fair value measurements, continued**

The fair value of the mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Gains and losses (realized and unrealized) included in the statements of changes of net assets available for benefits for the years ended December 31, 2023 and 2022, are reported as net realized and unrealized gains and losses of fair value of investments.

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consist of the following at December 31:

| | | Fair Value Measurements Using: | | |
|---|---|---|---|---|
| | Fair Value | Markets for Identical Assets Level (1) | Quoted Prices in Active Markets for Identical Assets Level (2) | Significant Unobservable Inputs Level (3) |
| **December 31, 2023** | | | | |
| Mutual Funds | $ 4,264,035 | $ 4,264,035 | $ - | $ - |
| Notes Receivable | 168,439 | - | - | 168,439 |
| TOTAL | $ 4,432,474 | $ 4,264,035 | $ - | $ 168,439 |
| **December 31, 2022** | | | | |
| Mutual Funds | $ 3,207,648 | $ 3,207,648 | $ - | $ - |
| Notes Receivable | 132,061 | - | - | 132,061 |
| TOTAL | $ 3,339,709 | $ 3,207,648 | $ - | $ 132,061 |

## NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Notes receivable from participants consist of the following at December 31:

| | 2023 | 2022 |
|---|---|---|
| Beginning Balance | $ 132,061 | $ 172,441 |
| Additions- new loans issued | 122,848 | 50,207 |
| Deletions- principal reduction | (73,883) | (84,244) |
| Outstanding loan principal distributed | (14,779) | (6,693) |
| Accumulated Interest | 2,192 | 350 |
| Ending Balance | $ 168,439 | $ 132,061 |

## NOTE F - NOTE RECEIVABLES FROM PARTICIPANTS

Note receivables consist of loans to Plan participants of $168,439 and $132,061 as of December 31, 2023 and 2022, respectively. At December 31, 2023, the notes carried interest rates ranging from 5.25% to 10.5%. These note receivables are managed and in the custody of the trustee/custodian. Interest earned on note receivables is recognized as a separate item when accrued by the Plan.

## NOTE G - RECONCILIATION BETWEEN FINANCIAL STATEMENTS AND FORM 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 at December 31:

| | 2023 | 2022 |
|---|---|---|
| **Net Assets, beginning of period, per the financial statements** | $ 3,339,709 | $ 3,518,554 |
| Rounding | 1 | (1) |
| Net assets, beginning of period, per Form 5500 | $ 3,339,710 | $ 3,518,553 |
| **Net Assets, end of year, per the financial statements** | $ 4,432,474 | $ 3,339,709 |
| Rounding | - | 1 |
| Net assets, end of year, per Form 5500 | $ 4,432,474 | $ 3,339,710 |
| **Net increase (decrease) per the financial statements** | $ 1,092,765 | $ (178,845) |
| Rounding | (1) | 1 |
| Net increase (decrease) per Form 5500 | $ 1,092,764 | $ (178,844) |

# SUPPLEMENTARY SCHEDULES

**CORNERSTONE BUILDERS OF SW FLORIDA, INC.**
**401(k) PLAN**
**EIN: 22-3915170**
**PLAN NUMBER: 004**
**SCHEDULE 1**
**FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS***
**For the year ended December 31, 2023**

| IDENTITY OF PARTY INVOLVED | DESCRIPTION OF ASSETS | NUMBER OF PURCHASES | NUMBER OF SALES | TOTAL DOLLAR VALUE OF PURCHASES | TOTAL DOLLAR VALUE OF SALES | DATE |
|---|---|---|---|---|---|---|

No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

**CORNERSTONE BUILDERS OF SW FLORIDA, INC.**
**401(k) PLAN**
**EIN: 22-3915170**
**PLAN NUMBER: 004**
**SCHEDULE 2**
**FORM 5500, PART IV(4)(j) - SCHEDULE H - REPORTABLE TRANSACTIONS***
**For the year ended December 31, 2022**

| IDENTITY OF PARTY INVOLVED | DESCRIPTION OF ASSETS | NUMBER OF PURCHASES | NUMBER OF SALES | TOTAL DOLLAR VALUE OF PURCHASES | TOTAL DOLLAR VALUE OF SALES | DATE |
|---|---|---|---|---|---|---|

No Reportable Transactions

*Defined as 5% of the current fair value (beginning of the Plan year) of Plan assets.

**CORNERSTONE BUILDERS OF SW FLORIDA, INC.**
**401(k) PLAN**
**EIN: 22-3915170**
**PLAN NUMBER: 004**
**SCHEDULE 3**
**FORM 5500, PART IV(4)(i) - SCHEDULE H - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)**
**December 31, 2023**

| IDENTITY OF ISSUER** | DESCRIPTION OF INVESTMENT | COST | FAIR VALUE (2) | |
|---|---|---|---|---|
| Mutual Funds: | | | | |
| Reliance | Vanguard Target Retire 2020 | N/A | $ 11,554 | |
| Reliance | Vanguard Target Retire 2025 | N/A | 324,426 | * |
| Reliance | Vanguard Target Retire 2030 | N/A | 859,970 | * |
| Reliance | Vanguard Target Retire 2035 | N/A | 489,727 | * |
| Reliance | Vanguard Target Retire 2040 | N/A | 494,260 | * |
| Reliance | Vanguard Target Retire 2045 | N/A | 294,705 | * |
| Reliance | Vanguard Target Retire 2050 | N/A | 387,386 | * |
| Reliance | Vanguard Target Retire 2055 | N/A | 199,331 | |
| Reliance | Vanguard Target Retire 2060 | N/A | 92,086 | |
| Reliance | Vanguard Target Retire 2065 | N/A | 23,095 | |
| Reliance | Vanguard Target Retire Income | N/A | 97,556 | |
| Reliance | Vanguard Mid Cap Value | N/A | 5,580 | |
| Reliance | Vanguard Small Cap Index ADMRL | N/A | 23,256 | |
| Reliance | Invesco International Equity | N/A | 19,824 | |
| Reliance | PIMCO Income Fund | N/A | 17,933 | |
| Reliance | MFS Mid Cap Growth | N/A | 91,823 | |
| Reliance | Vanguard Value Index Fund | N/A | 43,719 | |
| Reliance | Vanguard Federal MM | N/A | 248,786 | * |
| Reliance | Fed Kaufmann Small Cap Growth | N/A | 30,358 | |
| Reliance | Vanguard Mid Cap Index | N/A | 69,451 | |
| Reliance | American Funds Balanced | N/A | 39,227 | |
| Reliance | John Hancock Bond Fund | N/A | 5,815 | |
| Reliance | Vanguard International | N/A | 14,926 | |
| Reliance | Lord Abbett Short Duration Income | N/A | 8,627 | |
| Reliance | Vanguard 500 Index Fund | N/A | 166,049 | |
| Reliance | T Rowe Price Blue Chip Growth | N/A | 50,695 | |
| Reliance | Vanguard International Growth Adm | N/A | 102,339 | |
| Reliance | Vanguard Small Cap Value Index | N/A | 51,531 | |
| | Total Pooled Separate Accounts | - | 4,264,035 | |
| Notes Receivable - Participant Loans | Rate of 5.25% - 10.50% | N/A | 168,439 | |
| | Total assets held for investment purposes | $ - | $ 4,432,474 | |

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
** Considered a party-in-interest.

**CORNERSTONE BUILDERS OF SW FLORIDA, INC.**
**401(k) PLAN**
**EIN: 22-3915170**
**PLAN NUMBER: 004**
**SCHEDULE 4**
**FORM 5500, PART IV(4)(i) - SCHEDULE H - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR - (MODIFIED CASH BASIS)**
**December 31, 2022**

| IDENTITY OF ISSUER** | DESCRIPTION OF INVESTMENT | COST | FAIR VALUE (2) | |
|---|---|---|---|---|
| Mutual Funds: | | | | |
| Reliance | Vanguard Target Retire 2015 | N/A | $ - | |
| Reliance | Vanguard Target Retire 2020 | N/A | 88,103 | |
| Reliance | Vanguard Target Retire 2025 | N/A | 312,259 | * |
| Reliance | Vanguard Target Retire 2030 | N/A | 597,422 | * |
| Reliance | Vanguard Target Retire 2035 | N/A | 413,397 | * |
| Reliance | Vanguard Target Retire 2040 | N/A | 382,356 | * |
| Reliance | Vanguard Target Retire 2045 | N/A | 217,982 | * |
| Reliance | Vanguard Target Retire 2050 | N/A | 229,783 | * |
| Reliance | Vanguard Target Retire 2055 | N/A | 140,121 | |
| Reliance | Vanguard Target Retire 2060 | N/A | 52,308 | |
| Reliance | Vanguard Target Retire 2065 | N/A | 8,562 | |
| Reliance | Vanguard Target Retire Income | N/A | 57,535 | |
| Reliance | Vanguard Mid Cap Value | N/A | 3,953 | |
| Reliance | Vanguard Small Cap Index ADMRL | N/A | 11,472 | |
| Reliance | Invesco International Equity | N/A | 15,091 | |
| Reliance | PIMCO Income Fund | N/A | 13,820 | |
| Reliance | MFS Mid Cap Growth | N/A | 51,022 | |
| Reliance | Vanguard Value Index Fund | N/A | 33,505 | |
| Reliance | Vanguard Federal MM | N/A | 254,464 | * |
| Reliance | Fed Kaufmann Small Cap Growth | N/A | 26,512 | |
| Reliance | Vanguard Mid Cap Index | N/A | 40,597 | |
| Reliance | American Funds Balanced | N/A | 31,854 | |
| Reliance | John Hancock Bond Fund | N/A | 5,479 | |
| Reliance | Vanguard International | N/A | 10,929 | |
| Reliance | Lord Abbett Short Duration Income | N/A | 14,976 | |
| Reliance | Vanguard 500 Index Fund | N/A | 86,218 | |
| Reliance | T Rowe Price Blue Chip Growth | N/A | 36,504 | |
| Reliance | Vanguard International Growth ADM | N/A | 37,103 | |
| Reliance | Vanguard Small Cap Value Index | N/A | 34,321 | |
| | Total Pooled Separate Accounts | - | 3,207,648 | |
| Notes Receivable - Participant Loans | Rate of 5.25% - 8.25% | N/A | 132,061 | |
| | Total assets held for investment purposes | $ - | $ 3,339,709 | |

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.
** Considered a party-in-interest.

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 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

**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) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | **1d(1)** | | |
| **(2)** Employer real property | **1d(2)** | | |
| **e** Buildings and other property used in plan operation | **1e** | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | **1f** | | |
| **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 through1j) | **1k** | | |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | **1l** | | |

## 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)** Salaries and allowances | **2i(1)** | | |
| **(2)** Contract administrator fees | **2i(2)** | | |
| **(3)** Recordkeeping fees | **2i(3)** | | |
| **(4)** IQPA audit fees | **2i(4)** | | |
| **(5)** Investment advisory and investment management fees | **2i(5)** | | |
| **(6)** Bank or trust company trustee/custodial fees | **2i(6)** | | |
| **(7)** Actuarial fees | **2i(7)** | | |
| **(8)** Legal fees | **2i(8)** | | |
| **(9)** Valuation/appraisal fees | **2i(9)** | | |
| **(10)** Other trustee fees and expenses | **2i(10)** | | |
| **(11)** Other expenses | **2i(11)** | | |
| **(12)** Total administrative expenses. Add lines 2i(1) athrough (11) | **2i(12)** | | |
| **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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions.)

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | | |
| **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 _____.

## Attachment to 2023 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN **EIN:** 22-3915170

**Plan Sponsor's Name** CORNERSTONE BUILDERS OF SW FLORI **PN:** 004

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | PARTICIPANT LOANS | INTEREST RATES ( 5.25% TO 10.50%) | | 168,439 |
| | VAN TARGET RETIRE 2055 | REGISTERED INVESTMENT COMPANY | | 199,331 |
| | VAN TARGET RETIRE 2025 | REGISTERED INVESTMENT COMPANY | | 324,426 |
| | VANGUARD INTL GRTH ADM | REGISTERED INVESTMENT COMPANY | | 102,339 |
| | VAN TARG RETIRE 2060 | REGISTERED INVESTMENT COMPANY | | 92,086 |
| | VAN TARGET RETIRE INC | REGISTERED INVESTMENT COMPANY | | 97,556 |
| | VANGUARD MID CAP VALUE IND ADM | REGISTERED INVESTMENT COMPANY | | 5,580 |

## Attachment to 2023 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN **EIN:** 22-3915170

**Plan Sponsor's Name** CORNERSTONE BUILDERS OF SW FLORI **PN:** 004

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VANGUARD SMALL CAP INDEX ADMRL | REGISTERED INVESTMENT COMPANY | | 23,256 |
| | PIMCO INCOME FUND - INSTL | REGISTERED INVESTMENT COMPANY | | 17,933 |
| | VAN TARGET RETIRE 2030 | REGISTERED INVESTMENT COMPANY | | 859,970 |
| | VAN TARG RETIRE 2065 | REGISTERED INVESTMENT COMPANY | | 23,095 |
| | MFS MID CAP GROWTH R6 | REGISTERED INVESTMENT COMPANY | | 91,823 |
| | VANGUARD VALUE INDEX FUND ADMR | REGISTERED INVESTMENT COMPANY | | 43,719 |
| | VANGUARD FEDERAL MM INV | REGISTERED INVESTMENT COMPANY | | 248,786 |

## Attachment to 2023 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN **EIN:** 22-3915170

**Plan Sponsor's Name** CORNERSTONE BUILDERS OF SW FLORI **PN:** 004

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VANGUARD MID CAP INDEX - ADM | REGISTERED INVESTMENT COMPANY | | 69,451 |
| | FEDERATED KAUFMANN SMALLCAP R6 | REGISTERED INVESTMENT COMPANY | | 30,358 |
| | AMERFUNDS AMER BALANCED - R6 | REGISTERED INVESTMENT COMPANY | | 39,227 |
| | JOHN HANCOCK BOND FUND - R6 | REGISTERED INVESTMENT COMPANY | | 5,815 |
| | VAN INTERNATIONAL VALUE - INV | REGISTERED INVESTMENT COMPANY | | 14,926 |
| | VAN TARGET RETIRE 2040 | REGISTERED INVESTMENT COMPANY | | 494,260 |
| | LORD ABBETT SHORT DUR INC R6 | REGISTERED INVESTMENT COMPANY | | 8,627 |

## Attachment to 2023 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN **EIN:** 22-3915170

**Plan Sponsor's Name** CORNERSTONE BUILDERS OF SW FLORI **PN:** 004

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VANGUARD 500 INDEX FUND - ADM | REGISTERED INVESTMENT COMPANY | | 166,049 |
| | VAN TARGET RETIRE 2050 | REGISTERED INVESTMENT COMPANY | | 387,386 |
| | T ROWE PRICE BLUE CHIP GR I | REGISTERED INVESTMENT COMPANY | | 50,695 |
| | VAN TARGET RETIRE 2020 | REGISTERED INVESTMENT COMPANY | | 11,554 |
| | INVESCO EQV INTL EQUITY R6 | REGISTERED INVESTMENT COMPANY | | 19,824 |
| | VAN TARGET RETIRE 2045 | REGISTERED INVESTMENT COMPANY | | 294,705 |
| | VANGUARD SM CAP VAL INDEX ADM | REGISTERED INVESTMENT COMPANY | | 51,534 |

## Attachment to 2023 Form 5500
## Schedule H, line 4i - Schedule of Assets (Held at End of Year)

**Plan Name** CORNERSTONE BUILDERS OF SW FLORIDA, INC.401(K) PLAN **EIN:** 22-3915170

**Plan Sponsor's Name** CORNERSTONE BUILDERS OF SW FLORI **PN:** 004

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value. | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | VAN TARGET RETIRE 2035 | REGISTERED INVESTMENT COMPANY | | 489,727 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |