

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan SWINERTON 401(K) & SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1962
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) SWINERTON INCORPORATED 2001 CLAYTON ROAD 7TH FLOOR CONCORD, CA 94520-2405
2b	Employer Identification Number (EIN) 93-1132374
2c	Plan Sponsor's telephone number 415-984-1295
2d	Business code (see instructions) 236200

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.	10/15/2024	BRENDA REIMCHE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	BRENDA REIMCHE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 3690
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2380 6a(2) 2488 6b 0 6c 1346 6d 3834 6e 2 6f 3836 6g(1) 3595 6g(2) 3812 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 2H 2I 2J 2K 2O 2S 2T 3H 3I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached 0
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 1
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan SWINERTON 401(K) & SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWINERTON INCORPORATED	D Employer Identification Number (EIN) 93-1132374

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

(a) Name of insurance carrier
NEW YORK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5582869	66915	721649	3844	01/01/2023	12/31/2023

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	26128697

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions.....

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

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions.....

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		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 SWINERTON 401(K) & SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWINERTON INCORPORATED	D Employer Identification Number (EIN) 93-1132374

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

YesNo
- 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
PRINCIPAL LIFE INSURANCE COMPANY	
42-0127290	

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

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-----	--

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 37 50 64	CONTRACT ADMINISTRATOR	633463	Yes ☒ No ☐	Yes ☒ No ☐	3847	Yes ☐ No ☒

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

NFP RETIREMENT

33-0905143

(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?
27 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	57500	Yes ☐ No ☒

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

CHARTWELL FINANCIAL ADVISORY, INC

36-4799908

(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?
34 99	VALUATION SERVICES	0	Yes ☒ No ☐	Yes ☐ No ☒	18500	Yes ☐ No ☒

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

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

MOSS ADAMS

91-0189318

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 99	ACCOUNTANT	0	Yes ☒ No ☐	Yes ☐ No ☒	34715	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PRINCIPAL LIFE INSURANCE COMPANY	13 37 50 64	3847
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	CONTRACT ADMINISTRATOR	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NFP RETIREMENT	27 99	57500
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHARTWELL FINANCIAL ADVISORY, INC	34 99	18500
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	VALUATION SERVICES	

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
MOSS ADAMS	10 99	34715
(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.	
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	ACCOUNTING (PLAN AUDITOR)	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>SWINERTON 401(K) & SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SWINERTON INCORPORATED</u>	D Employer Identification Number (EIN) <u>93-1132374</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ AGG RETIRE I1</u>			
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>			
c EIN-PN <u>47-2836296-225</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>154025</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ MOD RETIRE I1</u>			
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>			
c EIN-PN <u>47-2851418-226</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>123048</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ CON RETIRE I1</u>			
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>			
c EIN-PN <u>47-2916729-227</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2385517</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ AGG 2025 I1</u>			
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>			
c EIN-PN <u>47-2935740-228</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1601153</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ MOD 2025 I1</u>			
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>			
c EIN-PN <u>47-2950747-229</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>467301</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ CON 2025 I1</u>			
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>			
c EIN-PN <u>47-2961375-230</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22272266</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FLEXPATH IDX+ AGG 2035 I1</u>			
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY</u>			
c EIN-PN <u>47-2987118-231</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2793826</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2035 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3002484-232	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5217877

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2035 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3018134-233	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34976623

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2045 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3026996-234	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5451467

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2045 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3071639-235	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2045 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3144367-236	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38937962

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2055 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3170652-237	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5789014

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2055 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3188067-238	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2081490

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CON 2055 I1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-3216409-239	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33742529

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2045 R1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 47-2961375-235	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3349336

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EAFE EQ INDX FD CL 1		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY		
c EIN-PN 20-3802495-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6372537

a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ AGG 2065 I1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-7271381-762	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109040
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a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ CONS 2065 I1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-7271383-764	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 923182
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a Name of MTIA, CCT, PSA, or 103-12 IE: FLEXPATH IDX+ MOD 2065 I1

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

c EIN-PN 38-7271382-763	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131172
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE SV ANCHOR ACCT

b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY

c EIN-PN 13-5582869-129	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26128697
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		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 SWINERTON 401(K) & SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SWINERTON INCORPORATED		
D Employer Identification Number (EIN) 93-1132374		

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	5055797	6004480
(9) Value of interest in common/collective trusts	1c(9)	129256072	166879365
(10) Value of interest in pooled separate accounts	1c(10)	32507284	26128697
(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)	140629484	159199415
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	379902667	389384956
(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	687351304	747596913
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	687351304	747596913

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)	31048100	
(B) Participants	2a(1)(B)	26111489	
(C) Others (including rollovers)	2a(1)(C)	5591135	
(2) Noncash contributions	2a(2)	14724990	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		77475714
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)	352621	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		352621
(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)	2339506	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2339506
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	13604867	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12854565	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		750302
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	24048389	
(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)		22010346
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		958119
(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)		24822057
c Other income	2c		220946
d Total income. Add all income amounts in column (b) and enter total	2d		152978000

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	88678753	
(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)		88678753
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)	633463	
(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) through (11)	2i(12)		633463
j Total expenses. Add all expense amounts in column (b) and enter total	2j		89312216

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		63665784
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		3420175

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: **MOSS ADAMS LLP**

(2) EIN: **91-0189318**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SOLV ENERGY 401(K) PLAN	47-4673720	001

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan SWINERTON 401(K) & SAVINGS PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWINERTON INCORPORATED	D Employer Identification Number (EIN) 93-1132374

Part I	Distributions
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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): 42-0127290 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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☒ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☒ Yes ☐ No

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year

15a

b The corresponding number for the second preceding plan year

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) 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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



*Report of Independent Auditors and
Financial Statements with
Supplemental Schedule (Modified Cash Basis)*

Swinerton 401(k) & Savings Plan

December 31, 2023 and 2022

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Report of Independent Auditors

The Swinerton 401(k) & Savings Committee of
Swinerton 401(k) & Savings Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Swinerton 401(k) & Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits (modified cash basis) of Swinerton 401(k) & Savings Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits (modified cash basis) for the years then ended, in accordance with the modified cash basis of accounting described in Note 1.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Swinerton 401(k) & Savings 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 audit opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 1, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the 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.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Swinerton 401(k) & Savings Plan's internal control. Accordingly, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Swinerton 401(k) & Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule (modified cash basis) of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2023, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule (modified cash basis), we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule (modified cash basis) is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in cursive script that reads "Moss Adams LLP".

Fresno, California
October 14, 2024

Financial Statements

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Statements of Net Assets Available for Benefits
December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
Participant-directed investments, at fair value:		
Pooled separate accounts	\$ 26,128,697	\$ 32,507,284
Registered investment companies	159,199,415	140,629,484
Common collective trusts	166,879,365	129,256,072
Nonparticipant-directed investment, at fair value:		
Common stock of Swinerton Incorporated	<u>389,384,956</u>	<u>379,902,667</u>
Total investments, at fair value	741,592,433	682,295,507
Receivables:		
Notes receivable from participants	<u>6,004,480</u>	<u>5,055,797</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 747,596,913</u></u>	<u><u>\$ 687,351,304</u></u>

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments:		
Participant-directed	\$ 47,790,522	\$ (55,486,085)
Nonparticipant-directed	24,798,692	21,869,592
Interest	-	-
Dividends	<u>2,339,506</u>	<u>2,747,729</u>
Total investment income (loss)	<u>74,928,720</u>	<u>(30,868,764)</u>
Interest income on notes receivable from participants	<u>352,620</u>	<u>205,148</u>
Contributions:		
Participants	26,111,489	23,053,885
Employer	45,773,090	38,700,358
Rollover	<u>5,591,135</u>	<u>2,858,992</u>
Total contributions	<u>77,475,714</u>	<u>64,613,235</u>
Other income	<u>220,946</u>	<u>280,280</u>
Total additions	<u>152,978,000</u>	<u>34,229,899</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to beneficiaries and terminated employees	88,678,753	58,103,966
Administrative expenses	<u>633,463</u>	<u>542,543</u>
Total deductions	<u>89,312,216</u>	<u>58,646,509</u>
CHANGE IN NET ASSETS	63,665,784	(24,416,610)
TRANSFERS OUT OF PLAN	(3,420,175)	(49,963,177)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>687,351,304</u>	<u>761,731,091</u>
End of year	<u><u>\$ 747,596,913</u></u>	<u><u>\$ 687,351,304</u></u>

Swinerton 401(k) & Savings Plan **(Modified Cash Basis)** **Notes to Financial Statements**

NOTE 1 – THE PLAN AND ITS SIGNIFICANT ACCOUNTING POLICIES

General – The following description of the Swinerton 401(k) & Savings Plan (the Plan) provides only general information. Participants should refer to the Plan Document and Summary Plan Description (SPD) for a more complete description of the Plan’s provisions.

The Plan is a defined contribution plan and is a combination of a profit-sharing plan and an employee stock ownership plan (ESOP). The profit-sharing portion includes a “cash or deferred arrangement.” Stock of Swinerton Incorporated (Company stock) is held in both the profit-sharing and ESOP portions of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Swinerton Incorporated (the Company) and the following affiliated companies participate in the Plan: Swinerton Builders; SAK Builders, Inc., E.M. Hundley Hardware, Inc., Timberlab, Inc., MD Builders, Inc., and effective January 1, 2023, National Building Specialties, LLC. Prior service was credited and eligible employees were allowed to participate in the Plan, as of the effective date of the acquisitions.

In 2022, the Board approved a redemption of Company stock shares in the profit-sharing portion of the Plan for all participants with termination dates prior to January 1, 2022, as well as approved a redemption of Company stock shares in the profit-sharing and ESOP portions of the Plan for all participants who were a part of the SOLV Energy acquisition.

The following table presents the redemption of Company shares in the profit-sharing and ESOP portions of the Plan during the year ended December 31, 2022:

	Profit Sharing		ESOP		Total Shares	Total Value
	Shares	Value	Shares	Value		
Shares redeemed:						
Relating to participant terminations prior to January 1, 2022	(755,850.820)	\$ (45,660,948)	-	\$ -	(755,850.820)	\$ (45,660,948)
Relating to the SOLV Energy 401(k) Plan	(124,449.469)	\$ (7,517,993)	(525,831.604)	\$ (31,765,487)	(650,281.073)	\$ (39,283,480)
	<u>(880,300.289)</u>	<u>\$ (53,178,941)</u>	<u>(525,831.604)</u>	<u>\$ (31,765,487)</u>	<u>(1,406,131.893)</u>	<u>\$ (84,944,428)</u>

A supplemental valuation was completed, and the shares of Company stock in the ESOP and profit-sharing portions of the Plan were redeemed for a value of \$60.41 per share. The total redemption value of \$39,283,480 related to the divestiture of SOLV Energy was invested into participant-directed assets, according to each participant’s investment elections. These investments realized a gain of \$112,785 prior to being transferred to the SOLV Energy 401(k) Plan as participant-directed Plan assets during the year ended December 31, 2022. This amount, along with \$10,566,912 of other participant-directed Plan assets were transferred to the SOLV Energy 401(k) Plan during the year ended December 31, 2022.

Swinerton 401(k) & Savings Plan (Modified Cash Basis) Notes to Financial Statements

In 2023, the Board approved a redemption of Company stock shares in the profit-sharing and ESOP portions of the Plan for the remaining participants who were a part of the SOLV Energy acquisition.

The following table presents the redemption of Company shares in the profit-sharing and ESOP portions of the Plan during the year ended December 31, 2023:

	Profit Sharing		ESOP		Total Shares	Total Value
	Shares	Value	Shares	Value		
Shares redeemed: Relating to the SOLV Energy 401(k) Plan	(12,570.157)	\$ (805,747)	(38,907.285)	\$ (2,493,957)	(51,477.443)	\$ (3,299,704)
	(12,570.157)	\$ (805,747)	(38,907.285)	\$ (2,493,957)	(51,477.443)	\$ (3,299,704)

The total redemption value of \$3,299,704 related to the divestiture of SOLV Energy was invested into participant-directed assets, according to each participant's investment elections. This amount, along with \$120,471 of other participant-directed Plan assets were transferred to the SOLV Energy 401(k) Plan during the year ended December 31, 2023.

All employees of the Company, other than leased employees, independent contractors (even if that classification is later changed) and employees covered by a collective bargaining agreement (unless the terms of the bargaining agreement otherwise provides), are eligible to participate in the Plan. In 2023, the Plan was amended to allow an employee who becomes covered by a collective bargaining agreement to receive an allocation of discretionary contributions for compensation earned during the plan year while the employee was not covered by such an agreement. Eligible employees may begin to participate in the Plan on the first day of the month coincident with or next following the completion of three months of service in which at least 250 hours are worked. Participants are eligible to receive employer contributions if they are employed as of the last day of the Plan year and meet the age and service requirements.

Prevailing wages are contractual and are part of a fringe benefit. The Company remits prevailing wages on federal and state projects that are determined by the Department of Industrial Relations Prevailing Wage Determinations. Only employees working on particular jobs receive this extra portion of fringe benefit. The Company has the option to pay funds directly to the participant or deposit these funds on the participant's behalf into the participant's account. Prevailing wage contributions are not subject to age, service, or hours requirements otherwise required under the Plan for other benefit sources.

On an annual basis, the Company loans to the Plan the sum of money needed to repurchase shares of Company stock held in the Plan to finance benefits paid to terminated participants. The Plan purchased Company stock using the proceeds of an interest-free loan from the Company (see Note 4), and holds the stock in a trust established under the Plan. As the Plan makes each payment of principal, an appropriate percentage of stock will be allocated to eligible employees' accounts in accordance with applicable regulations under the Internal Revenue Code (IRC).

The borrowing is collateralized by the unallocated shares of Company stock. The lender has no rights against shares once they are allocated under the ESOP. Accordingly, the financial statements of the Plan present separately the assets and liabilities therein pertaining to:

- a. The accounts of employees with rights in allocated stock (Allocated) and

Swinerton 401(k) & Savings Plan (Modified Cash Basis) Notes to Financial Statements

- b. Stock not yet allocated to employees (Unallocated)

Administration – The Plan is administered by the Swinerton 401(k) & Savings Committee (the Committee and the trustee), which is appointed by the Swinerton Incorporated Board of Directors. Principal Trust Company (PTC) is the custodian of the Plan and Principal Life Insurance Company (PLIC) is the recordkeeper. All investment offerings and benefit payments are made by the custodian under the authorization of the Committee, which administers the Plan.

Pursuant to the Plan document, all expenses of administering the Plan and trust shall be paid from trust assets. The Company may, however, pay all or any portion of such expenses directly. During 2023 and 2022, the Plan paid administrative expenses totaling \$633,463 and \$542,543, respectively. Expenses paid by the Plan represent investment advisor fees, hardship withdrawal fees, Plan administrative fees, loan origination fees, audit fees, and appraisal fees.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Basis of accounting – The accounting records of the Plan are maintained and the accompanying financial statements and supplemental schedule have been prepared on the cash basis of accounting modified to carry investments at fair value. Consequently, revenues are recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligation is incurred. Accordingly, the financial statements are not intended to present net assets available for benefits and changes in net assets available for benefits in accordance with accounting principles generally accepted in the United States of America.

Forfeited accounts – Cash forfeitures for the profit-sharing portion of the Plan may be reallocated, used to reduce future Employer contributions, or used to fund safe harbor contributions, qualified nonelective contributions and qualified matching contributions.

Investment valuation and income recognition – 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. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a settlement basis. Dividends and interest are recorded when received. Net realized and unrealized appreciation (depreciation) in investments consists of the change in unrealized appreciation or depreciation during the year, and the realized gain or loss on the sales of investments during the year. Acquisition costs are included in the cost of investments, and sales are recorded net of selling expenses. The cost of investments sold is computed on an average cost basis.

Notes receivable from participants – Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement.

Swinerton 401(k) & Savings Plan (Modified Cash Basis) Notes to Financial Statements

Voting rights – The Committee holds a proxy from the trustee which empowers the Committee to vote the stock held by the Plan. However, in the case of certain corporate matters which involve the shares and which relate to a corporate merger, consolidation, recapitalization, reclassification, liquidation, dissolution, sale of substantially all assets of a trade or business, or a similar transaction, participants are entitled to direct the voting of shares allocated to their accounts, whether or not vested.

Income tax status – The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated October 8, 2015, that the Plan and related Trust are designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Put option – Under Federal income tax regulations, the Company stock that is held by the Plan and its participants and is not readily tradable on an established market or is subject to trading limitations, includes a put option. The put option is a right to demand that the Company buy any shares of its stock distributed to participants for which there is no market at any time during two option periods, at the current market fair value. The first put option period runs for a period of at least 60 days commencing on the date of distribution of stock to the participant. The second put option period runs for a period of at least 60 days commencing on the first day after a new determination of the fair market value of Company stock is made in the subsequent Plan year. If participants (or beneficiaries) exercise their put option, the Company must purchase the stock at fair market value. The Company may grant the Trust an option to assume the Company's rights and obligations at the time a participant exercises an option. The purpose of the put option is to ensure that participants have the ability to ultimately receive cash in exchange for their shares.

Risks and uncertainties – The Plan may invest in various types of investment securities and Company stock. Investment securities are exposed to various risks, such as interest rate, market fluctuations, and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates, or other factors in the near term would materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Notes to Financial Statements

NOTE 2 – INVESTMENTS

The following table presents the activity in stock shares for the years ended December 31, 2023 and 2022:

	Shares of Common Stock		
	Profit Sharing	ESOP	Total
Common stock of Swinerton Incorporated			
Number of shares, December 31, 2021	2,508,780.272	4,824,071.369	7,332,851.641
Shares redeemed relating to participant terminations prior to January 1, 2022	(755,850.820)	-	(755,850.820)
Shares redeemed relating to the SOLV Energy 401(k) Plan	<u>(124,449.469)</u>	<u>(525,831.604)</u>	<u>(650,281.073)</u>
Number of shares, December 31, 2022	1,628,479.983	4,298,239.765	5,926,719.748
Shares retired relating distributions	(187,468.000)	-	(187,468.000)
Shares redeemed relating to the SOLV Energy 401(k) Plan	<u>(12,570.157)</u>	<u>(38,907.285)</u>	<u>(51,477.443)</u>
Number of shares, December 31, 2023	<u>1,428,441.826</u>	<u>4,259,332.480</u>	<u>5,687,774.306</u>

The Plan's investments at December 31, are presented in the following tables:

	December 31, 2023		
	Profit Sharing	ESOP	Total
Common stock of Swinerton Incorporated			
Number of shares	1,428,441.826	4,259,332.480	5,687,774.306
Cost	\$ 6,470,352	\$ 103,033,586	\$ 109,503,938
Estimated fair value	\$ 97,791,054	\$ 291,593,902	\$ 389,384,956

	December 31, 2022		
	Profit Sharing	ESOP	Total
Common stock of Swinerton Incorporated			
Number of shares	1,628,479.983	4,298,239.765	5,926,719.748
Cost	\$ 7,347,024	\$ 77,079,238	\$ 84,426,262
Estimated fair value	\$ 104,385,509	\$ 275,517,158	\$ 379,902,667

NOTE 3 – FAIR VALUE MEASUREMENTS

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

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted market prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

Investments in registered investment companies (mutual funds) are valued at quoted market prices. The custodian's value of the assets is based on the quoted market value of the underlying assets comprising the funds.

The Plan has common collective trust funds with Wilmington Trust. Units held in the common collective trusts (CCTs) are valued using the net asset value practical expedient (NAV practical expedient) of the CCTs as reported by the fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCTs, minus its liabilities, and then divided by the number of units outstanding. Qualified Plan participant-initiated withdrawals from the CCTs are honored at any time without penalty, regardless of their frequency or amount. Any Plan sponsor or Plan fiduciary-initiated withdrawal from the funds which will exceed \$1 million will require a five-day written notice of the intent to withdraw assets from the funds.

Swinerton 401(k) & Savings Plan (Modified Cash Basis) Notes to Financial Statements

The Plan has pooled separate account funds with New York Life Insurance and 100% is invested in long-term and short-term bonds. Units held in the pooled separate accounts (PSAs) are valued using the NAV practical expedient of the PSAs as reported by the account managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the PSAs, minus its liabilities, and then divided by the number of units outstanding. Qualified Plan participant-initiated withdrawals from the PSAs are honored at any time without penalty, regardless of their frequency or amount. The funds also require participants to invest in a “noncompeting fund” for at least 90 days before transferring to a “competing” fund option. Any Plan sponsor or Plan fiduciary-initiated withdrawal from the funds will require a 12-month written notice of the intent to withdraw assets from the funds.

The Swinerton Incorporated, common stock held by the Plan is reported at fair value based upon an independent appraisal. This appraisal was based upon a combination of the market and income valuation techniques consistent with prior years as illustrated in the following table.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs
Swinerton Incorporated common stock	\$ 389,384,956	Income	· EBITDA · Net income · Weighted-average cost of capital · Long-term revenue growth rate · Long-term pretax operating margin · Discount rate · Discount for lack of marketability
		Market	· Revenue multiple · EBITDA multiple · Discount for lack of marketability

Plan management accumulates the data for the appraiser from historical and projected financial information of the Company. The appraiser prepares a report of estimated per share value that a participant will receive upon distribution. Plan management, along with the Trustee, review the appraisal report in detail, and approve the valuation methods utilized by the appraiser in determining fair value.

The preceding methods described may produce a fair value calculation 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 determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value for the years ended December 31, 2023 and 2022:

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 159,199,415	\$ -	\$ -	\$ 159,199,415
Common stock of Swinerton Incorporated	-	-	389,384,956	389,384,956
Total assets in the fair value hierarchy	<u>\$ 159,199,415</u>	<u>\$ -</u>	<u>\$ 389,384,956</u>	548,584,371
Investments measured at NAV (practical expedient)				<u>193,008,062</u>
Investments at fair value				\$ 741,592,433

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 140,629,484	\$ -	\$ -	\$ 140,629,484
Common stock of Swinerton Incorporated	-	-	379,902,667	379,902,667
Total assets in the fair value hierarchy	<u>\$ 140,629,484</u>	<u>\$ -</u>	<u>\$ 379,902,667</u>	520,532,151
Investments measured at NAV (practical expedient)				<u>161,763,356</u>
Investments at fair value				\$ 682,295,507

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2023 and 2022:

	Common stock of Swinerton Incorporated
Balance, December 31, 2021	\$ 442,977,503
Unrealized gains relating to instruments held at the reporting date	21,869,592
Net shares redeemed	<u>(84,944,428)</u>
Balance, December 31, 2022	\$ 379,902,667
Unrealized gains relating to instruments held at the reporting date	24,798,692
Net shares redeemed	<u>(3,299,704)</u>
Balance, December 31, 2023	<u>\$ 401,401,655</u>

Swinerton 401(k) & Savings Plan (Modified Cash Basis) Notes to Financial Statements

NOTE 4 – RELATED-PARTY TRANSACTIONS

Certain Plan investments are managed by an affiliate of PTC, the Plan custodian; therefore, these transactions qualify as party-in-interest transactions.

The Plan also invests in shares of Company stock. As of December 31, 2023 and 2022, the Plan owned approximately 47% of the Company. As the Company is the Plan Sponsor, these transactions qualify as party-in-interest transactions.

On April 1, 1997, the Plan entered into a Revolving Credit Loan Agreement with the Company whereby the Company advances funds on an interest-free, unsecured basis to enable the Plan to pay benefit distributions. Repayment of these loans are made from Company contributions or from proceeds from the sale of Company stock to the Company.

In 2022, the Company loaned \$2,843,787 to the Plan. The loan was allocated to finance the purchase of Company stock in the profit-sharing portion of the Plan. The Company stock balance in the profit-sharing portion of the Plan was purchased at \$60.41 per share, the then fair value, as approximated by the Company. In December 2022, the Employer approved the retirement of \$2,843,787 of the 2022 loan as employer discretionary profit-sharing contributions.

In 2023, the Company loaned \$14,724,990 to the Plan. The amounts of the loan allocated to finance the purchase of Company stock in the profit-sharing and ESOP portions of the Plan were \$27,771 and \$14,697,219, respectively. The Company stock balances in the ESOP and profit-sharing portions of the Plan were purchased at \$64.10 per share, the then fair value, as approximated by the Company. In December 2023, the Employer approved the retirement of \$27,771 of the 2023 loan as employer discretionary profit-sharing contributions and \$14,697,219 of the 2023 loan as employer discretionary ESOP contributions.

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Notes to Financial Statements

NOTE 5 – PARTICIPATION AND BENEFITS

Eligibility – All non-union employees of the Company are eligible to participate in the plan on the first day of the calendar month coinciding with or following completing 3 months and at least 250 hours of service. If this requirement is not met, the employee shall become a participant on the first day of the calendar month coinciding with or following 12 months and 1,000 hours of service. Participants must be employed as of the last day of the plan year, to be eligible to receive any employer paid ESOP contributions.

Contributions

Participant contributions – Each year, participants may contribute between 1% and 50% of pretax annual compensation, as defined in the Plan. Participants may also elect to make Roth contributions utilizing after-tax contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions invested in the Plan's qualified default investment alternative (flexPATH Target Date Funds) until elected otherwise by the participant. Unless elected otherwise by the participant, deferrals are automatically increased annually by 1%, up to a maximum auto-deferral of 20%.

Employer contributions – The Company may elect to make discretionary contributions to the profit-sharing portion or the ESOP portion of the Plan. Company contributions to the profit-sharing or ESOP portions of the Plan can be in cash and/or shares of Company stock and are at the discretion of the Company's Board of Directors. The Board of Directors may determine that Company contributions can be paid by cancellation of indebtedness for any loan made by the Company to the Plan. All contributions are paid directly to the Plan by the Company.

For 2022, the Company's Board of Directors approved an ESOP contribution in the form of Company stock at a rate of approximately 9.1% of eligible pay to all eligible participants in affiliated companies employed on December 31, 2022. All contributions are 100% vested. ESOP contributions for 2022 totaled \$2,843,787 and were allocated to participants' accounts on May 12, 2022 (this noncash amount is included on the Form 5500). The Board of Directors also approved an ESOP cash contribution in the amount of \$21,480,118 to active participants on May 12, 2022, to be exchanged with terminated participants for Company stock. The exchange occurred on May 12, 2022.

For 2023, the Company's Board of Directors approved an ESOP contribution in the form of Company stock at a rate of approximately 8.7% of eligible pay to all eligible participants in affiliated companies employed on December 31, 2023. All contributions are 100% vested. ESOP contributions for 2023 totaled \$14,697,219 and were allocated to participants' accounts on July 28, 2023 (this noncash amount is included on the Form 5500). Profit-sharing contributions for 2023 totaled \$27,771 and were allocated to participants' accounts on December 31, 2023 (this noncash amount is included on the Form 5500). The Board of Directors also approved an ESOP cash contribution in the amount of \$20,496,278 to active participants, to be exchanged with terminated participants for Company stock. The exchange occurred on March 31, 2023.

Vesting – Participants are immediately vested in their salary deferrals, rollover contributions, stock and cash match, ESOP, and profit-sharing balances in the form of cash and Company stock and earnings thereon.

Swinerton 401(k) & Savings Plan (Modified Cash Basis) Notes to Financial Statements

Participant directed accounts – Except for Company discretionary and matching contributions made in the form of Company stock, participants have a choice of investments for the profit-sharing portion of their Plan assets. Each participant may specify the amount of Plan assets which are invested in any of the participant-directed investment fund options offered under the Plan. The Company stock in the profit-sharing portion of the Plan is nonparticipant directed.

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

Payment of benefits – Distribution of cash benefits for the profit-sharing portion of the Plan is made in a single lump sum. Distributions are made upon retirement, disability, death, or termination of service immediately following the participant's request for distribution and receipt of a completed Distribution Election Form by PLIC. A participant's distribution will not occur prior to 30 days after termination.

Distribution of benefits in Company stock in the ESOP and profit-sharing portions of the Plan is normally made upon retirement, disability, death, or termination of service in a lump sum in the year following the year of termination upon consent by the participant and receipt of a completed Distribution Election Form by PLIC, subject to approval by the Committee. The Board has the right to select the benefit distribution date at its discretion for the ESOP portion of the Plan.

The threshold for automatic payouts to separation from employment participants who have not consented to distribution of their account balances is \$1,000. For lump sum distributions of \$1,000 to \$5,000, the Plan Administrator will pay the distribution in a direct rollover to an individual retirement plan designated by the Plan Administrator.

If a Participant has satisfied the requirements for retirement (i.e., the Participant's severance from employment after the attainment of age 62), distribution of the benefit shall occur as soon as administratively practicable in the year following the year of retirement.

Loans to participants – Participants may request a loan of up to the lesser of 50% of the vested account balance, excluding Company stock, or \$50,000. The minimum amount of a participant loan is \$1,000. A maximum of two loans may be outstanding at any one time. Interest on participant loans is equal to the prime rate in effect on the date the loan is requested, plus 1%. As of December 31, 2023, the interest rate range on outstanding loans is 4.25% to 9.50%, and maturity dates through December 2033.

Repayment of principal and interest must be made through payroll withholding. The repayment period may not exceed five years unless the proceeds are used to acquire a principal residence, in which case such period may not exceed ten years.

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Notes to Financial Statements

NOTE 6 – NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows for the years ended December 31:

	<u>2023</u>	<u>2022</u>
Net appreciation in fair value of investments	\$ 24,798,692	\$ 21,869,592
Company contributions	35,221,268	24,311,521
Benefits paid to participants	(35,221,268)	(24,311,521)
Share redemption	<u>(3,299,704)</u>	<u>(84,944,428)</u>
	<u>\$ 21,498,988</u>	<u>\$ (63,074,836)</u>

NOTE 7 – PLAN TERMINATION OR MODIFICATION

The Company intends to continue the Plan indefinitely for the benefit of its participants; however, it reserves the right to terminate or modify the Plan at any time by resolution of its Board of Directors and subject to the provisions of ERISA.

NOTE 8 – COMMITMENTS AND CONTINGENCIES

In the ordinary course of business, the Plan is exposed to various claims, threats, and legal proceedings. In management's opinion, the outcome of all such existing matters will not have a material impact on the Plan's financial position or results of operations.

NOTE 9 – SUBSEQUENT EVENTS

Effective June 10, 2024, Swinerton acquired American Laminators which became Timberlab Laminators, a participating employer in the plan. Additionally, the company created two additional companies, Timberlab Inc. and Timberlab Holdings, which also became participating employers in the Plan on June 10, 2024.

Employees of American Laminators became employees of Timberlab Laminators and therefore participants of the Plan. Prior service will be credited and eligible participation in the Plan will be effective June 10, 2024.

On September 26, 2024, the Board of Directors approved a redemption of 184,342.3546 shares at \$68.46 per share for a total contribution to the plan of \$12,620,077.73.

The Plan has evaluated subsequent events through October 14, 2024, which is the date the financial statements were available to be issued.

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Notes to Financial Statements

NOTE 10 – RECLASSIFICATION

The form 5500 has certain items that differ from the amounts shown on the accompanying financial statements. These differences relate to reclassification only and have no effect upon net assets available for benefit for either period.

Supplemental Schedule
Required by the Department of Labor

Swinerton 401(k) & Savings Plan
(Modified Cash Basis)
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
December 31, 2023

Plan Sponsor: Swinerton Incorporated
Employer Identification Number: 93-1132374
Plan Number: 001
Schedule H, Line 4(i)

(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
	NYL Insurance Anchor Account III	Pooled Separate Account	**	\$ 26,128,697
	Vanguard Institutional Index Fund Institutional	Mutual Fund	**	43,180,521
	Dodge & Cox Stock Fund	Mutual Fund	**	24,440,870
	T. Rowe Price Mid-Cap Growth Fund I	Mutual Fund	**	23,243,145
	Baird Aggregate Bond Fund Institutional	Mutual Fund	**	15,017,203
	BlackRock Advantage Small Cap Core Fund	Mutual Fund	**	12,939,870
	MainStay Large Cap Growth Fund I	Mutual Fund	**	14,338,313
	American Funds EuroPacific Growth Fund	Mutual Fund	**	9,733,900
	iShares U.S. Aggregate Bond Index Fund	Mutual Fund	**	5,529,869
	Oakmark International Fund	Mutual Fund	**	6,408,140
*	Principal Real Estate Securities Fund	Mutual Fund	**	4,367,584
	flexPATH Index+ Conservative 2045 Fund	Common Collective Trust	**	38,937,962
	flexPATH Index+ Conservative 2035 Fund	Common Collective Trust	**	34,976,623
	flexPATH Index+ Conservative 2055 Fund	Common Collective Trust	**	33,742,529
	flexPATH Index+ Conservative 2025 Fund	Common Collective Trust	**	22,272,266
	BlackRock EAFE Equity Index Fund	Common Collective Trust	**	6,372,537
	flexPATH Index+ Aggressive 2045 Fund	Common Collective Trust	**	5,451,467
	flexPATH Index+ Aggressive 2055 Fund	Common Collective Trust	**	5,789,014
	flexPATH Index+ Moderate 2035 Fund	Common Collective Trust	**	5,217,877
	flexPATH Index+ Moderate 2045 Fund	Common Collective Trust	**	3,349,336
	flexPATH Index+ Conservative Retirement Fund	Common Collective Trust	**	2,385,517
	flexPATH Index+ Aggressive 2035 Fund	Common Collective Trust	**	2,793,826
	flexPATH Index+ Aggressive 2025 Fund	Common Collective Trust	**	1,601,153
	flexPATH Index+ Moderate 2055 Fund	Common Collective Trust	**	2,081,490
	flexPATH Index+ Moderate 2025 Fund	Common Collective Trust	**	467,301
	flexPATH Index+ Aggressive Retirement Fund	Common Collective Trust	**	154,025
	flexPATH Index+ Moderate Retirement Fund	Common Collective Trust	**	123,048
	flexPATH Index+ Conservative 2065	Common Collective Trust	**	923,182
	flexPATH Index+ Moderate 2065	Common Collective Trust	**	131,172
	flexPATH Index+ Aggressive 2065	Common Collective Trust	**	109,040
*	Swinerton Incorporated	Plan Sponsor Common Stock, 5,687,774.305 Shares	\$ 109,503,938	389,384,956
*	Participant Loans	Interest rates ranging from 4.25% to 9.50%, maturing through December 2033		6,004,480
			Total	<u>\$ 747,596,913</u>

* Party-in-interest.

** Cost information not required as investments are participant directed.

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S 401() & S P

EIN 93 1132374
 PLAN NUMBER 001
 PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	BlackRock	Registered Investment Company iShs US Agg Bond Index K Fund	\$ 0.00	\$ 5,529,868.84
	The American Funds	Registered Investment Company Am Fds EuroPacific Grth R6 Fd	\$ 0.00	\$ 9,733,899.55
	Baird	Registered Investment Company Baird Aggregate Bond Inst Fund	\$ 0.00	\$ 15,017,203.47
	BlackRock	Registered Investment Company BlackRock Advtg Sm Cap Core K	\$ 0.00	\$ 12,939,870.40
	GREAT GRAY TRUST COMPANY	Common/Collective Trust BlackRock EAFE Eq Indx Fd Cl 1	\$ 0.00	\$ 6,372,536.91
	Dodge and Cox Funds	Registered Investment Company Dodge & Cox Stock I Fund	\$ 0.00	\$ 24,440,870.02
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ AGG RETIRE R1	\$ 0.00	\$ 154,025.23
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ AGG 2025 R1	\$ 0.00	\$ 1,601,152.60
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ AGG 2035 R1	\$ 0.00	\$ 2,793,825.73
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ AGG 2045 R1	\$ 0.00	\$ 5,451,466.61
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ AGG 2055 R1	\$ 0.00	\$ 5,789,014.33
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ CON RETIRE R1	\$ 0.00	\$ 2,385,516.69
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ CON 2025 R1	\$ 0.00	\$ 22,272,265.72
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ CON 2035 R1	\$ 0.00	\$ 34,976,623.11
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ CON 2045 R1	\$ 0.00	\$ 38,937,962.39

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S 401() & S P

EIN 93 1132374
 PLAN NUMBER 001
 PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ CON 2055 R1	\$ 0.00	\$ 33,742,529.19
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ MOD RETIRE R1	\$ 0.00	\$ 123,048.08
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ MOD 2025 R1	\$ 0.00	\$ 467,300.84
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ MOD 2035 R1	\$ 0.00	\$ 5,217,877.29
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ MOD 2045 R1	\$ 0.00	\$ 3,349,336.01
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH IDX+ MOD 2055 R1	\$ 0.00	\$ 2,081,490.17
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH INDEX+ AGG 2065 R1	\$ 0.00	\$ 109,040.08
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH INDEX+ CONS 2065 R1	\$ 0.00	\$ 923,181.65
	GREAT GRAY TRUST COMPANY	Common/Collective Trust FLEXPATH INDEX+ MOD 2065 R1	\$ 0.00	\$ 131,172.48
	MainStay Funds	Registered Investment Company MainStay Winslow LgCap Gr I Fd	\$ 0.00	\$ 14,338,313.11
	NEW YORK LIFE INSURANCE COMPANY	Pooled Separate Accounts NEW YORK LIFE SV ANCHOR ACCT	\$ 0.00	\$ 26,128,697.00
	Oakmark	Registered Investment Company Oakmark International Fund-Inv	\$ 0.00	\$ 6,408,139.65
*	Principal Funds Inc	Registered Investment Company Prin Real Estate Secs R5 Fund	\$ 0.00	\$ 4,367,584.01
		Employer Security Swinerton - Employer Security	\$ 0.00	\$291,593,889.79
*	Swinerton Incorporated	Employer Security Swinerton Stock Fund	\$ 0.00	\$ 97,791,065.80

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

S 401() & S P
EIN 93 1132374
PLAN NUMBER 001
PLAN YEAR 01/01/2023 TO 12/31/2023

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	T. Rowe Price Funds	Registered Investment Company T. Rowe Price Md-Cp Gr I Fd	\$ 0.00	\$ 23,243,144.71
	Vanguard Group	Registered Investment Company Vanguard Instl Idx Instl Fund	\$ 0.00	\$ 43,180,520.77
*	Participant Loans	Range of Interest Rates Rates Range From 0.00% To 9.50%	\$ 0.00	\$ 6,004,480.00

