Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [X] 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) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(K) PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

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)
ASSOCIATED GENERAL CONTRACTORS OF MAINE

188 WHITTEN ROAD
AUGUSTA, ME 04330

2b Employer Identification Number (EIN) 01-0275734

2c Plan Sponsor's telephone number 207-622-4741

2d Business code (see instructions) 238900

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	JOHN HEISE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ATLAS PENSION ADMINISTRATORS, INC.

123 N STATE ST. UNIT 1
CONCORD, NH 03301

3b Administrator's EIN
88-1657710

3c Administrator's telephone number
603-581-7125

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**	302
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	170
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	269
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	2
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	271
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	271
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	302
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	271
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☒ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (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)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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).	**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	**B** Three-digit plan number (PN) ▶
ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(K) PROFIT SHARING PLAN AND TRUST	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
ASSOCIATED GENERAL CONTRACTORS OF MAINE	01-0275734

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.

1 Coverage Information:

(a) Name of insurance carrier

LINCOLN NATIONAL LIFE INSURANCE CO.

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
35-0472300	65676	GP 179AB / H18J	337	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	40400

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

AGCM MEAP
188 WHITTEN RD.
AUGUSTA, ME 04330

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
	37651	PLAN EXPENSES	0

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

ATLAS PENSION ADMINISTRATORS INC
123 N.STATE STREET
UNIT 1
CONCORD, NH 03303

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code
	2749	TPA ADMIN REIMBURSEMENT	5

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

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

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

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

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

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

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

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

(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	106533
5	Current value of plan's interest under this contract in separate accounts at year end	5	13786830

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 ▶ GROUP VAR ANNUITY W/GUAR FUND

b	Balance at the end of the previous year		7b	609511
c	Additions: (1) Contributions deposited during the year	7c(1)	36422	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	11444	
	(4) Transferred from separate account	7c(4)	29744	
	(5) Other (specify below)	7c(5)	9704	
	▶ LOAN REPAY/FORF/TAKEOVER/ADJUSTMENTS			
	(6)Total additions		7c(6)	87314
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	696825
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	575891	
	(2) Administration charge made by carrier	7e(2)	2638	
	(3) Transferred to separate account	7e(3)	9596	
	(4) Other (specify below)	7e(4)	2167	
	▶ LOAN ISSUES/FORF/FEES/CORRECTIVES/ADJUSTMENTS			
	(5) Total deductions		7e(5)	590292
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	106533

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)**	0
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)**	0
(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)**	0
(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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

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

A Name of plan
ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED GENERAL CONTRACTORS OF MAINE

D Employer Identification Number (EIN)
01-0275734

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

LINCOLN NATIONAL CORPORATION

35-1140070

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

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

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

LINCOLN NATIONAL CORPORATION

35-1440070

(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	SERVICE PROVIDER	71736	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

ATLAS FIDUCIARY SERVICES, INC

123 N STATE ST, UNIT 1
CONCORD, NH 03301

(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	INVESTMENT ADVISOR	24098	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ATLAS PENSION ADMINISTRATORS, INC

123 N STATE STREET, UNIT 1
CONCORD, NH 03301

88-1657710

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	CONTRACT ADMIN	4650	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

VANCE GRAY WEALTH MANAGEMENT

128 BROADWAY
BANGOR, ME 04401

(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	INVESTMENT ADVISOR	2008	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

USA FINANCIAL

6020 E FULTON ST
ADA, MI 49301

(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	INVESTMENT ADVISOR	4	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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
ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASSOCIATED GENERAL CONTRACTORS OF MAINE

D Employer Identification Number (EIN)
01-0275734

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: LINCOLN LIFE SEPARATE ACCOUNT 4K

b Name of sponsor of entity listed in (a): LINCOLN NATIONAL LIFE INSURANCE CO.

c EIN-PN 35-0472300-402 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13786830

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs, 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 plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED GENERAL CONTRACTORS OF MAINE

D Employer Identification Number (EIN)
01-0275734

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	109028	13631
(2) Participant contributions	1b(2)	17464	36937
(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)	275874	285800
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	10566336	13786830
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	609511	106533
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11578213	14229731
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11578213	14229731

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)	441601	
(B) Participants	2a(1)(B)	1301750	
(C) Others (including rollovers)	2a(1)(C)	31084	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1774435
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)	12925	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12925
(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)	11444	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11444
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1925096	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1925096
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3723898
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	949842	
(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)		949842
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		20042
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	102496	
(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)		102496
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1072380
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2651518
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: TEMPLETON & CO. **(2)** EIN: 14-1918990

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**	X		45966
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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

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

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(K) PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ASSOCIATED GENERAL CONTRACTORS OF MAINE

D Employer Identification Number (EIN)
01-0275734

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 949842

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): 35-0472300 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

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

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

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

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

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A .

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**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 ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(K) PROFIT SHARING PLAN AND TRUST	**B**	Three-digit Plan number (PN) ..... ▶ 001
C	Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF ATLAS PENSION ADMINISTRATORS, INC.	**D**	Administrator's EIN 88-1657710

Part I Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe)_____ (Complete Part II)

Part II Participating Employer Information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
BANCROFT CONTRACTING	01-0350570	84.22	12705030
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
PENOBSCOT COMPANY INC.	38-3727477	13.14	575597

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan**.**

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SCOTT CONSTRUCTION CORP.	45-3355039	1.56	296799
AGC OF MAINE	01-0275734	1.07	308506
PRASHAW CONSTRUCTION LLC	85-4322044	0.01	144

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44) ..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID _____

ASSOCIATED GENERAL CONTRACTORS OF MAINE 401(k) PROFIT SHARING PLAN AND TRUST

REPORT ON AUDITS OF FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2023 AND 2022
AND FOR THE YEAR ENDED DECEMBER 31, 2023

ASSOCIATED GENERAL CONTRACTORS OF MAINE
401(k) PROFIT SHARING PLAN AND TRUST

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Templeton
ACCOUNTANTS & ADVISORS

Independent Auditor's Report

To the Plan Administrator
Associated General Contractors of Maine 401(k) Profit Sharing Plan and Trust
Augusta, Maine

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

We have performed audits of the accompanying financial statements of Associated General Contractors of Maine 401(k) Profit Sharing Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from the qualified institution as of December 31, 2023 and 2022 and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management

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

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

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP. Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Supplemental Information Required by ERISA

The supplemental information of Schedule H, line 4a – schedule of delinquent participant contributions and Schedule H, line 4i – schedule of assets (held at end of year), as of or for the year ended 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 included in the supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Templeton & Company, LLP

West Palm Beach, Florida
October 10, 2024

ASSOCIATED GENERAL CONTRACTORS OF MAINE
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2023 and 2022

	2023	2022
Investments:		
Investments, at fair value	$ 13,786,830	$ 10,566,336
Investment, at contract value	106,533	609,511
Total investments	13,893,363	11,175,847
Receivables:		
Notes receivable from participants	285,800	275,874
Participant contributions	36,937	17,464
Employer contributions	13,631	109,028
Total receivables	336,368	402,366
Net assets available for benefits	$ 14,229,731	$ 11,578,213

See accompanying notes to financial statements.

ASSOCIATED GENERAL CONTRACTORS OF MAINE
401(K) PROFIT SHARING PLAN AND TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Year Ended December 31, 2023

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,925,096
Interest and dividend income	11,444
Total investment income	1,936,540
Interest income on notes receivable from participants	12,925
Contributions:	
Participants	1,301,750
Employer	441,601
Rollover	31,084
Total contributions	1,774,435
Total additions	3,723,900
Deductions from net assets attributed to:	
Benefits paid to participants	969,884
Administrative expenses	102,498
Total deductions	1,072,382
Change in net assets	2,651,518
Net assets available for benefits:	
Beginning of year	11,578,213
End of year	$ 14,229,731

See accompanying notes to financial statements.

ASSOCIATED GENERAL CONTRACTORS OF MAINE
401(k) PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1 – Description of Plan

The following description of the Associated General Contractors of Maine 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General and eligibility

The Plan is a multiple-employer defined contribution plan that was established January 1, 1998 by the Associated General Contractors of Maine (the AGC, the Sponsor, or Sponsoring Employer) to provide retirement benefits to covered employees of the Sponsor and Adopting Employers (who are also members of the AGC). With the consent of the Sponsor, an Adopting Employer may adopt the Plan by executing an adoption agreement. The Sponsor is the Plan Administrator. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Each Adopting Employer may designate the parameters for participation in the Plan as well as employer contributions, if any. Eligible employees of the Sponsor and Adopting Employers may enter the Plan on various dates coinciding with or following the date on which the employees meet the eligibility requirements as outlined within their respective Adopting Employer's specific terms and conditions. Entry dates can be immediately upon employment, monthly, quarterly or semi-annually.

The Sponsor is responsible for oversight of the Plan. Lincoln National Life Insurance Company (Lincoln or the Custodian) serves as the Custodian of the Plan, holds the Plan's investment assets, executes investment transactions, and maintains participants' accounts.

Contributions

Each year, participants may contribute an amount of annual compensation, as elected by their Adopting Employer, subject to Internal Revenue Service (IRS) limitations. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also rollover amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Roth 401(k) elective deferrals are allowed under the Plan, if elected by the Adopting Employer. Participants direct the investment of their contributions into the various investment options offered by the Plan.

An Adopting Employer may elect an auto enrollment feature whereby all newly eligible employees are automatically enrolled in the Plan at a preset deferral rate set by the Adopting Employer to begin contributing to the Plan unless they affirmatively elect to opt out.

An Adopting Employer may elect the level of safe harbor, matching, and/or profit-sharing contributions. Adopting Employer contributions, if any, are recorded in the year for which the contributions apply. Aggregate Adopting Employer contributions for the year ended December 31, 2023 totaled $441,601. Adopting Employer contributions are invested in funds in accordance with the participant's direction and Plan provisions. Contributions are subject to certain IRS limitations.

Participant accounts

Each participant account is credited with the participant's contribution, and an allocation of: (a) their Adopting Employer's contributions (if any), as well as allocations of their Adopting Employer's profit-sharing contribution, if any, and (b) Plan earnings or losses thereon. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings or losses, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Note 1 – Description of Plan, Continued

Vesting

Participants are immediately vested in their individual contributions, and their Adopting Employer's safe harbor contributions, if any, plus actual earnings or losses, thereon. Vesting in their Adopting Employer's other contributions, and earnings or losses thereon, is based on years of service. Vesting schedules are based on annual vesting periods not to exceed six years and vary by Participating Employer based on each Adopting Employer's elections. Participant accounts become fully vested upon reaching normal retirement age (65), death, disability, or termination of the Plan.

Forfeitures

Forfeited nonvested accounts may be used to offset certain Plan administrative expenses or reduce the Adopting Employer's future contributions. For the year ended December 31, 2023, forfeitures totaling $140 were used to offset certain Plan administrative expenses and reduce Adopting Employer contributions. At December 31, 2023 and 2022, forfeited non-vested accounts totaled $17,015 and $8,360, respectively.

Notes receivable from participants

Participants are permitted to borrow from their account a minimum of $1,000 and up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan terms range from one to five years unless the loan is used to acquire a principal residence of the participant. Loans are secured by the vested account balance in the participant's account and bear a reasonable rate of interest. Principal and interest are repaid through regular payroll deductions and remitted to the Custodian. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits

Upon termination of service due to death, disability, or normal retirement age (65), a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum distribution as soon as administratively feasible. For termination of service due to other reasons, a participant may choose to leave the vested interest in the Plan if such amounts exceed $5,000 or elect a lump-sum distribution. Funds may also be accessed prior to the date they become distributable by the way of a financial hardship, as defined, or at any time on or after age 59½.

Administrative expenses

The Plan allows certain administrative expenses to be paid from Plan investment assets. Certain administrative expenses are paid directly by the Sponsor or the Adopting Employers and are not reflected in these financial statements. Investment related expenses are included in net appreciation in fair value of investments.

Plan administration

The Sponsor is the Plan Administrator, and as such, controls and manages the operations of the Plan. The Plan's investment assets are maintained by Lincoln who invests cash received, along with interest and dividend income and makes distributions to participants (subject to the direction of participants).

Note 1 – Description of Plan, Continued

SECURE Act 2.0

In December 2022, the Securing a Strong Retirement Act (SECURE Act 2.0) was passed into law. The provisions of SECURE Act 2.0 continue the reforms that began with the 2019 SECURE Act. Most of the SECURE Act 2.0 provisions will become effective in 2024 and thereafter, therefore, there is no current impact to the Plan. Since the provisions include both required and optional elements, the Plan Administrator will determine the optional SECURE Act 2.0 provisions to elect.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the Plan's advisor and the Plan's Custodian.

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

Use of estimates

The preparation of financial statements in accordance with U.S. GAAP requires the Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates and those differences could be material.

Risks and uncertainties

The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate risk, market risk, and credit risk. Due to the level of risk associated with certain investment securities, including the uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in such risks in the near-term would materially affect participant account balances and the amounts reported in the financial statements.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and included as administrative expenses when incurred. No allowance for credit losses has been recorded at December 31, 2023 and 2022.

Note 2 – Summary of Significant Accounting Policies, Continued

Payment of benefits

The Plan records benefits when paid.

Plan expenses

The Plan has classified certain Plan expenses as administrative expenses rather than as a reduction of investment income. Substantially all administrative expenses for maintaining the Plan are paid by the Sponsor and/or Adopting Employer and are not reflected in these financial statements. Certain expenses paid by the Plan consist of recordkeeping, custodian, and third-party administrator fees. Certain participant directed transactions such as loan processing fees are charged directly to participants' accounts.

Uncertain tax positions

U.S. GAAP requires Plan management to assess its uncertain tax positions for the likelihood they would be overturned upon examination by the IRS. In accordance with this guidance, the Plan Administrator has determined it does not have any positions at December 31, 2023 that it would be unable to substantiate.

Note 3 – Certified Investment Information

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Lincoln National Life Insurance Company, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental information is complete and accurate:

- Investments and notes receivable from participants as shown on the statements of net assets available for benefits as of December 31, 2023 and 2022;
- Net investment activity and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2023, and
- Investment information included in the Schedule H, Line – 4i Schedule of Assets (held at end of year) as of December 31, 2023, as shown on the ERISA-required supplemental information.

At the request of the Plan's Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified information to the related investment information included in the financial statements, including the disclosures related to the investments, to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP, and in the ERISA-required supplemental information, including assessing whether the supplemental information is in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Note 4 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Note 4 – Fair Value Measurements, Continued

The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted 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 for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodology used at December 31, 2023 and 2022. During the year ended December 31, 2023, there were no transfers of financial instruments into or out of Level 3.

Following is a description of the valuation methodology used for assets measured at fair value:

Pooled separate accounts – Valued at net asset value (NAV) based upon the units of such pooled separate accounts held by the Plan at year-end multiplied by the respective unit value. The unit values of the pooled separate accounts are based upon significant observable inputs, but are not based upon quoted market prices in an active market and are therefore considered Level 2 investments within the fair value hierarchy.

The preceding method 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 methodology or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments, measured at fair value, on a recurring basis, as of December 31, 2023 and 2022:

	Fair Value Measurements at December 31, 2023			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 13,786,830	$ -	$ 13,786,830

	Fair Value Measurements at December 31, 2022			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts	$ -	$ 10,566,336	$ -	$ 10,566,336

Note 5 – Guaranteed Investment Contract with Insurance Company

The Plan invests in a Stable Value Account (SVA), which is a traditional fully benefit-responsive guaranteed investment contract with Lincoln National Life Insurance Company (Lincoln), the issuer. Lincoln maintains the contributions in a general account. The SVA is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Lincoln is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the SVA meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the SVA. The SVA is presented on the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Lincoln, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on Lincoln's ability to meet its financial obligations. Lincoln's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the SVA at December 31, 2023 and 2022, was $106,533 and $609,511, respectively. The crediting interest rate is based on a formula agreed upon with the issuer but may not be less than zero. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Lincoln. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Sponsor or other Sponsor's events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow Lincoln to terminate the contract with the Plan and settle at an amount different from contract value.

Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without Lincoln's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The terms of the SVA do not permit Lincoln to terminate the agreement prior to the scheduled maturity date.

Based on ongoing credit evaluations of its guaranteed investment contract investment, Plan management does not expect payment defaults or delinquencies and has not recorded an allowance for credit losses for these investments as of December 31, 2023.

Note 6 – Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their Adopting Employer's contribution portion of their accounts.

Note 7 – Party-In-Interest Transactions

Parties in interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Sponsor, Adopting Employers, and certain others. Lincoln National Life Insurance Company (Lincoln) serves as the Plan's Custodian. The Plan's investments consist of pooled separate accounts and a guaranteed investment contract which are administered, managed, and/or issued by Lincoln. Therefore, transactions with Lincoln qualify as party-in-interest transactions. Such transactions are exempt from the prohibited transactions rules.

Certain administrative functions are performed by officers and employees of the Sponsor.

Note 8 – Plan Transfers

In the normal course of business, the Sponsor adds Adopting Employers, and assets from the individual qualified plans that the added Adopting Employers previously sponsored are transferred into the Plan, when administratively feasible to do so. Likewise, as Adopting Employers leave the Sponsor and adopt different qualified plans, assets attributable to these outgoing Adopting Employers are transferred out of the Plan.

Note 9 – Tax Status

The Plan uses a non-standardized pre-approved profit-sharing plan with CODA plan document. The non-standardized pre-approved profit-sharing plan with CODA plan document received an opinion letter from the IRS, dated June 30, 2020, which states that the non-standardized pre-approved profit-sharing plan with CODA plan document, as then designed, satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. Although the Plan has been amended since the date of the opinion letter, the Plan Administrator and the Plan's tax counsel believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income tax has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS examinations for any tax periods in progress.

Note 10 – Delinquent Participant Contributions

For the years ended December 31, 2023 and 2022, certain participant contributions and loan repayments totaling $45,966 and $40,044, respectively, were not remitted to the Plan within the period prescribed by DOL regulations. Late remittances of participant contributions constitute a prohibited transaction under ERISA section 406, regardless of materiality. The third-party administrator and Adopting Employers are determining the amount of lost earnings related to the 2022 delinquent participant contributions and will remit those amounts to the participant's accounts subsequent to year end. As of the date of this report, the third-party administrator and Adopting Employers have corrected the 2023 late remittances and reimbursed the Plan for lost earnings related to the 2023 late remittances.

Note 11 – Subsequent Events

The Plan evaluated events occurring subsequent to December 31, 2023 through October 10, 2024, the date on which the financial statements were available to be issued, for matters that should be recorded in the financial statements or disclosed in the footnotes thereto.

SUPPLEMENTAL INFORMATION

ASSOCIATED GENERAL CONTRACTORS OF MAINE
401(K) PROFIT SHARING PLAN AND TRUST

SPONSOR'S EIN: 01-0275734
PLAN NUMBER: 001

SCHEDULE H, Line 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
For the Year Ended December 31, 2023

			Total That Constitute Nonexempt Prohibited Transactions			
Year	Check if Late Loan Repayments Are Included	Participant Contributions Transferred Late To Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and Prohibited Transaction Exemption 2002-51
2022	✓	$ 40,044	$ 40,044	$ -	$ -	$ -
2023	✓	$ 45,966	$ -	$ -	$ -	$ 45,966

ASSOCIATED GENERAL CONTRACTORS OF MAINE
401(K) PROFIT SHARING PLAN AND TRUST

SPONSOR'S EIN: 01-0275734
PLAN NUMBER: 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD FOR AT END OF YEAR)
December 31, 2023

(a)	(b) Identity of issue or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Pooled separate accounts:			
*	Lincoln National Life Insurance Company	American Funds 2035 Target Date Retirement	**	$ 16,404
*	Lincoln National Life Insurance Company	American Funds American Balanced Fund	**	147,838
*	Lincoln National Life Insurance Company	American Funds International Growth and Income	**	42,572
*	Lincoln National Life Insurance Company	American Funds New World Fund®	**	38,705
*	Lincoln National Life Insurance Company	American Funds Washington Mutual Investors Fund	**	89,546
*	Lincoln National Life Insurance Company	Delaware Small Cap Core	**	7,011
*	Lincoln National Life Insurance Company	Delaware Small Cap Value	**	57,882
*	Lincoln National Life Insurance Company	Franklin Utilities Fund	**	117,997
*	Lincoln National Life Insurance Company	Janus Henderson Enterprise	**	38,572
*	Lincoln National Life Insurance Company	MFS Growth Fund	**	139,893
*	Lincoln National Life Insurance Company	Neuberger Berman Real Estate	**	4,922
*	Lincoln National Life Insurance Company	PIMCO Diversified Income Fund	**	34,627
*	Lincoln National Life Insurance Company	PGIM Jennison Small Company	**	40,583
*	Lincoln National Life Insurance Company	SSgA Russell Small Cap Growth Index NL	**	4,823
*	Lincoln National Life Insurance Company	Vanguard 500 Index	**	612,035
*	Lincoln National Life Insurance Company	Vanguard Developed Markets Index	**	26,647
*	Lincoln National Life Insurance Company	Vanguard Global Equity	**	100,176
*	Lincoln National Life Insurance Company	Vanguard Health Care	**	37,359
*	Lincoln National Life Insurance Company	Vanguard High-Yield Corporate	**	27,217
*	Lincoln National Life Insurance Company	Vanguard Inflation-Protected Securities	**	35,954
*	Lincoln National Life Insurance Company	Vanguard Information Technology Index	**	518,042
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Conservative Growth	**	492,694
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Growth	**	355,062
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Moderate Growth	**	141,545
*	Lincoln National Life Insurance Company	Vanguard Mid-Cap Growth Index	**	83,851
*	Lincoln National Life Insurance Company	Vanguard Small Cap Growth Index	**	61,520
*	Lincoln National Life Insurance Company	Vanguard Target Retirement 2025	**	1,818
*	Lincoln National Life Insurance Company	Vanguard Target Retirement 2040	**	152,350
*	Lincoln National Life Insurance Company	Vanguard Target Retirement 2065	**	7,003
*	Lincoln National Life Insurance Company	Victory Sycamore Established Value	**	145,456
*	Lincoln National Life Insurance Company	Western Asset Core Bond	**	38,666
*	Lincoln National Life Insurance Company	YourPath Passive 2010 Moderate	**	3,069
*	Lincoln National Life Insurance Company	YourPath Passive 2015 Moderate	**	224,256
*	Lincoln National Life Insurance Company	YourPath Passive 2020 Moderate	**	787,460
*	Lincoln National Life Insurance Company	YourPath Passive 2025 Moderate	**	1,064,296
*	Lincoln National Life Insurance Company	YourPath Passive 2030 Moderate	**	2,763,122
*	Lincoln National Life Insurance Company	YourPath Passive 2035 Moderate	**	1,286,532
*	Lincoln National Life Insurance Company	YourPath Passive 2040 Moderate	**	868,392
*	Lincoln National Life Insurance Company	YourPath Passive 2045 Moderate	**	299,305
*	Lincoln National Life Insurance Company	YourPath Passive 2050 Moderate	**	1,140,106
*	Lincoln National Life Insurance Company	YourPath Passive 2055 Moderate	**	1,033,139
*	Lincoln National Life Insurance Company	YourPath Passive 2060 Moderate	**	341,940
*	Lincoln National Life Insurance Company	YourPath Passive 2065 Moderate	**	356,443
	Total pooled separate accounts			13,786,830
	Guaranteed investment contract:			
*	Lincoln National Life Insurance Company	Stable Value Account	**	106,533
*	Notes receivable from participants	Loans to participants, interest ranging from 4.25% - 9.50%, various maturities	-	285,800
	Total assets held			$ 14,179,163

** A party-in-interest, as defined by ERISA.*

*** The cost of participant-directed investments is not required to be disclosed.*

SCHEDULE OF ASSETS/5% RPTBL REPORT FOR LINKED PLANS: MASTER PLAN CODE: H1ZP CONTRACT NUMBER: 867AA

PLANS INCLUDED:

PLAN NAME	PLAN CODE	CONTRACT NUMBER
AGCM/THE PENOBSCOT COMPANY INC	H18J	179AB
AGCM/BANCROFT CONTRACTING CORP	H1Z3	881AA
AGCM/AGC OF MAINE	H1ZP	867AA
AGCM/SCOTT CONSTRUCTION CORPOR	H2KX	613AB
AGCM/PIKE PROPERTY MANAGEMENT	H3DF	577AC
AGCM/PRASHAW CONSTRUCTION LLC	H3SL	075AD

AGCM/THE PENOBSCOT COMPANY INC

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 179AB

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	Amerfunds 2035 TD Ret SA5V	14,748.56	16,404.37
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds AmerBal SA6B	8,251.62	8,962.47
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Int Grw&Inc SA6F	8,255.84	8,982.26
*	LINCOLN NAT'L LIFE - DIRECTOR	American Funds New World SA6J	2,037.98	2,134.15
*	LINCOLN NAT'L LIFE - DIRECTOR	JanusHnd Enterprise FnC SA8D	9,504.98	10,415.48
*	LINCOLN NAT'L LIFE - DIRECTOR	MFS Growth Fund SA9J	54,908.70	62,993.91
*	LINCOLN NAT'L LIFE - DIRECTOR	PGIM Jenn Sm Co Fnd Cl SAA6	1,373.33	1,452.78
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Glb Equity Inv Shares SAAU	1,359.92	1,490.01
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Grw SAB1	57,893.48	63,017.99
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Mod Grw SAB2	5,521.77	5,483.53
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2025 Inv SABC	1,841.11	1,818.24
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2040 Inv SABF	8,245.84	8,966.72
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Health Care SAC6	8,372.47	8,956.77
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard 500 Index SACG	47,545.82	54,558.03
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Info Tech Idx Admrl SAD3	1,153.05	1,460.68
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Core SADW	1,336.59	1,441.63
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Val SADX	1,964.96	2,104.70
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	10,298.94	10,939.62
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	3,528.38	3,568.58
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2035 Mod SAGN	28,056.53	31,340.36
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	20,679.90	22,551.86
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2055 Mod SAGZ	79,417.72	88,885.64
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	92,661.40	104,576.34
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	53,090.85	53,090.85
	Participant Loans	Various Maturities & Interest Rates		27,000.00
	Total		522,049.74	602,596.97

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/THE PENOBSCOT COMPANY INC

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 179AB

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	MFS Growth Fund SA9J	25,147.24	0.00	N/A	N/A	25,147.24	25,147.24	0.00
LNL-DIRECTOR	VG LifeStrat Grw SAB1	23,057.20	0.00	N/A	N/A	23,057.20	23,057.20	0.00
LNL-DIRECTOR	Vanguard 500 Index SACG	23,159.20	0.00	N/A	N/A	23,159.20	23,159.20	0.00
LNL-DIRECTOR	YourPath Passive 2035 Mod SAGN	16,765.62	0.00	N/A	N/A	16,765.62	16,765.62	0.00
LNL-DIRECTOR	YourPath Passive 2055 Mod SAGZ	58,222.81	0.00	N/A	N/A	58,222.81	58,222.81	0.00
LNL-DIRECTOR	YourPath Passive 2060 Mod SAH3	16,562.19	0.00	N/A	N/A	16,562.19	16,562.19	0.00
LNL-DIRECTOR	Guaranteed Stable Val	35,778.50	0.00	N/A	N/A	35,778.50	35,778.50	0.00

AGCM/BANCROFT CONTRACTING CORP

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 881AA

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds AmerBal SA6B	123,380.73	138,875.09
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Int Grw&Inc SA6F	31,423.52	33,589.26
*	LINCOLN NAT'L LIFE - DIRECTOR	American Funds New World SA6J	38,248.80	36,570.63
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Was Mut Invt SA6L	67,262.65	89,546.15
*	LINCOLN NAT'L LIFE - DIRECTOR	JanusHnd Enterprise FnC SA8D	24,825.52	28,156.17
*	LINCOLN NAT'L LIFE - DIRECTOR	MFS Growth Fund SA9J	66,401.00	76,899.23
*	LINCOLN NAT'L LIFE - DIRECTOR	Neu Berman RET SA9S	4,849.21	4,922.33
*	LINCOLN NAT'L LIFE - DIRECTOR	PIMCO Div Inc Fund Instl SA9Z	34,933.90	34,626.95
*	LINCOLN NAT'L LIFE - DIRECTOR	PIMCO Intl Bond Fnd Admin SAA1	0.00	0.00
*	LINCOLN NAT'L LIFE - DIRECTOR	PGIM Jenn Sm Co Fnd Cl SAA6	34,471.37	39,129.75
*	LINCOLN NAT'L LIFE - DIRECTOR	SS Rsl Sml Cap Grw NL SAA9	4,771.24	4,823.45
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Glb Equity Inv Shares SAAU	90,721.33	98,685.49
*	LINCOLN NAT'L LIFE - DIRECTOR	VG High Yld Corp Admrl SAAV	25,522.11	27,217.16
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Inflation Protectd Sec SAAW	36,295.10	35,953.63
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Cons Grw SAAZ	458,315.18	492,694.05
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Grw SAB1	261,312.15	292,044.33
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Mod Grw SAB2	126,374.54	136,061.79
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	78,684.09	83,851.13
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2040 Inv SABF	136,517.40	143,383.16
*	LINCOLN NAT'L LIFE - DIRECTOR	Victory Sycamore Est Val SABR	120,854.84	145,455.87
*	LINCOLN NAT'L LIFE - DIRECTOR	Western Ast Core Bond SABW	40,973.33	38,665.51
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Health Care SAC6	24,922.77	28,402.09
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard 500 Index SACG	482,109.06	557,477.47
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Dev Markets Idx Admrl SACH	23,974.01	26,647.49
*	LINCOLN NAT'L LIFE - DIRECTOR	Franklin Utilities SACW	124,668.04	117,996.66
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Info Tech Idx Admrl SAD3	385,802.72	516,581.43
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Core SADW	5,098.10	5,569.20
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Val SADX	52,369.17	55,777.71
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	54,025.16	50,580.33
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2065 Inv SAEN	6,434.84	7,003.27
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2010 Mod SAG8	2,898.35	3,069.18
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2015 Mod SAGB	203,946.20	224,256.10
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2020 Mod SAGE	716,520.85	787,460.36
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2025 Mod SAGH	829,003.65	909,237.22

*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	2,440,048.37	2,685,548.68
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2035 Mod SAGN	1,130,945.89	1,255,191.59
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	546,701.83	613,695.68
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	192,297.20	216,502.23
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2050 Mod SAGW	1,004,887.81	1,137,109.67
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2055 Mod SAGZ	834,012.62	941,476.89
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	166,358.42	184,064.03
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2065 Mod SAH6	320,978.57	356,299.64
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	43,931.68	43,931.68
	Participant Loans	Various Maturities & Interest Rates		258,800.49
	Total		11,398,073.32	12,963,830.22

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/BANCROFT CONTRACTING CORP

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 881AA

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Guaranteed Stable Val	0.00	588,313.64	N/A	N/A	42,431.65	0.00	545,881.99

AGCM/AGC OF MAINE

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 867AA

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	66,307.97	74,004.43
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	186,520.79	211,531.71
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	3,057.98	3,265.88
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2050 Mod SAGW	2,786.57	2,995.94
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	7,707.99	8,478.21
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	8,229.84	8,229.84
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		274,611.14	308,506.01

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2023 - 12/31/2023

There are no transactions to be reported for Plan ID - H1ZP.

AGCM/SCOTT CONSTRUCTION CORPOR

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 613AB

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2025 Mod SAGH	152,884.32	155,058.85
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	0.00	0.00
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	16,465.78	17,665.61
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	71,566.96	75,195.85
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2055 Mod SAGZ	2,781.81	2,776.38
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	42,389.39	44,821.47
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	1,280.84	1,280.84
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		287,369.10	296,799.00

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2023 - 12/31/2023

There are no transactions to be reported for Plan ID - H2KX.

AGCM/PIKE PROPERTY MANAGEMENT

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 577AC

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	2,750.48	2,947.17
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	4,034.01	4,340.66
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		6,784.49	7,287.83

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/PIKE PROPERTY MANAGEMENT

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 577AC

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	2,760.00	0.00	N/A	N/A	2,760.00	2,760.00	0.00
LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	0.00	9.44	N/A	N/A	9.52	0.00	-0.08
LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	4,048.00	0.00	N/A	N/A	4,048.00	4,048.00	0.00
LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	0.00	13.86	N/A	N/A	13.99	0.00	-0.13

AGCM/PRASHAW CONSTRUCTION LLC

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 075AD

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2065 Mod SAH6	142.12	143.95
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		142.12	143.95

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/PRASHAW CONSTRUCTION LLC

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 075AD

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	YourPath Passive 2065 Mod SAH6	142.12	0.00	N/A	N/A	142.12	142.12	0.00
LNL-DIRECTOR	YourPath Passive 2065 Mod SAH6	0.00	0.00	N/A	N/A	0.00	0.00	0.00

SUMMARY FOR LINKED PLANS:

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 010275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 867AA

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LNL-DIRECTOR	Amerfunds 2035 TD Ret SA5V	14,748.56	16,404.37
*	LNL-DIRECTOR	AmerFunds AmerBal SA6B	131,632.35	147,837.56
*	LNL-DIRECTOR	AmerFunds Int Grw&Inc SA6F	39,679.36	42,571.52
*	LNL-DIRECTOR	American Funds New World SA6J	40,286.78	38,704.78
*	LNL-DIRECTOR	AmerFunds Was Mut Invt SA6L	67,262.65	89,546.15
*	LNL-DIRECTOR	JanusHnd Enterprise FnC SA8D	34,330.50	38,571.65
*	LNL-DIRECTOR	MFS Growth Fund SA9J	121,309.70	139,893.14
*	LNL-DIRECTOR	Neu Berman RET SA9S	4,849.21	4,922.33
*	LNL-DIRECTOR	PIMCO Div Inc Fund Instl SA9Z	34,933.90	34,626.95
*	LNL-DIRECTOR	PIMCO Intl Bond Fnd Admin SAA1	0.00	0.00
*	LNL-DIRECTOR	PGIM Jenn Sm Co Fnd Cl SAA6	35,844.70	40,582.53
*	LNL-DIRECTOR	SS Rsl Sml Cap Grw NL SAA9	4,771.24	4,823.45
*	LNL-DIRECTOR	VG Glb Equity Inv Shares SAAU	92,081.25	100,175.50
*	LNL-DIRECTOR	VG High Yld Corp Admrl SAAV	25,522.11	27,217.16
*	LNL-DIRECTOR	VG Inflation Protectd Sec SAAW	36,295.10	35,953.63
*	LNL-DIRECTOR	VG LifeStrat Cons Grw SAAZ	458,315.18	492,694.05
*	LNL-DIRECTOR	VG LifeStrat Grw SAB1	319,205.63	355,062.32
*	LNL-DIRECTOR	VG LifeStrat Mod Grw SAB2	131,896.31	141,545.32
*	LNL-DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	78,684.09	83,851.13
*	LNL-DIRECTOR	VG Target Ret 2025 Inv SABC	1,841.11	1,818.24
*	LNL-DIRECTOR	VG Target Ret 2040 Inv SABF	144,763.24	152,349.88
*	LNL-DIRECTOR	Victory Sycamore Est Val SABR	120,854.84	145,455.87
*	LNL-DIRECTOR	Western Ast Core Bond SABW	40,973.33	38,665.51
*	LNL-DIRECTOR	VG Health Care SAC6	33,295.24	37,358.86
*	LNL-DIRECTOR	Vanguard 500 Index SACG	529,654.88	612,035.50
*	LNL-DIRECTOR	VG Dev Markets Idx Admrl SACH	23,974.01	26,647.49
*	LNL-DIRECTOR	Franklin Utilities SACW	124,668.04	117,996.66
*	LNL-DIRECTOR	VG Info Tech Idx Admrl SAD3	386,955.77	518,042.11
*	LNL-DIRECTOR	Delaware Small Cap Core SADW	6,434.69	7,010.83
*	LNL-DIRECTOR	Delaware Small Cap Val SADX	54,334.13	57,882.41
*	LNL-DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	64,324.10	61,519.95
*	LNL-DIRECTOR	VG Target Ret 2065 Inv SAEN	6,434.84	7,003.27
*	LNL-DIRECTOR	YourPath Passive 2010 Mod SAG8	2,898.35	3,069.18
*	LNL-DIRECTOR	YourPath Passive 2015 Mod SAGB	203,946.20	224,256.10

*	LNL-DIRECTOR	YourPath Passive 2020 Mod SAGE	716,520.85	787,460.36
*	LNL-DIRECTOR	YourPath Passive 2025 Mod SAGH	981,887.97	1,064,296.07
*	LNL-DIRECTOR	YourPath Passive 2030 Mod SAGK	2,509,884.72	2,763,121.69
*	LNL-DIRECTOR	YourPath Passive 2035 Mod SAGN	1,159,002.42	1,286,531.95
*	LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	773,118.78	868,392.03
*	LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	270,956.15	299,304.62
*	LNL-DIRECTOR	YourPath Passive 2050 Mod SAGW	1,007,674.38	1,140,105.61
*	LNL-DIRECTOR	YourPath Passive 2055 Mod SAGZ	916,212.15	1,033,138.91
*	LNL-DIRECTOR	YourPath Passive 2060 Mod SAH3	309,117.20	341,940.05
*	LNL-DIRECTOR	YourPath Passive 2065 Mod SAH6	321,120.69	356,443.59
*	LNL-DIRECTOR	Guaranteed Stable Val	106,533.21	106,533.21
	Participant Loans	Various Maturities & Interest Rates	0.00	285,800.49
	Total		12,489,029.91	14,179,163.98

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

SUMMARY FOR LINKED PLANS:

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 010275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 867AA

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Guaranteed Stable Val	0.00	590,291.97	N/A	N/A	43,448.18	0.00	546,843.79

SCHEDULE OF ASSETS/5% RPTBL REPORT FOR LINKED PLANS: MASTER PLAN CODE: H1ZP CONTRACT NUMBER: 867AA

PLANS INCLUDED:

PLAN NAME	PLAN CODE	CONTRACT NUMBER
AGCM/THE PENOBSCOT COMPANY INC	H18J	179AB
AGCM/BANCROFT CONTRACTING CORP	H1Z3	881AA
AGCM/AGC OF MAINE	H1ZP	867AA
AGCM/SCOTT CONSTRUCTION CORPOR	H2KX	613AB
AGCM/PIKE PROPERTY MANAGEMENT	H3DF	577AC
AGCM/PRASHAW CONSTRUCTION LLC	H3SL	075AD

AGCM/THE PENOBSCOT COMPANY INC

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 179AB

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	Amerfunds 2035 TD Ret SA5V	14,748.56	16,404.37
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds AmerBal SA6B	8,251.62	8,962.47
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Int Grw&Inc SA6F	8,255.84	8,982.26
*	LINCOLN NAT'L LIFE - DIRECTOR	American Funds New World SA6J	2,037.98	2,134.15
*	LINCOLN NAT'L LIFE - DIRECTOR	JanusHnd Enterprise FnC SA8D	9,504.98	10,415.48
*	LINCOLN NAT'L LIFE - DIRECTOR	MFS Growth Fund SA9J	54,908.70	62,993.91
*	LINCOLN NAT'L LIFE - DIRECTOR	PGIM Jenn Sm Co Fnd Cl SAA6	1,373.33	1,452.78
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Glb Equity Inv Shares SAAU	1,359.92	1,490.01
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Grw SAB1	57,893.48	63,017.99
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Mod Grw SAB2	5,521.77	5,483.53
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2025 Inv SABC	1,841.11	1,818.24
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2040 Inv SABF	8,245.84	8,966.72
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Health Care SAC6	8,372.47	8,956.77
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard 500 Index SACG	47,545.82	54,558.03
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Info Tech Idx Admrl SAD3	1,153.05	1,460.68
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Core SADW	1,336.59	1,441.63
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Val SADX	1,964.96	2,104.70
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	10,298.94	10,939.62
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	3,528.38	3,568.58
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2035 Mod SAGN	28,056.53	31,340.36
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	20,679.90	22,551.86
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2055 Mod SAGZ	79,417.72	88,885.64
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	92,661.40	104,576.34
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	53,090.85	53,090.85
	Participant Loans	Various Maturities & Interest Rates		27,000.00
	Total		522,049.74	602,596.97

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/THE PENOBSCOT COMPANY INC

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 179AB

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	MFS Growth Fund SA9J	25,147.24	0.00	N/A	N/A	25,147.24	25,147.24	0.00
LNL-DIRECTOR	VG LifeStrat Grw SAB1	23,057.20	0.00	N/A	N/A	23,057.20	23,057.20	0.00
LNL-DIRECTOR	Vanguard 500 Index SACG	23,159.20	0.00	N/A	N/A	23,159.20	23,159.20	0.00
LNL-DIRECTOR	YourPath Passive 2035 Mod SAGN	16,765.62	0.00	N/A	N/A	16,765.62	16,765.62	0.00
LNL-DIRECTOR	YourPath Passive 2055 Mod SAGZ	58,222.81	0.00	N/A	N/A	58,222.81	58,222.81	0.00
LNL-DIRECTOR	YourPath Passive 2060 Mod SAH3	16,562.19	0.00	N/A	N/A	16,562.19	16,562.19	0.00
LNL-DIRECTOR	Guaranteed Stable Val	35,778.50	0.00	N/A	N/A	35,778.50	35,778.50	0.00

AGCM/BANCROFT CONTRACTING CORP

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 881AA

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds AmerBal SA6B	123,380.73	138,875.09
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Int Grw&Inc SA6F	31,423.52	33,589.26
*	LINCOLN NAT'L LIFE - DIRECTOR	American Funds New World SA6J	38,248.80	36,570.63
*	LINCOLN NAT'L LIFE - DIRECTOR	AmerFunds Was Mut Invt SA6L	67,262.65	89,546.15
*	LINCOLN NAT'L LIFE - DIRECTOR	JanusHnd Enterprise FnC SA8D	24,825.52	28,156.17
*	LINCOLN NAT'L LIFE - DIRECTOR	MFS Growth Fund SA9J	66,401.00	76,899.23
*	LINCOLN NAT'L LIFE - DIRECTOR	Neu Berman RET SA9S	4,849.21	4,922.33
*	LINCOLN NAT'L LIFE - DIRECTOR	PIMCO Div Inc Fund Instl SA9Z	34,933.90	34,626.95
*	LINCOLN NAT'L LIFE - DIRECTOR	PIMCO Intl Bond Fnd Admin SAA1	0.00	0.00
*	LINCOLN NAT'L LIFE - DIRECTOR	PGIM Jenn Sm Co Fnd Cl SAA6	34,471.37	39,129.75
*	LINCOLN NAT'L LIFE - DIRECTOR	SS Rsl Sml Cap Grw NL SAA9	4,771.24	4,823.45
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Glb Equity Inv Shares SAAU	90,721.33	98,685.49
*	LINCOLN NAT'L LIFE - DIRECTOR	VG High Yld Corp Admrl SAAV	25,522.11	27,217.16
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Inflation Protectd Sec SAAW	36,295.10	35,953.63
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Cons Grw SAAZ	458,315.18	492,694.05
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Grw SAB1	261,312.15	292,044.33
*	LINCOLN NAT'L LIFE - DIRECTOR	VG LifeStrat Mod Grw SAB2	126,374.54	136,061.79
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	78,684.09	83,851.13
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2040 Inv SABF	136,517.40	143,383.16
*	LINCOLN NAT'L LIFE - DIRECTOR	Victory Sycamore Est Val SABR	120,854.84	145,455.87
*	LINCOLN NAT'L LIFE - DIRECTOR	Western Ast Core Bond SABW	40,973.33	38,665.51
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Health Care SAC6	24,922.77	28,402.09
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard 500 Index SACG	482,109.06	557,477.47
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Dev Markets Idx Admrl SACH	23,974.01	26,647.49
*	LINCOLN NAT'L LIFE - DIRECTOR	Franklin Utilities SACW	124,668.04	117,996.66
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Info Tech Idx Admrl SAD3	385,802.72	516,581.43
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Core SADW	5,098.10	5,569.20
*	LINCOLN NAT'L LIFE - DIRECTOR	Delaware Small Cap Val SADX	52,369.17	55,777.71
*	LINCOLN NAT'L LIFE - DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	54,025.16	50,580.33
*	LINCOLN NAT'L LIFE - DIRECTOR	VG Target Ret 2065 Inv SAEN	6,434.84	7,003.27
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2010 Mod SAG8	2,898.35	3,069.18
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2015 Mod SAGB	203,946.20	224,256.10
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2020 Mod SAGE	716,520.85	787,460.36
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2025 Mod SAGH	829,003.65	909,237.22

*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	2,440,048.37	2,685,548.68
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2035 Mod SAGN	1,130,945.89	1,255,191.59
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	546,701.83	613,695.68
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	192,297.20	216,502.23
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2050 Mod SAGW	1,004,887.81	1,137,109.67
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2055 Mod SAGZ	834,012.62	941,476.89
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	166,358.42	184,064.03
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2065 Mod SAH6	320,978.57	356,299.64
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	43,931.68	43,931.68
	Participant Loans	Various Maturities & Interest Rates		258,800.49
	Total		11,398,073.32	12,963,830.22

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/BANCROFT CONTRACTING CORP

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 881AA

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Guaranteed Stable Val	0.00	588,313.64	N/A	N/A	42,431.65	0.00	545,881.99

AGCM/AGC OF MAINE

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 867AA

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	66,307.97	74,004.43
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	186,520.79	211,531.71
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	3,057.98	3,265.88
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2050 Mod SAGW	2,786.57	2,995.94
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	7,707.99	8,478.21
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	8,229.84	8,229.84
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		274,611.14	308,506.01

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2023 - 12/31/2023

There are no transactions to be reported for Plan ID - H1ZP.

AGCM/SCOTT CONSTRUCTION CORPOR

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 613AB

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2025 Mod SAGH	152,884.32	155,058.85
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2030 Mod SAGK	0.00	0.00
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	16,465.78	17,665.61
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	71,566.96	75,195.85
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2055 Mod SAGZ	2,781.81	2,776.38
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2060 Mod SAH3	42,389.39	44,821.47
*	LINCOLN NAT'L LIFE - DIRECTOR	Guaranteed Stable Val	1,280.84	1,280.84
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		287,369.10	296,799.00

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable) report From 01/01/2023 - 12/31/2023

There are no transactions to be reported for Plan ID - H2KX.

AGCM/PIKE PROPERTY MANAGEMENT

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 577AC

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2040 Mod SAGQ	2,750.48	2,947.17
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2045 Mod SAGT	4,034.01	4,340.66
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		6,784.49	7,287.83

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/PIKE PROPERTY MANAGEMENT

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 577AC

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	2,760.00	0.00	N/A	N/A	2,760.00	2,760.00	0.00
LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	0.00	9.44	N/A	N/A	9.52	0.00	-0.08
LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	4,048.00	0.00	N/A	N/A	4,048.00	4,048.00	0.00
LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	0.00	13.86	N/A	N/A	13.99	0.00	-0.13

AGCM/PRASHAW CONSTRUCTION LLC

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 075AD

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LINCOLN NAT'L LIFE - DIRECTOR	YourPath Passive 2065 Mod SAH6	142.12	143.95
	Participant Loans	Various Maturities & Interest Rates		0.00
	Total		142.12	143.95

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

AGCM/PRASHAW CONSTRUCTION LLC

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 01 0275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 075AD

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	YourPath Passive 2065 Mod SAH6	142.12	0.00	N/A	N/A	142.12	142.12	0.00
LNL-DIRECTOR	YourPath Passive 2065 Mod SAH6	0.00	0.00	N/A	N/A	0.00	0.00	0.00

SUMMARY FOR LINKED PLANS:

Schedule of Assets Held for Investment Purposes Schedule H Item 4i

EIN 010275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 867AA

(A)	(B) Identity of Issue	(C) Description of Investment	(D) Historical Cost[1]	(E) Current Value
*	LNL-DIRECTOR	Amerfunds 2035 TD Ret SA5V	14,748.56	16,404.37
*	LNL-DIRECTOR	AmerFunds AmerBal SA6B	131,632.35	147,837.56
*	LNL-DIRECTOR	AmerFunds Int Grw&Inc SA6F	39,679.36	42,571.52
*	LNL-DIRECTOR	American Funds New World SA6J	40,286.78	38,704.78
*	LNL-DIRECTOR	AmerFunds Was Mut Invt SA6L	67,262.65	89,546.15
*	LNL-DIRECTOR	JanusHnd Enterprise FnC SA8D	34,330.50	38,571.65
*	LNL-DIRECTOR	MFS Growth Fund SA9J	121,309.70	139,893.14
*	LNL-DIRECTOR	Neu Berman RET SA9S	4,849.21	4,922.33
*	LNL-DIRECTOR	PIMCO Div Inc Fund Instl SA9Z	34,933.90	34,626.95
*	LNL-DIRECTOR	PIMCO Intl Bond Fnd Admin SAA1	0.00	0.00
*	LNL-DIRECTOR	PGIM Jenn Sm Co Fnd Cl SAA6	35,844.70	40,582.53
*	LNL-DIRECTOR	SS Rsl Sml Cap Grw NL SAA9	4,771.24	4,823.45
*	LNL-DIRECTOR	VG Glb Equity Inv Shares SAAU	92,081.25	100,175.50
*	LNL-DIRECTOR	VG High Yld Corp Admrl SAAV	25,522.11	27,217.16
*	LNL-DIRECTOR	VG Inflation Protectd Sec SAAW	36,295.10	35,953.63
*	LNL-DIRECTOR	VG LifeStrat Cons Grw SAAZ	458,315.18	492,694.05
*	LNL-DIRECTOR	VG LifeStrat Grw SAB1	319,205.63	355,062.32
*	LNL-DIRECTOR	VG LifeStrat Mod Grw SAB2	131,896.31	141,545.32
*	LNL-DIRECTOR	VG Mid Cap Grw Idx Admrl SAB3	78,684.09	83,851.13
*	LNL-DIRECTOR	VG Target Ret 2025 Inv SABC	1,841.11	1,818.24
*	LNL-DIRECTOR	VG Target Ret 2040 Inv SABF	144,763.24	152,349.88
*	LNL-DIRECTOR	Victory Sycamore Est Val SABR	120,854.84	145,455.87
*	LNL-DIRECTOR	Western Ast Core Bond SABW	40,973.33	38,665.51
*	LNL-DIRECTOR	VG Health Care SAC6	33,295.24	37,358.86
*	LNL-DIRECTOR	Vanguard 500 Index SACG	529,654.88	612,035.50
*	LNL-DIRECTOR	VG Dev Markets Idx Admrl SACH	23,974.01	26,647.49
*	LNL-DIRECTOR	Franklin Utilities SACW	124,668.04	117,996.66
*	LNL-DIRECTOR	VG Info Tech Idx Admrl SAD3	386,955.77	518,042.11
*	LNL-DIRECTOR	Delaware Small Cap Core SADW	6,434.69	7,010.83
*	LNL-DIRECTOR	Delaware Small Cap Val SADX	54,334.13	57,882.41
*	LNL-DIRECTOR	Vanguard Sm Cap Grwth Ind SAE6	64,324.10	61,519.95
*	LNL-DIRECTOR	VG Target Ret 2065 Inv SAEN	6,434.84	7,003.27
*	LNL-DIRECTOR	YourPath Passive 2010 Mod SAG8	2,898.35	3,069.18
*	LNL-DIRECTOR	YourPath Passive 2015 Mod SAGB	203,946.20	224,256.10

*	LNL-DIRECTOR	YourPath Passive 2020 Mod SAGE	716,520.85	787,460.36
*	LNL-DIRECTOR	YourPath Passive 2025 Mod SAGH	981,887.97	1,064,296.07
*	LNL-DIRECTOR	YourPath Passive 2030 Mod SAGK	2,509,884.72	2,763,121.69
*	LNL-DIRECTOR	YourPath Passive 2035 Mod SAGN	1,159,002.42	1,286,531.95
*	LNL-DIRECTOR	YourPath Passive 2040 Mod SAGQ	773,118.78	868,392.03
*	LNL-DIRECTOR	YourPath Passive 2045 Mod SAGT	270,956.15	299,304.62
*	LNL-DIRECTOR	YourPath Passive 2050 Mod SAGW	1,007,674.38	1,140,105.61
*	LNL-DIRECTOR	YourPath Passive 2055 Mod SAGZ	916,212.15	1,033,138.91
*	LNL-DIRECTOR	YourPath Passive 2060 Mod SAH3	309,117.20	341,940.05
*	LNL-DIRECTOR	YourPath Passive 2065 Mod SAH6	321,120.69	356,443.59
*	LNL-DIRECTOR	Guaranteed Stable Val	106,533.21	106,533.21
	Participant Loans	Various Maturities & Interest Rates	0.00	285,800.49
	Total		12,489,029.91	14,179,163.98

[1] **The reported cost is based on account balances at the inception of the investment contract (and subsequent additions/subtractions) and may not accurately reflect the true cost of the investment that is reportable on Form 5500.**

SUMMARY FOR LINKED PLANS:

Schedule of Reportable Transactions Schedule H, Part 4J(5%Reportable)

EIN 010275734 **IRS Plan #** 333

As of Plan Year End 12/31/2023

Contract #: 867AA

(A) Identity of party involved	(B) Description of Assets	(C) Purchase Price	(D) Selling Price	(E) Lease Rental	(F) Expenses Incurred	(G) Cost of Asset	(H) Current Value of Asset on Transaction Date	(I) Net Gain Or Loss
LNL-DIRECTOR	Guaranteed Stable Val	0.00	590,291.97	N/A	N/A	43,448.18	0.00	546,843.79

ASSOCIATED GENERAL CONTRACTORS OF MAINE
401(K) PROFIT SHARING PLAN AND TRUST

SPONSOR'S EIN: 01-0275734
PLAN NUMBER: 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD FOR AT END OF YEAR)
December 31, 2023

(a)	(b) Identity of issue or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Pooled separate accounts:			
*	Lincoln National Life Insurance Company	American Funds 2035 Target Date Retirement	**	$ 16,404
*	Lincoln National Life Insurance Company	American Funds American Balanced Fund	**	147,838
*	Lincoln National Life Insurance Company	American Funds International Growth and Income	**	42,572
*	Lincoln National Life Insurance Company	American Funds New World Fund®	**	38,705
*	Lincoln National Life Insurance Company	American Funds Washington Mutual Investors Fund	**	89,546
*	Lincoln National Life Insurance Company	Delaware Small Cap Core	**	7,011
*	Lincoln National Life Insurance Company	Delaware Small Cap Value	**	57,882
*	Lincoln National Life Insurance Company	Franklin Utilities Fund	**	117,997
*	Lincoln National Life Insurance Company	Janus Henderson Enterprise	**	38,572
*	Lincoln National Life Insurance Company	MFS Growth Fund	**	139,893
*	Lincoln National Life Insurance Company	Neuberger Berman Real Estate	**	4,922
*	Lincoln National Life Insurance Company	PIMCO Diversified Income Fund	**	34,627
*	Lincoln National Life Insurance Company	PGIM Jennison Small Company	**	40,583
*	Lincoln National Life Insurance Company	SSgA Russell Small Cap Growth Index NL	**	4,823
*	Lincoln National Life Insurance Company	Vanguard 500 Index	**	612,035
*	Lincoln National Life Insurance Company	Vanguard Developed Markets Index	**	26,647
*	Lincoln National Life Insurance Company	Vanguard Global Equity	**	100,176
*	Lincoln National Life Insurance Company	Vanguard Health Care	**	37,359
*	Lincoln National Life Insurance Company	Vanguard High-Yield Corporate	**	27,217
*	Lincoln National Life Insurance Company	Vanguard Inflation-Protected Securities	**	35,954
*	Lincoln National Life Insurance Company	Vanguard Information Technology Index	**	518,042
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Conservative Growth	**	492,694
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Growth	**	355,062
*	Lincoln National Life Insurance Company	Vanguard LifeStrategy Moderate Growth	**	141,545
*	Lincoln National Life Insurance Company	Vanguard Mid-Cap Growth Index	**	83,851
*	Lincoln National Life Insurance Company	Vanguard Small Cap Growth Index	**	61,520
*	Lincoln National Life Insurance Company	Vanguard Target Retirement 2025	**	1,818
*	Lincoln National Life Insurance Company	Vanguard Target Retirement 2040	**	152,350
*	Lincoln National Life Insurance Company	Vanguard Target Retirement 2065	**	7,003
*	Lincoln National Life Insurance Company	Victory Sycamore Established Value	**	145,456
*	Lincoln National Life Insurance Company	Western Asset Core Bond	**	38,666
*	Lincoln National Life Insurance Company	YourPath Passive 2010 Moderate	**	3,069
*	Lincoln National Life Insurance Company	YourPath Passive 2015 Moderate	**	224,256
*	Lincoln National Life Insurance Company	YourPath Passive 2020 Moderate	**	787,460
*	Lincoln National Life Insurance Company	YourPath Passive 2025 Moderate	**	1,064,296
*	Lincoln National Life Insurance Company	YourPath Passive 2030 Moderate	**	2,763,122
*	Lincoln National Life Insurance Company	YourPath Passive 2035 Moderate	**	1,286,532
*	Lincoln National Life Insurance Company	YourPath Passive 2040 Moderate	**	868,392
*	Lincoln National Life Insurance Company	YourPath Passive 2045 Moderate	**	299,305
*	Lincoln National Life Insurance Company	YourPath Passive 2050 Moderate	**	1,140,106
*	Lincoln National Life Insurance Company	YourPath Passive 2055 Moderate	**	1,033,139
*	Lincoln National Life Insurance Company	YourPath Passive 2060 Moderate	**	341,940
*	Lincoln National Life Insurance Company	YourPath Passive 2065 Moderate	**	356,443
	Total pooled separate accounts			13,786,830
	Guaranteed investment contract:			
*	Lincoln National Life Insurance Company	Stable Value Account	**	106,533
*	Notes receivable from participants	Loans to participants, interest ranging from 4.25% - 9.50%, various maturities	-	285,800
	Total assets held			$ 14,179,163

** A party-in-interest, as defined by ERISA.*

*** The cost of participant-directed investments is not required to be disclosed.*