

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HOLDER CONSTRUCTION GROUP, LLC</u></p> <p><u>3300 RIVERWOOD PARKWAY, SUITE 1200</u> <u>ATLANTA, GA 30339</u></p>	<p>1c Effective date of plan <u>01/01/2002</u></p> <p>2b Employer Identification Number (EIN) <u>58-2535136</u></p> <p>2c Plan Sponsor's telephone number <u>770-988-3000</u></p> <p>2d Business code (see instructions) <u>236200</u></p>

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.	10/13/2025	SHAWN BELIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	SHAWN BELIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2302
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1642
	6a(2)	1589
	6b	14
	6c	715
	6d	2318
	6e	1
	6f	2319
	6g(1)	2002
6g(2)	2244	
6h	102	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLDER CONSTRUCTION GROUP, LLC		D Employer Identification Number (EIN) 58-2535136

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-TP-HN2O	2244	01/01/2024	12/31/2024

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 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

(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	4993201
5	Current value of plan's interest under this contract in separate accounts at year end.....	215445800
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 5948433
c	Additions: (1) Contributions deposited during the year	7c(1) 734148
	(2) Dividends and credits.....	7c(2) 2671
	(3) Interest credited during the year.....	7c(3) 111796
	(4) Transferred from separate account	7c(4) 25864854
	(5) Other (specify below)..... ▶	7c(5) 47180
	(6) Total additions	7c(6) 26760649
d	Total of balance and additions (add lines 7b and 7c(6))	7d 32709082
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 2203342
	(2) Administration charge made by carrier.....	7e(2) 4911
	(3) Transferred to separate account	7e(3) 25505777
	(4) Other (specify below)..... ▶	7e(4) 1850
(5) Total deductions	7e(5) 27715880	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 4993202

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLDER CONSTRUCTION GROUP, LLC	D Employer Identification Number (EIN) 58-2535136	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NATIONWIDE **ONE NATIONWIDE PLAZA**
COLUMBUS, OH 43215

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 18 19 49 59 60 63 64 99	NONE	241602	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PENSION FINANCIAL SERVICES, INC.

3700 CRESTWOOD PARKWAY, SUITE 550
DULUTH, GA 30096

(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 17	NONE	105873	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	95325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

BRINKER CAPITAL INVESTMENTS

17605 WRIGHT ST
OMAHA, NE 68130

(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?
28 51	NONE	116848	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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
PENSION FINANCIAL SERVICES, INC.	13 17	95325

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	49 64	38949

(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.
BRINKER CAPITAL INVESTMENTS 17605 WRIGHT ST OMAHA, NE 68130	ADVISORY/SERVICE PROVIDER FEE

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HOLDER CONSTRUCTION GROUP, LLC	D Employer Identification Number (EIN) 58-2535136

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5500000	7000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	904105	1189310
(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)	1890643	1935452
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	179479318	214256490
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	5948433	4993201
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	193722499	229374453
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	193722499	229374453

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)	7000000	
(B) Participants.....	2a(1)(B)	17608309	
(C) Others (including rollovers).....	2a(1)(C)	714027	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		25322336
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	123820	
(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)	122617	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		246437
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	185641	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		185641
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		23592347
c Other income	2c		1143865
d Total income. Add all income amounts in column (b) and enter total	2d		50490626

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14506425	
(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)		14506425
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	332247	
(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)		332247
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14838672

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		35651954
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CARR RIGGS & INGRAM LLC**

(2) EIN: **72-1396621**

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>HOLDER CONSTRUCTION GROUP, LLC PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HOLDER CONSTRUCTION GROUP, LLC</u>	D Employer Identification Number (EIN) <u>58-2535136</u>	

Part I	Distributions
---------------	----------------------

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

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

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 31-4156830 31-1592130

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): _____

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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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



**Holder Construction Group, LLC
Profit Sharing and 401(k) Plan**

FINANCIAL STATEMENTS

December 31, 2024 and 2023



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Note: Other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.



REPORT





CARR, RIGGS & INGRAM, L.L.C.

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INDEPENDENT AUDITOR'S REPORT

To the Administrator of the
Holder Construction Group, LLC Profit Sharing and 401(k) Plan

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

We have performed audits of the accompanying financial statements of Holder Construction Group, LLC Profit Sharing and 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Holder Construction Group, LLC Profit Sharing and 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, 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—

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Holder Construction Group, LLC Profit Sharing and 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, 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 generally accepted auditing standards, 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 Holder Construction Group, LLC Profit Sharing and 401(k) 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 Holder Construction Group, LLC Profit Sharing and 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, 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 schedule, 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 generally accepted auditing standards. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule 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 schedule 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).

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS AND INGRAM, L.L.C.

Atlanta, Georgia
October 13, 2025



FINANCIAL STATEMENTS



Holder Construction Group, LLC Profit Sharing and 401(K) Plan Statements of Net Assets Available for Benefits

<i>December 31,</i>	2024	2023
Assets		
Investments		
Investments at fair value	\$ 215,445,800	\$ 180,383,423
Investments at contract value	4,993,201	5,948,433
Total investments	220,439,001	186,331,856
Receivables		
Notes receivable from participants	1,935,452	1,890,643
Employer contribution	7,000,000	5,500,000
Total receivables	8,935,452	7,390,643
Net assets available for benefits	\$ 229,374,453	\$ 193,722,499

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

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Statement of Changes in Net Assets Available for Benefits

<i>For the year ended December 31,</i>	<i>2024</i>
Additions	
Investment income	
Net appreciation in value of investments	\$ 24,940,345
Interest and dividends	105,328
<hr/>	
Total investment income	25,045,673
Contributions	
Employer	7,000,000
Employee	17,608,309
Rollover	714,027
<hr/>	
Total contributions	25,322,336
Interest income on notes receivable from participants	122,617
<hr/>	
Total additions	50,490,626
Deductions	
Benefits paid to participants	14,506,425
Administrative expenses	332,247
<hr/>	
Total deductions	14,838,672
Net increase	35,651,954
Net Assets Available for Benefits	
Beginning of year	193,722,499
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End of year	\$ 229,374,453
<hr/> <hr/>	

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

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 1: DESCRIPTION OF THE PLAN

The following description of the Holder Construction Group, LLC Profit Sharing and 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering eligible employees, as defined, of Holder Construction Group, LLC (the Company). The Plan was formed by the Company effective January 1, 2002. The Plan is subject to the provisions of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administration Committee is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings, monitors investment performance with the aid of investment advisors and reports to the Plan's Board of Trustees.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Plan assets are held and managed by Nationwide Trust Company, FSB (Nationwide), the trustee or custodian and the qualified institution for the plan, which invests contributions and Plan earnings, and makes investment transactions as directed by the Plan Administration Committee. SS&C Technologies, Inc. provides recordkeeping services for the Plan. Pension Financial Services, Inc. acts as the third-party administrator for the Plan, which performs certain plan administration and annual ERISA compliance testing.

Eligibility

Employees may become a participant of the Plan when they have completed three months of service. An eligible employee may enter the Plan on January 1 or July 1 (entry date) which follows the completion of three months of service with the Company.

Contributions

Each year, participants may contribute via payroll deductions up to 100% of their pretax annual compensation or after-tax compensation (for Roth purposes), as defined by the Plan, subject to certain Internal Revenue Service (IRS) limitations. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (i.e. rollover contributions). Participants may elect to invest in any of the investment options offered by the Plan or a combination thereof in increments of 1%. A participant may change their rate of contributions as of any entry date. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 6% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. The Plan provides for a discretionary employer matching contribution. Each year, the Company determines the amount, if any, that will be contributed as a profit sharing contribution. This contribution is made out of the Company's net profits and is allocated among the participants' accounts based on each participant's compensation as of the last day of the Plan year. For the year ended December 31, 2024, there was \$7,000,000 in discretionary employer matching contributions.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 1: DESCRIPTION OF THE PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Company matching and profit sharing contributions, as well as allocations of Plan earnings (losses). Participant accounts are charged with withdrawals and an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, 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 portion of a participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. A participant's allocation of the Company's profit sharing and matching contributions will become fully vested upon their death if they are employed, disabled and employed, age 65 and employed, or ratably upon completion of six years of service, as indicated in the following schedule:

Years of Service	Vested Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

A year of service is equal to 1,000 or more hours of service, as defined.

Notes Receivable from Participants

Participants may borrow from their fund accounts the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and are repayable through regular payroll deductions over a period generally not to exceed five years. Loans bear interest at the prime rate plus 0.5% which is determined at the initiation of the loan. Interest rates were 3.75% to 9.00% on loans outstanding at December 31, 2024. Principal and interest is paid ratably through payroll deductions.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan or to an individual brokerage account which allows participant directed investments in individual common stocks.

Benefit Payments

A participant may withdraw from the Plan in the case of financial hardship, death, disability, retirement (age 65), or attainment of age 59 1/2. Upon termination of a participant's employment, the Plan will distribute, at the election of the participant, the vested portion of the participant's account in either a lump sum amount or in monthly, quarterly, or annual installments over a period not to exceed the life expectancy of the participant or the beneficiary.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 1: DESCRIPTION OF THE PLAN (Continued)

Forfeitures

Forfeitures of the non-vested portion of account balances will, at the Plan Sponsor's discretion, be added to the matching contribution or used to pay Plan expenses. If the Plan terminates before all forfeitures can be so applied, the remaining forfeitures will be allocated as of the last day of the Plan year into the profit-sharing account of each eligible participant proportionate to their compensation in comparison to the total compensation of all eligible participants employed during that Plan year. As of December 31, 2024 and 2023, forfeited, non-vested accounts totaled \$535,136 and \$486,563, respectively. In 2024, employer contributions were reduced by \$535,136 from forfeited nonvested accounts.

Hardship Withdrawals

As permitted by the Internal Revenue Code (IRC) and in accordance with the plan agreement, a participant may request a financial hardship withdrawal if they experience a severe financial hardship. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

Note 2: SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared under the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. See Notes 4 and 5 for further discussion of fair value measurements and contract value. The Plan Administration Committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes both realized and unrealized gains and losses on investments bought and sold as well as held during the year. Interest income on investments on contract basis is based on a contractually set interest rate as determined quarterly by the contract provider.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 2: SUMMARY OF ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (continued)

Management fees and operating expenses charged to the Plan for investments in the mutual funds are calculated on a daily basis and are not separately reflected. Management fees and operating expenses are billed quarterly on a calendar quarter basis. These fees are paid out of the Plan and are included as part of the Administrative Expenses on the Statement of Changes in Net Assets Available for Benefits.

Notes Receivable from Participants

Notes receivable from participants represents participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as operating expenses and are expensed when incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Distributions to participants are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the financial statements.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 13, 2025, and determined there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 3: INFORMATION CERTIFIED BY QUALIFIED INSTITUTION

The Plan Administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The following financial information included in the Plan's financial statements was obtained from management and agreed to or derived from information certified as complete and accurate by Nationwide, the qualified institution:

- a) Total investments, at fair value and contract value, included in the statements of net assets available for benefits at December 31, 2024 and 2023.
- b) Investment income information included in the statement of changes in net assets available for benefits for the year ended December 31, 2024.
- c) All amounts included in Note 4, *Fair Value Measurements*.
- d) All amounts included in Note 5, *Guaranteed Investment Contract*.
- e) All information included in the supplemental schedule of assets (held at end of year) as of December 31, 2024, excluding notes receivable.

Note 4: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- 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; or
 - can be corroborated by observable market data.

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

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

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

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 4: FAIR VALUE MEASUREMENTS (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common stocks (held in self-directed brokerage accounts): Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end reported in the active market where the fund is traded on a daily basis.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023. There were no Level 2 or Level 3 investments.

<u>December 31,</u>	<u>2024</u>	<u>2023</u>
Level 1 investments:		
Mutual funds	\$ 214,256,490	\$179,479,318
Self directed brokerage accounts	1,189,310	904,105
Total investments, at fair value	\$ 215,445,800	\$180,383,423

Note 5: GUARANTEED INVESTMENT CONTRACT

The Plan entered into an investment contract with Nationwide Trust Company, FSB (Nationwide). Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract at December 31, 2024 and 2023, is included in the statements of net assets available for benefits at contract value as of that date, as the contract is considered fully-benefit responsive as described in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 962, *Plan Accounting - Defined Contribution Pension Plans*. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by the participants if they were to initiate permitted transactions under the terms of the Plan. The contract places no restrictions on the participants' and Company's ability to transact at contract value for distributions, transfers and exchanges relating to normal plan operations and in the event of Plan termination, mergers and significant Plan sponsor layoffs.

The contract value of the investment contract at December 31, 2024 and 2023, was \$4,993,201 and \$5,948,433, respectively. The average yield and contract crediting rates ranged from approximately 1.83% to 2.19% for 2024. Such interest rates are reviewed on a quarterly basis for resetting.

Termination of the contract, Plan termination, merger of the Plan or a 15% reduction in the number of participants may limit the Plan's ability to transact at contract value. If one of these events occurs, a market value adjustment can be made on transactions within the contract. No such events occurred during the plan years 2024 and 2023.

Holder Construction Group, LLC Profit Sharing and 401(K) Plan Notes to Financial Statements

Note 6: TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated February 15, 2018, that the Plan, and related trust were designed in accordance with applicable regulations of the IRS. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRS and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

Note 7: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Nationwide. In addition, the Plan has shares of an investment contract (Note 5) managed by Nationwide. Nationwide is the trustee, and therefore, these transactions qualify as party-in-interest transactions.

Note 8: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company 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 will become 100% vested in their accounts.



SUPPLEMENTAL SCHEDULE



**Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)**

December 31, 2024

EIN: 58-2538136

Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments				
	American Century Ultra Fund R6	Mutual Fund	**	\$ 2,181
	American Century Value Fd Inst	Mutual Fund	**	7,646
	American Funds Capital World Growth & Inc R6	Mutual Fund	**	13,100
	American Funds Growth Fund of America R6	Mutual Fund	**	283,027
	American Funds High Income Trust R6	Mutual Fund	**	53,372
	American Funds New World Fund R6	Mutual Fund	**	2,401,763
	AQR Equity Market Neutral Fund	Mutual Fund	**	1,268,889
	AQR Long-Short Equity Fund	Mutual Fund	**	12,951
	Artisan International Value Inst	Mutual Fund	**	9,725,287
	Baird Core Plus Bond Inst	Mutual Fund	**	5,457,262
	Baron Partners Inst	Mutual Fund	**	14,809
	Baron Real Estate Inst	Mutual Fund	**	4,311
	Blackrock 80/20 Target Allocation Ins	Mutual Fund	**	9,930,912
	Blackrock Advantage Global Investor A	Mutual Fund	**	545,219
	Blackrock Commodity Strategies Fund	Mutual Fund	**	7,834
	Blackrock Health Science Opp Inst	Mutual Fund	**	141,879
	BlackRock Mid-Cap Growth Equity Instl	Mutual Fund	**	11,169
	Blackrock Strategic Income Opportunity	Mutual Fund	**	1,036,550
	BNY Mellon Global Real Return Fund	Mutual Fund	**	56,551
	Brown Advisor Sustainable Growth Inst	Mutual Fund	**	2,403,939
	Calamos Market Neutral Inc I	Mutual Fund	**	52,308
	Calvert International Equity Fund I	Mutual Fund	**	36,259
	Calvert Social Index	Mutual Fund	**	27,842
	Cohen & Steers Real Estate Securities Inst	Mutual Fund	**	3,406,466
	Col Cap Allocation Bal A	Mutual Fund	**	243,127
	Col Conv Sec Inst	Mutual Fund	**	288
	Delaware Diversified Income A	Mutual Fund	**	100,474
	Delaware Ivy Asset Strategy Fund I	Mutual Fund	**	38,379
	Delaware Ivy High Income Fund Class I	Mutual Fund	**	2,100
	DFA Global Real Estate Securities Port	Mutual Fund	**	58,409
	DFA International Large Cap Growth	Mutual Fund	**	3,110,145
	DFA International Small Cap Value Inst	Mutual Fund	**	154,182
	DFA US Small Cap Inst	Mutual Fund	**	2,509,268
	DWS High Income Fund - Class Inst	Mutual Fund	**	58,577
	DoubleLine Core Fixed Income I	Mutual Fund	**	7,790,893
	Eaton Vance Atlanta Capital SMID-Cap Fund I	Mutual Fund	**	4,176
	FAM Dividend Focus Fund	Mutual Fund	**	16,751
	Fuller & Thaler Behavioral Small-Cap Equity R6	Mutual Fund	**	4,567
	Fed Govt Obligations Premier	Mutual Fund	**	2,872,086
	Federated Hermes Short-Intermediate Total Return Bond Fund	Mutual Fund	**	1,092,397
	Fed Inst High Yield Bond Inst	Mutual Fund	**	1,821,681
	Fidelity 500 Index	Mutual Fund	**	11,792,699
	Fidelity Advisor Growth Opps Fund Inst	Mutual Fund	**	10,079
	Fidelity Advisor Strategic Div & Inc	Mutual Fund	**	241,107
	Fidelity Inflation-Protection Bond Index	Mutual Fund	**	181,863
	Fidelity Large Cap Growth Index	Mutual Fund	**	11,723
	Fidelity Large Cap Value Index	Mutual Fund	**	24,950
	Fidelity Select Semiconductors Portfolio	Mutual Fund	**	198,224
	Fidelity Select Technology Portfolio	Mutual Fund	**	29,534
	Fidelity US Bond Index	Mutual Fund	**	990,640
	First Eagle Global Fund R6	Mutual Fund	**	8,072
	First Eagle Gold R6	Mutual Fund	**	5
	Gabelli Gold Inst	Mutual Fund	**	20,741
	Goldman Sachs Large Cap Core Fund Class A	Mutual Fund	**	5,583
	Guggenheim Multi-Hedge Strategies Fund Inst	Mutual Fund	**	540
	Harbor International Fund Inst	Mutual Fund	**	29,167
	Impax Sustainable Allocation Fund Class Inst	Mutual Fund	**	13,977
	Invesco Corporate Bond Fund R5	Mutual Fund	**	79,820
	Invesco Global Opportunities Fund Class Y	Mutual Fund	**	4,916
	Invesco Gold & Special Minerals Fund	Mutual Fund	**	170,226
	Janus Henderson Global Technology and Innovation Fund	Mutual Fund	**	30,819
	Janus Henderson Overseas N Fund	Mutual Fund	**	24,064
	JP Morgan Core Plus Bond Fund R5	Mutual Fund	**	477,956
	JP Morgan US Equity R5	Mutual Fund	**	35,971
	Lazard International Strategic Equity Inst	Mutual Fund	**	1,214

(Continued)

Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2024 (Continued)
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments (continued)				
	Legg Mason Clearbridge Dividend Strategic	Mutual Fund	**	61,264
	Legg Mason Clearbridge Large Cap	Mutual Fund	**	204,106
	Loomis Sayles Global Bond Instl	Mutual Fund	**	38,829
	Macquaire Mid Cap Growth Fund	Mutual Fund	**	9,846
	Morgan Stanley Insight Fund	Mutual Fund	**	44,365
	Morgan Stanley Inst Discovery I	Mutual Fund	**	12,892
	Morgan Stanley Institutional Fund, Inc. Global Opp Port Class I	Mutual Fund	**	6,950
	Morgan Stanley Institutional Growth I	Mutual Fund	**	24,669
	MetWest Total Return Bond	Mutual Fund	**	372
	Metropolitan West Ultra Short Bond I	Mutual Fund	**	3,218,174
*	Nationwide Geneva Small Cap Gr A	Mutual Fund	**	8,152,824
*	Nationwide International Index Inst	Mutual Fund	**	420,734
	Natixis Gateway A	Mutual Fund	**	14,238
	PIMCO CommodityRealReturn Strategy Fund	Mutual Fund	**	41,510
	PIMCO International Bond Fund	Mutual Fund	**	2,027,632
	PIMCO StocksPLUS International	Mutual Fund	**	209,472
	PIMCO StocksPLUS Long Duration Fund	Mutual Fund	**	276,725
	Pioneer Strategic Income Y	Mutual Fund	**	52,685
	Principal Mid Cap Fund R6	Mutual Fund	**	2,005,318
	Principal Mid Cap Value III Inst	Mutual Fund	**	121,175
	Putnam Conv Sec Y	Mutual Fund	**	63,365
	Putnam Growth Opportunities Fund Class Y	Mutual Fund	**	17,295,095
	State Street Balanced Index Fund - Class K	Mutual Fund	**	28,720,295
	TCW Total Return Bond I	Mutual Fund	**	8,017
	Tiaacrf Life Cycle Index Fund 2010 Inst	Mutual Fund	**	13,341
	Tiaacrf Life Cycle Index Fund 2015 Inst	Mutual Fund	**	8,898
	Tiaacrf Life Cycle Index Fund 2020 Inst	Mutual Fund	**	73,435
	Tiaacrf Life Cycle Index Fund 2025 Inst	Mutual Fund	**	32,281
	Tiaacrf Life Cycle Index Fund 2030 Inst	Mutual Fund	**	120,595
	Tiaacrf Life Cycle Index Fund 2035 Inst	Mutual Fund	**	347,298
	Tiaacrf Life Cycle Index Fund 2040 Inst	Mutual Fund	**	910,761
	Tiaacrf Life Cycle Index Fund 2045 Inst	Mutual Fund	**	732,615
	Tiaacrf Life Cycle Index Fund 2050 Inst	Mutual Fund	**	1,463,528
	Tiaacrf Life Cycle Index Fund 2055 Inst	Mutual Fund	**	1,309,809
	Tiaacrf Life Cycle Index Fund 2060 Inst	Mutual Fund	**	908,950
	Tiaacrf Life Cycle Index Fund 2065 Inst	Mutual Fund	**	223,424
	TIAA-CREF Lifecycle Index Ret Inc Instl	Mutual Fund	**	3,048
	T. Rowe Price Blue Chip Growth	Mutual Fund	**	2,615,013
	T. Rowe Price Health Sciences Fund	Mutual Fund	**	136,479
	T. Rowe Price Real Estate Fund	Mutual Fund	**	56,421
	Victory Established Value I	Mutual Fund	**	7,522,479
	Vanguard 500 Index Fd Admiral	Mutual Fund	**	1,519,052
	Vanguard Commodity Strategy Fund	Mutual Fund	**	1,274,748
	Vanguard Consumer Staples Index Fund Admiral	Mutual Fund	**	27,802
	Vanguard Dividend App Index Inv	Mutual Fund	**	307,599
	Vanguard Dividend Growth Inv	Mutual Fund	**	4,472,975
	Vanguard Diversified Equity Inv	Mutual Fund	**	107,915
	Vanguard Emerging Market Index Admiral	Mutual Fund	**	935,902
	Vanguard Energy Admiral	Mutual Fund	**	73,131
	Vanguard Energy Fund Investor Shares	Mutual Fund	**	74,550
	Vanguard Financials Index Fund Admiral	Mutual Fund	**	16,508
	Vanguard Global Equity Inv	Mutual Fund	**	32,419
	Vanguard GNMA Fund Admiral	Mutual Fund	**	2,186,879
	Vanguard Growth & Income Inv	Mutual Fund	**	45,854
	Vanguard Growth Index Admiral	Mutual Fund	**	66,213
	Vanguard Health Care Index Fund Admiral Shares	Mutual Fund	**	202
	Vanguard Health Care Inv	Mutual Fund	**	20,469
	Vanguard High Dividend Yield Index Admiral Fund	Mutual Fund	**	33,533
	Vanguard Inflation Protected Sec Adml	Mutual Fund	**	46,303
	Vanguard Information Technology Index Fund	Mutual Fund	**	301,654
	Vanguard International Growth Admiral Fund	Mutual Fund	**	5,591
	Vanguard International Value Fund	Mutual Fund	**	1,876,307
	Vanguard Intermediate Term Bond Index Admiral Fund	Mutual Fund	**	44,696

(Continued)

Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2024 (Continued)
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments (continued)				
	Vanguard Long-Term Investment-Grade Admiral	Mutual Fund	**	821
	Vanguard Large Cap Index Fund Admiral Shares	Mutual Fund	**	92,174
	Vanguard Midcap Growth Index Inv	Mutual Fund	**	52,372
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	27,019
	Vanguard REIT Index Admiral	Mutual Fund	**	10,601
	Vanguard Short Term Admiral	Mutual Fund	**	6,903
	Vanguard Small Cap Index Fund	Mutual Fund	**	16,140
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	**	1,403
	Vanguard Small Cap Value Index Admiral	Mutual Fund	**	693
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	37,943
	Vanguard Total Bond Market Index Admiral	Mutual Fund	**	534,905
	Vanguard Total Intl Bond Index Admiral	Mutual Fund	**	118,463
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	**	10,762,170
	Vanguard Total Stock Market Index Adm	Mutual Fund	**	15,611,601
	Vanguard Total World Stock Index Fund Admiral Shares	Mutual Fund	**	179,189
	Vanguard US Growth Fund Admiral	Mutual Fund	**	1,135
	Vanguard Utilities Index Fund Admiral	Mutual Fund	**	9
	Vanguard Value Index Admiral	Mutual Fund	**	5,120,642
	Vanguard Wellesley Income Admiral	Mutual Fund	**	3,498,555
	Vanguard Windsor Fund Admiral	Mutual Fund	**	14,041,607
*	Nationwide Trust Company	Participant-Directed Brokerage Accounts	**	1,189,310
				215,445,800
Fully benefit-responsive investment contracts				
*	Nationwide Life Insurance Company	Deposit in the general account of Nationwide Life Insurance Company	**	4,993,201
				220,439,001
*	Notes receivable from participants	Rates of 3.75% to 9.00% with various maturities		1,935,452
Total				\$ 222,374,453

* Party in Interest

** Participant directed therefore cost not required

<p>Form 5500 Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the Instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <p style="font-size: 24pt; font-weight: bold; text-align: center;">2024</p> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information --- enter all requested information

<p>1a Name of plan Holder Construction Group, LLC Profit Sharing and 401(k) Plan</p>	<p>1b Three-digit plan number (PN) ▶</p>	<p>001</p>
<p>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)</p> <p>Holder Construction Group, LLC</p> <p>3300 Riverwood Parkway, Suite 1200</p> <p>US Atlanta GA 30339</p>	<p>1c Effective date of plan 01/01/2002</p> <p>2b Employer Identification Number (EIN) 58-2535136</p> <p>2c Plan Sponsor's telephone number (770) 988-3000</p> <p>2d Business code (see instructions) 236200</p>	

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	<i>Shawn M Belin</i>	10/13/25	SHAWN BELIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Shawn M Belin</i>	10/13/25	SHAWN BELIN
	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

**Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)**

December 31, 2024

EIN: 58-2538136

Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments				
	American Century Ultra Fund R6	Mutual Fund	**	\$ 2,181
	American Century Value Fd Inst	Mutual Fund	**	7,646
	American Funds Capital World Growth & Inc R6	Mutual Fund	**	13,100
	American Funds Growth Fund of America R6	Mutual Fund	**	283,027
	American Funds High Income Trust R6	Mutual Fund	**	53,372
	American Funds New World Fund R6	Mutual Fund	**	2,401,763
	AQR Equity Market Neutral Fund	Mutual Fund	**	1,268,889
	AQR Long-Short Equity Fund	Mutual Fund	**	12,951
	Artisan International Value Inst	Mutual Fund	**	9,725,287
	Baird Core Plus Bond Inst	Mutual Fund	**	5,457,262
	Baron Partners Inst	Mutual Fund	**	14,809
	Baron Real Estate Inst	Mutual Fund	**	4,311
	Blackrock 80/20 Target Allocation Ins	Mutual Fund	**	9,930,912
	Blackrock Advantage Global Investor A	Mutual Fund	**	545,219
	Blackrock Commodity Strategies Fund	Mutual Fund	**	7,834
	Blackrock Health Science Opp Inst	Mutual Fund	**	141,879
	BlackRock Mid-Cap Growth Equity Instl	Mutual Fund	**	11,169
	Blackrock Strategic Income Opportunity	Mutual Fund	**	1,036,550
	BNY Mellon Global Real Return Fund	Mutual Fund	**	56,551
	Brown Advisor Sustainable Growth Inst	Mutual Fund	**	2,403,939
	Calamos Market Neutral Inc I	Mutual Fund	**	52,308
	Calvert International Equity Fund I	Mutual Fund	**	36,259
	Calvert Social Index	Mutual Fund	**	27,842
	Cohen & Steers Real Estate Securities Inst	Mutual Fund	**	3,406,466
	Col Cap Allocation Bal A	Mutual Fund	**	243,127
	Col Conv Sec Inst	Mutual Fund	**	288
	Delaware Diversified Income A	Mutual Fund	**	100,474
	Delaware Ivy Asset Strategy Fund I	Mutual Fund	**	38,379
	Delaware Ivy High Income Fund Class I	Mutual Fund	**	2,100
	DFA Global Real Estate Securities Port	Mutual Fund	**	58,409
	DFA International Large Cap Growth	Mutual Fund	**	3,110,145
	DFA International Small Cap Value Inst	Mutual Fund	**	154,182
	DFA US Small Cap Inst	Mutual Fund	**	2,509,268
	DWS High Income Fund - Class Inst	Mutual Fund	**	58,577
	DoubleLine Core Fixed Income I	Mutual Fund	**	7,790,893
	Eaton Vance Atlanta Capital SMID-Cap Fund I	Mutual Fund	**	4,176
	FAM Dividend Focus Fund	Mutual Fund	**	16,751
	Fuller & Thaler Behavioral Small-Cap Equity R6	Mutual Fund	**	4,567
	Fed Govt Obligations Premier	Mutual Fund	**	2,872,086
	Federated Hermes Short-Intermediate Total Return Bond Fund	Mutual Fund	**	1,092,397
	Fed Inst High Yield Bond Inst	Mutual Fund	**	1,821,681
	Fidelity 500 Index	Mutual Fund	**	11,792,699
	Fidelity Advisor Growth Opps Fund Inst	Mutual Fund	**	10,079
	Fidelity Advisor Strategic Div & Inc	Mutual Fund	**	241,107
	Fidelity Inflation-Protection Bond Index	Mutual Fund	**	181,863
	Fidelity Large Cap Growth Index	Mutual Fund	**	11,723
	Fidelity Large Cap Value Index	Mutual Fund	**	24,950
	Fidelity Select Semiconductors Portfolio	Mutual Fund	**	198,224
	Fidelity Select Technology Portfolio	Mutual Fund	**	29,534
	Fidelity US Bond Index	Mutual Fund	**	990,640
	First Eagle Global Fund R6	Mutual Fund	**	8,072
	First Eagle Gold R6	Mutual Fund	**	5
	Gabelli Gold Inst	Mutual Fund	**	20,741
	Goldman Sachs Large Cap Core Fund Class A	Mutual Fund	**	5,583
	Guggenheim Multi-Hedge Strategies Fund Inst	Mutual Fund	**	540
	Harbor International Fund Inst	Mutual Fund	**	29,167
	Impax Sustainable Allocation Fund Class Inst	Mutual Fund	**	13,977
	Invesco Corporate Bond Fund R5	Mutual Fund	**	79,820
	Invesco Global Opportunities Fund Class Y	Mutual Fund	**	4,916
	Invesco Gold & Special Minerals Fund	Mutual Fund	**	170,226
	Janus Henderson Global Technology and Innovation Fund	Mutual Fund	**	30,819
	Janus Henderson Overseas N Fund	Mutual Fund	**	24,064
	JP Morgan Core Plus Bond Fund R5	Mutual Fund	**	477,956
	JP Morgan US Equity R5	Mutual Fund	**	35,971
	Lazard International Strategic Equity Inst	Mutual Fund	**	1,214

(Continued)

Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2024 (Continued)
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments (continued)				
	Legg Mason Clearbridge Dividend Strategic	Mutual Fund	**	61,264
	Legg Mason Clearbridge Large Cap	Mutual Fund	**	204,106
	Loomis Sayles Global Bond Instl	Mutual Fund	**	38,829
	Macquaire Mid Cap Growth Fund	Mutual Fund	**	9,846
	Morgan Stanley Insight Fund	Mutual Fund	**	44,365
	Morgan Stanley Inst Discovery I	Mutual Fund	**	12,892
	Morgan Stanley Institutional Fund, Inc. Global Opp Port Class I	Mutual Fund	**	6,950
	Morgan Stanley Institutional Growth I	Mutual Fund	**	24,669
	MetWest Total Return Bond	Mutual Fund	**	372
	Metropolitan West Ultra Short Bond I	Mutual Fund	**	3,218,174
*	Nationwide Geneva Small Cap Gr A	Mutual Fund	**	8,152,824
*	Nationwide International Index Inst	Mutual Fund	**	420,734
	Natixis Gateway A	Mutual Fund	**	14,238
	PIMCO CommodityRealReturn Strategy Fund	Mutual Fund	**	41,510
	PIMCO International Bond Fund	Mutual Fund	**	2,027,632
	PIMCO StocksPLUS International	Mutual Fund	**	209,472
	PIMCO StocksPLUS Long Duration Fund	Mutual Fund	**	276,725
	Pioneer Strategic Income Y	Mutual Fund	**	52,685
	Principal Mid Cap Fund R6	Mutual Fund	**	2,005,318
	Principal Mid Cap Value III Inst	Mutual Fund	**	121,175
	Putnam Conv Sec Y	Mutual Fund	**	63,365
	Putnam Growth Opportunities Fund Class Y	Mutual Fund	**	17,295,095
	State Street Balanced Index Fund - Class K	Mutual Fund	**	28,720,295
	TCW Total Return Bond I	Mutual Fund	**	8,017
	Tiaacrf Life Cycle Index Fund 2010 Inst	Mutual Fund	**	13,341
	Tiaacrf Life Cycle Index Fund 2015 Inst	Mutual Fund	**	8,898
	Tiaacrf Life Cycle Index Fund 2020 Inst	Mutual Fund	**	73,435
	Tiaacrf Life Cycle Index Fund 2025 Inst	Mutual Fund	**	32,281
	Tiaacrf Life Cycle Index Fund 2030 Inst	Mutual Fund	**	120,595
	Tiaacrf Life Cycle Index Fund 2035 Inst	Mutual Fund	**	347,298
	Tiaacrf Life Cycle Index Fund 2040 Inst	Mutual Fund	**	910,761
	Tiaacrf Life Cycle Index Fund 2045 Inst	Mutual Fund	**	732,615
	Tiaacrf Life Cycle Index Fund 2050 Inst	Mutual Fund	**	1,463,528
	Tiaacrf Life Cycle Index Fund 2055 Inst	Mutual Fund	**	1,309,809
	Tiaacrf Life Cycle Index Fund 2060 Inst	Mutual Fund	**	908,950
	Tiaacrf Life Cycle Index Fund 2065 Inst	Mutual Fund	**	223,424
	TIAA-CREF Lifecycle Index Ret Inc Instl	Mutual Fund	**	3,048
	T. Rowe Price Blue Chip Growth	Mutual Fund	**	2,615,013
	T. Rowe Price Health Sciences Fund	Mutual Fund	**	136,479
	T. Rowe Price Real Estate Fund	Mutual Fund	**	56,421
	Victory Established Value I	Mutual Fund	**	7,522,479
	Vanguard 500 Index Fd Admiral	Mutual Fund	**	1,519,052
	Vanguard Commodity Strategy Fund	Mutual Fund	**	1,274,748
	Vanguard Consumer Staples Index Fund Admiral	Mutual Fund	**	27,802
	Vanguard Dividend App Index Inv	Mutual Fund	**	307,599
	Vanguard Dividend Growth Inv	Mutual Fund	**	4,472,975
	Vanguard Diversified Equity Inv	Mutual Fund	**	107,915
	Vanguard Emerging Market Index Admiral	Mutual Fund	**	935,902
	Vanguard Energy Admiral	Mutual Fund	**	73,131
	Vanguard Energy Fund Investor Shares	Mutual Fund	**	74,550
	Vanguard Financials Index Fund Admiral	Mutual Fund	**	16,508
	Vanguard Global Equity Inv	Mutual Fund	**	32,419
	Vanguard GNMA Fund Admiral	Mutual Fund	**	2,186,879
	Vanguard Growth & Income Inv	Mutual Fund	**	45,854
	Vanguard Growth Index Admiral	Mutual Fund	**	66,213
	Vanguard Health Care Index Fund Admiral Shares	Mutual Fund	**	202
	Vanguard Health Care Inv	Mutual Fund	**	20,469
	Vanguard High Dividend Yield Index Admiral Fund	Mutual Fund	**	33,533
	Vanguard Inflation Protected Sec Adml	Mutual Fund	**	46,303
	Vanguard Information Technology Index Fund	Mutual Fund	**	301,654
	Vanguard International Growth Admiral Fund	Mutual Fund	**	5,591
	Vanguard International Value Fund	Mutual Fund	**	1,876,307
	Vanguard Intermediate Term Bond Index Admiral Fund	Mutual Fund	**	44,696

(Continued)

Holder Construction Group, LLC Profit Sharing and 401(K) Plan
Form 5500 Schedule H, Line 4i Schedule of Assets (Held at End of Year)
December 31, 2024 (Continued)
EIN: 58-2538136
Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
Investments (continued)				
	Vanguard Long-Term Investment-Grade Admiral	Mutual Fund	**	821
	Vanguard Large Cap Index Fund Admiral Shares	Mutual Fund	**	92,174
	Vanguard Midcap Growth Index Inv	Mutual Fund	**	52,372
	Vanguard Mid-Cap Index Fund Admiral Shares	Mutual Fund	**	27,019
	Vanguard REIT Index Admiral	Mutual Fund	**	10,601
	Vanguard Short Term Admiral	Mutual Fund	**	6,903
	Vanguard Small Cap Index Fund	Mutual Fund	**	16,140
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	**	1,403
	Vanguard Small Cap Value Index Admiral	Mutual Fund	**	693
	Vanguard Target Retirement 2030 Fund	Mutual Fund	**	37,943
	Vanguard Total Bond Market Index Admiral	Mutual Fund	**	534,905
	Vanguard Total Intl Bond Index Admiral	Mutual Fund	**	118,463
	Vanguard Total Intl Stock Index Admiral	Mutual Fund	**	10,762,170
	Vanguard Total Stock Market Index Adm	Mutual Fund	**	15,611,601
	Vanguard Total World Stock Index Fund Admiral Shares	Mutual Fund	**	179,189
	Vanguard US Growth Fund Admiral	Mutual Fund	**	1,135
	Vanguard Utilities Index Fund Admiral	Mutual Fund	**	9
	Vanguard Value Index Admiral	Mutual Fund	**	5,120,642
	Vanguard Wellesley Income Admiral	Mutual Fund	**	3,498,555
	Vanguard Windsor Fund Admiral	Mutual Fund	**	14,041,607
*	Nationwide Trust Company	Participant-Directed Brokerage Accounts	**	1,189,310
				215,445,800
Fully benefit-responsive investment contracts				
*	Nationwide Life Insurance Company	Deposit in the general account of Nationwide Life Insurance Company	**	4,993,201
				220,439,001
*	Notes receivable from participants	Rates of 3.75% to 9.00% with various maturities		1,935,452
Total				\$ 222,374,453

* Party in Interest

** Participant directed therefore cost not required