Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
B & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

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)
B & B LUMBER COMPANY, INC.

PO BOX 420
JAMESVILLE, NY 13078

2b Employer Identification Number (EIN) 16-1035246

2c Plan Sponsor's telephone number 315-492-1786

2d Business code (see instructions) 321210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	BRIGHAM BOOHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	BRIGHAM BOOHER
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	171
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	155
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	142
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	16
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	158
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	158
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	152
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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 2J 2K 3D 3H

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

4B

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
B & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
B & B LUMBER COMPANY, INC.

D Employer Identification Number (EIN)
16-1035246

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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	006275669, ETC	6	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
1	0

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

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

JOSEPH WARREN YOUNG
250 S CLINTON ST STE 300
SYRACUSE, NY 13202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
1			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	488
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
B & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
B & B LUMBER COMPANY, INC.

D Employer Identification Number (EIN)
16-1035246

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS
500 SALEM STREET
SMITHFIELD, RI 02917

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

STRATEGIC FINANCIAL SERVICES
114 BUSINESS PARK DRIVE
UTICA, NY 13502

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

THE BARTER GROUP
205 S SALINA ST
SUITE 300
SYRACUSE, NY 13202

(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)

UBS FINANCIAL SERVICES, INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		20982	Yes [ ] No [X]	Yes [X] No [ ]		Yes [ ] No [ ]

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

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

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

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

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
B & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
B & B LUMBER COMPANY, INC.

D Employer Identification Number (EIN)
16-1035246

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	41280	60949
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		19996
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	819931	607944
(2) U.S. Government securities	1c(2)	1120622	907146
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1453737	1077405
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	5621823	4251167
(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)	436945	349546
(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)	3808079	5906791
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	17062	16038

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13319479	13196982
	Liabilities			
g	Benefit claims payable	1g	326	448
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	326	448
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13319153	13196534

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)	236256	
	(B) Participants	2a(1)(B)	371253	
	(C) Others (including rollovers)	2a(1)(C)	192645	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		800154
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2877	
	(B) U.S. Government securities	2b(1)(B)	16550	
	(C) Corporate debt instruments	2b(1)(C)	39444	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	26097	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		84968
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	100592	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	86299	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		186891
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3995852	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4191333	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-195481
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	441367	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		441367

		(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)		362274
c Other income	2c		-1024
d Total income. Add all **income** amounts in column (b) and enter total	2d		1679149
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1776411	
(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)		1776411
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25357	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25357
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1801768
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-122619
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] 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: EVANS AND BENNETT, LLP **(2)** EIN: 15-0551397

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
B & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
B & B LUMBER COMPANY, INC.

D Employer Identification Number (EIN)
16-1035246

Part I Distributions

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

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

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

EIN(s): 16-1612002

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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

JAMESVILLE, NEW YORK

AUDITED FINANCIAL STATEMENTS

AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2020 AND 2019

CONTENTS

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Evans and Bennett, LLP

CERTIFIED PUBLIC ACCOUNTANTS
2112 Erie Blvd. East Suite 100
Syracuse, New York 13224
(315) 474-3986
FAX # (315) 474-0716

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
B & B Lumber Company, Inc.
Profit Sharing Plan
Jamesville, New York

Report on the Financial Statements

We have audited the accompanying financial statements of B & B Lumber Company, Inc. Profit Sharing Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for plan benefits for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with U. S. generally accepted accounting principles; this includes 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U. S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of B & B Lumber Company, Inc. Profit Sharing Plan as of December 31, 2020 and 2019, and the changes in its net assets available for plan benefits for the years then ended in accordance with U. S. generally accepted accounting principles.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules appearing on pages 11 through 16 are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

Evans and Bennett, LLP
Certified Public Accountants
Syracuse, NY

October 11, 2021

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31,

ASSETS

	2020	2019
Nonparticipant-directed investments at fair value:		
Cash	$ 213	$ 1,507
Registered investment - money market funds	607,727	3,665,850
Registered investment companies	5,926,407	960,654
Common stocks	4,231,551	5,621,823
U.S. government securities	907,146	1,120,622
Corporate bonds	1,077,405	1,453,737
Life insurance - cash value	16,038	17,062
	12,766,487	12,841,255
Receivables:		
Employer's contributions	60,948	41,280
Participant contributions	-	-
Participants' loans receivable	349,546	436,945
Participants' monthly loan payments receivable	19,996	-
	430,490	478,225
Total assets	13,196,977	13,319,480

LIABILITIES

Accrued expenses	449	327
Total liabilities	449	327
Net assets available for benefits	$13,196,528	$13,319,153

The accompanying notes are an integral part of these financial statements

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

YEARS ENDED DECEMBER 31,

	2020	2019
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 245,762	$ 288,190
Participant loan interest	26,097	31,054
Net appreciation (depreciation) in investments	607,137	1,648,580
	878,996	1,967,824
Contributions:		
Employer	236,256	209,935
Employee	371,253	374,297
Rollover	192,645	270,041
	800,154	854,273
Total additions	1,679,150	2,822,097
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	1,776,411	2,346,398
Administrative expenses	25,364	30,466
Total deductions	1,801,775	2,376,864
Net increase (decrease)	(122,625)	445,233
Net assets available for benefits:		
Beginning of year	13,319,153	12,873,920
End of year	$ 13,196,528	$ 13,319,153

The accompanying notes are an integral part of these financial statements

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020

Note 1. Description of Plan

The following description of the B & B Lumber Company, Inc. Profit Sharing Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a 401(k) profit sharing plan covering the employees of B & B Lumber Company, U-Cut Enterprises, Premier Hardwood Products and The B&B Albany Pallet Company, Inc. Employees are eligible to participate in the employer matching and profit sharing features of the Plan after completion of one year of service. Length of service is based on 1,000 hours per year. Employees must be over 18 years of age to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each participant may elect to have a specified portion of his/her compensation for a Plan year allocated to his/her account up to a maximum of $19,500 per year plus an additional $6,500 for participants over 50 years old. The employer may make a matching contribution on the amount deferred by participants. The Company may also make annual profit sharing contributions at its own discretion.

Contributions received from participants and contributions receivable are net of payments of $0 at December 31, 2020 and 2019, made in the following year to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

Participant Accounts

Salary deferral contributions and any matching contributions are allocated to the respective employee's accounts. Employer profit sharing contributions are allocated to each participant based on the ratio to which the participants' compensation bears to the compensation of all eligible participants.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching and profit sharing contribution portion of their accounts plus actual earnings thereon is fully vested once they have completed six years of service. If participants die or become disabled before retirement, the entire value of the participant's account becomes vested and non-forfeitable. Participants have the right to designate a beneficiary to receive their benefits should they die.

Note 1. Description of Plan (continued)

Participant Loans

Under the terms of the Plan, participants may borrow up to 50% of the balance of their vested account or $50,000, whichever is less. The loans are secured by the participant's vested account balances and bear interest based on the prime rate plus 2% (currently 5.25%). Since the loans are fully secured, Management has decided to not create a reserve for bad debt allowance account. Loan terms range up to 5 years. Participant loans receivable are valued at cost, which approximates fair value.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive a lump sum equal to the value of the participant's vested interest in his or her account or annual installments, or in the form of an annuity.

Forfeitures

Forfeitures for terminated non-vested participants' accounts attributable to employer profit sharing contributions, employer-matching contributions and related earnings will be used to reduce employer contributions.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan has adopted ASU 2018-13: Fair Value Measurement (Topic 820 using a retrospective approach. The adoption of this ASU did not have a significant impact on the Plan's financial statements. See Note 4 for a discussion of fair value measurements.

Note 2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

The Plan's stock investments are stated at quoted market prices. The fair value of corporate bonds and U.S. government securities are valued using a market approach on yields currently available on comparative securities of issuers with similar ratings. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. The life insurance is valued at the cash value of the policy.

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.

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

The Plan sponsor, which is a party-in-interest, absorbs all non-investment and administrative costs of the Plan. These expenses, which are not reflected in accompanying financial statements, constitute exempt party-in-interest transactions under ERISA. Investment expenses are recorded as administrative expenses on the Statement of Changes in Net Assets available for Plan Benefits.

Concentration of Credit Risk

The Plan maintains its cash equivalents in accounts, which, at times may exceed federally insured limits. The Plan has not experienced any losses in such accounts. The Plan believes it is not exposed to any significant credit risk on cash equivalents.

Note 3. Investments

The following table presents investments at December 31, 2020 and 2019 that represent 5% or more of the Plan's assets.

Non-participant directed accounts	2020	2019
Fidelity short term bond fund	N/A	$ 649,260
iShares MSCI Intl Multifactor ETF	910,530	N/A
iShares MSCI USA Small-Cap Multifactor ETF	855,625	N/A
iShares MSCI USA Multifactor ETF	678,060	N/A

The investments are all nonparticipant directed.

Note 4. Fair Value Measurements

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

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Cash	$ 213	$ -	$ -	$ 213
Money Market Funds	607,727	-	-	607,727
Mutual Funds	955,906	-	-	955,906
Common Stocks	4,231,551	-	-	4,231,551
Exchange Traded Funds	4,970,501	-	-	4,970,501
Life Insurance	-	-	16,038	16,038
Corporate Bonds	-	1,077,405	-	1,077,405
U.S. Government Securities	-	907,146	-	907,146
Total investments	$ 10,765,898	$1,984,551	$ 16,038	$ 12,766,487

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Cash	$ 1,507	$ -	$ -	$ 1,507
Money Market Funds	818,425	-	-	818,425
Mutual Funds	960,654	-	-	960,654
Common Stocks	5,621,823	-	-	5,621,823
Exchange Traded Funds	2,847,425	-	-	2,847,425
Life Insurance	-	-	17,062	17,062
Corporate Bonds	-	1,453,737	-	1,453,737
U.S. Government Securities	-	1,120,622	-	1,120,622
Total investments	$ 10,249,834	$2,574,359	$ 17,062	$ 12,841,255

Note 4. Fair Value Measurements (continued)

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31:

	2020	2019
Balance beginning of year	$ 17,062	$ 16,401
Realized gains (losses)	-	-
Unrealized gains (losses)	(1,024)	661
Purchases, sales, issuances and settlements - net	-	-
Balance end of year	$ 16,038	$ 17,062

Note 5. 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.

Note 6. Tax Status

The Plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Although the plan has been amended since receiving the advisory opinion, the Plan administrator believes that the Plan is designed and currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and therefore, believes 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 be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions, however there are currently no audits in progress.

Note 7. Terminated Vested Accounts

At December 31, 2020 and 2019, there was $449 and $327, respectively, allocated to participant accounts who have elected to withdraw from the Plan, but have not been paid.

Note 8. Forfeited Accounts

For the plan years ended December 31, 2020 and 2019, the Plan allocated $5,559 and $15,002, respectively, in forfeited accounts to reduce employer contributions.

Note 9. Risks and Uncertainties

Investment securities are exposed to various risks such as interest rates, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the Plan's account balances and the amounts reported on the statement of net assets available for plan assets.

Note 10. Party In Interest Transactions

Loans receivable from Plan participants and the related interest income are considered exempt party in interest transactions.

Note 11. Plan Amendments

The Plan has implemented in plan year 2020 certain requirements by the Setting Every Community Up for Retirement Enhancement ("SECURE") Act and the Bipartisan Budget Act of 2018 which laws change the Plan to, among other things, suspends required minimum distributions, delays the commencement date for required minimum distributions and eliminates the suspension of employee deferrals after a hardship withdrawal is made. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance.

Note 12. Subsequent Events

Management has evaluated subsequent events through October 11, 2021, the date of the report which is the date these financial statements were available to be issued.

Note 13. COVID-19 Pandemic

As a result of the spread of the COVID-19 virus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets which may continue to affect the fair value of the Plan's investments. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN SUPPLEMENTARY INFORMATION

DECEMBER 31, 2020

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2020 FORM 5500, SCHEDULE H, 4I ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
CASH	CASH		216
SCHWAB GOVT MONEY FUND	MONEY MARKET		254,028
FHLB	1.125% 7/14/21	64,425	65,352
WELLS FARGO & CO	2.5% 3/4/21	70,885	70,236
BANK OF MONTREAL	2.55% 11/6/22	68,363	72,707
TJX CO	2.75% 6/15/21	69,872	70,507
US BANCORP MTN	3% 3/15/22	69,077	72,163
GENERAL DYNAMICS	3% 5/11/21	69,882	70,671
PNC FUNDING CORP	3.3% 3/8/22	70,066	72,231
ALPHABET INC	COMMON STOCK	8,104	26,278
ANTHEM INC	COMMON STOCK	2,267	11,238
APPLE INC	COMMON STOCK	5,320	49,759
BLACKROCK INC	COMMON STOCK	7,663	28,862
BOOKING HOLDINGS	COMMON STOCK	12,578	22,273
CATERPILLAR INC	COMMON STOCK	2,274	6,371
CHEVRON CORP	COMMON STOCK	9,287	10,556
CISCO SYSTEMS, INC	COMMON STOCK	6,706	9,711
COGNIZANT TECHNOLOGY SOLUTIONS CORP	COMMON STOCK	6,034	13,932
COSTCO WHOLESALE CO	COMMON STOCK	3,484	9,420
CVS HEALTH CORP	COMMON STOCK	13,036	11,953
DEERE & CO	COMMON STOCK	2,604	9,417
DOLLAR TREE INC	COMMON STOCK	6,305	14,585
FACEBOOK INC	COMMON STOCK	12,491	21,853
HONEYWELL INTL INC	COMMON STOCK	18,788	28,715
INTEL CORP	COMMON STOCK	12,432	21,174
JP MORGAN CHASE	COMMON STOCK	20,101	38,121
JOHNSON & JOHNSON	COMMON STOCK	3,916	9,443
K L A TENCOR CORP	COMMON STOCK	7,035	19,418
LAM RESEARCH CORP	COMMON STOCK	9,590	23,614
M & T BANK CORP	COMMON STOCK	12,702	19,095
MCKESSON CORP	COMMON STOCK	7,944	17,392
MEDTRONIC PLC	COMMON STOCK	8,465	12,885
MERCK & CO INC	COMMON STOCK	9,847	16,360
MICROSOFT CORP	COMMON STOCK	2,667	22,242
MONDELEZ INTERNATIONAL	COMMON STOCK	5,460	12,279
NEXTERA ENERGY	COMMON STOCK	3,006	18,516

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NXP SEMICONDUCTORS	COMMON STOCK	8,820	21,459
ORACLE CORP	COMMON STOCK	6,379	16,173
PEPSICO INC	COMMON STOCK	4,868	11,123
PFIZER INC	COMMON STOCK	6,553	9,203
PHILLIPS 66	COMMON STOCK	14,919	20,982
PRUDENTIAL FINANCIAL INC	COMMON STOCK	7,798	7,807
QUALCOMM INC	COMMON STOCK	7,695	22,851
RAYTHEON TECHNOLOGIES	COMMON STOCK	8,158	13,229
SKYWORKS SOLUTIONS INC	COMMON STOCK	3,564	22,932
TJX COMPANIES INC	COMMON STOCK	7,104	13,658
TRAVELERS COMPANIES	COMMON STOCK	5,381	8,422
US BANCORP	COMMON STOCK	15,849	20,966
ULTA BEAUTY INC	COMMON STOCK	9,704	15,794
UNION PACIFIC CORP	COMMON STOCK	3,960	12,493
UNITED HEALTH GROUP INC	COMMON STOCK	2,584	17,534
VERIZON COMMUNICATIONS	COMMON STOCK	9,657	11,750
VIATRIS INC	COMMON STOCK	359	581
VISA INC	COMMON STOCK	1,571	16,405
WALT DISNEY	COMMON STOCK	4,950	16,306
ISHARES EXPANDED TECH	MUTUAL FUND	84,067	139,932
ISHARES INT GOV CREDIT	MUTUAL FUND	520,418	529,380
ISHARES MSCI EMERGING MRKT	MUTUAL FUND	300,868	368,475
ISHARES MSCI INTL	MUTUAL FUND	824,620	910,530
ISHARES TIPS BOND ETF	MUTUAL FUND	133,661	146,798
ISHARES MSCI USA	MUTUAL FUND	583,339	678,060
ISHARES MSCI USA	MUTUAL FUND	707,874	855,626
ISHARES MSCI USA MOMNTUM	MUTUAL FUND	22,821	24,194
ISHARES MSCI USA VALUE	MUTUAL FUND	52,596	52,146
SPDR GOLD MINISHAES ETV	MUTUAL FUND	207,142	269,895
SPDR S&P BIOTECH ETF	MUTUAL FUND	62,782	123,183
VANGUARD EMERGING MARKET	MUTUAL FUND	96,681	96,703
VANGUARD LOONG TERM COR	MUTUAL FUND	184,688	199,926
VANGUARD US MOMENTUM	MUTUAL FUND	73,812	123,915
VENTAS INC	MUTUAL FUND	12,122	19,616
SUB TOTAL CHARLES SCHWAB 5144-1652		**4,700,040**	**6,071,620**

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FDIC INSURED DEPOSIT ACCOUNT	MONEY MARKET		118,152
ISHARES SILVER TRUST	MUTUAL FUND	229,696	319,409
PROSHARES TRUST ULTRAPRO	MUTUAL FUND	360,890	45,540
PROSHARES TRUST SHORT 20+	MUTUAL FUND	191,517	86,790
FIDELITY INVESTMENT SHORT TERM BOND	MUTUAL FUND	639,284	655,231
FPA FUNDS NEW INCOME INVESTOR	MUTUAL FUND	280,030	281,060
AT&T INC	COMMON STOCK	127,288	126,544
CAPITAL ONE FINANCIAL CORP	COMMON STOCK	160,416	217,470
FAIRFAX FINANCIAL HLDGS	COMMON STOCK	135,928	98,532
GENERAL ELECTRIC	COMMON STOCK	197,318	83,160
GILEAD SCIENCES INC	COMMON STOCK	67,802	52,434
INTERNATIONAL PAPER CO	COMMON STOCK	159,669	169,048
MOSAIC CO	COMMON STOCK	183,466	179,478
NATIONAL GRID	COMMON STOCK	256,393	236,120
SOUTHERN CO	COMMON STOCK	177,067	245,720
WABTEC CORP	COMMON STOCK	175,729	168,360
TOTAL TD AMERITRADE		**3,342,493**	**3,083,048**
CASH	CASH		1
ISA BANK OF CHINA	MONEY MARKET		93,369
SUBTOTAL MERRILL LYNCH			**93,370**
LIQUID ASSETS GOVT FUND	MONEY MARKET		55,860
ACCENTURE PLC IRELAND	COMMON STOCK	19,409	46,234
ADOBE SYSTEMS INC	COMMON STOCK	27,449	74,018
ALPHABET INC	COMMON STOCK	73,883	119,180
AMAZON.COM INC	COMMON STOCK	66,213	120,506
AMERICAN TOWER CORP	COMMON STOCK	10,524	18,181
AMERIPRISE FINANCIAL	COMMON STOCK	13,350	22,542
APPLE INC	COMMON STOCK	40,744	47,238
COMCAST CORP	COMMON STOCK	32,088	45,955
COSTCO WHOLESALE CORP	COMMON STOCK	26,196	38,432
DANAHER CORP	COMMON STOCK	20,642	45,317
FACEBOOK INC	COMMON STOCK	59,140	95,060
FIDELITY NATL INFORMATION SVCS	COMMON STOCK	27,719	29,424

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HOME DEPOT INC	COMMON STOCK	32,319	52,855
HONEYWELL INTL INC	COMMON STOCK	24,858	36,797
INTERCONTINENTAL EXCHANGE GROUP	COMMON STOCK	17,868	29,630
LAUDER ESEE COS CL A	COMMON STOCK	20,832	34,605
LOWES COMPANIES	COMMON STOCK	18,683	36,115
MEDTRONIC PLC	COMMON STOCK	21,933	31,862
MICROSOFT	COMMON STOCK	86,649	164,591
MONDELEZ INTL INC	COMMON STOCK	15,618	20,991
O REILLY AUTOMOTIVE INC	COMMON STOCK	14,674	26,249
PARKER HANNIFIN CORP	COMMON STOCK	14,832	22,882
ROCKWELL AUTOMATION INC	COMMON STOCK	9,192	20,065
THERMO FISHER SCIENTIFIC	COMMON STOCK	18,049	49,838
TJX COS INC	COMMON STOCK	14,527	26,975
UNITEDHEALTH GROUP INC	COMMON STOCK	45,366	60,317
VISA INC	COMMON STOCK	25,769	48,777
WALT DISNEY CO	COMMON STOCK	23,117	37,504
SUBTOTAL UBS UT 52209 UN		**821,643**	**1,458,000**
LIQUID ASSETS GOVT FUND	MONEY MARKET		21,000
3M CO	3.050% 4/15/30	12,218	13,642
AMERICAN EXPRESS	4.2% 11/6/25	24,459	26,704
BANK OF MELLON CORP	2.950% 1/19/23	29,002	29,452
BERKSHIRE HATHAWAY FIN	2.75% 3/15/23	21,461	23,104
COCA-COLA CO	3.45% 3/25/30	19,296	21,217
DISCOVER CARD EXECUTION	2.39% 7/15/24	50,383	51,142
DUKE ENERGY CAROLINAS	2.95% 12/1/26	29,143	29,139
EXXON MOBIL CORP	2.397% 3/6/22	25,068	25,560
FLORIDA POWER & LIGHT CO	3.125% 12/1/25	23,477	25,519
FNMA	2.0% 6/1/35	55,948	56,632
FNMA	2.0% 7/1/35	33,613	33,984
FNMA	2.0% 10/1/35	32,482	32,576
JOHNSON & JOHNSON COM	2.45% 3/1/26	24,774	26,109
KIMBERLY CLARK CORP	3.1% 3/26/30	24,531	25,335
MASTERCARD INC	3.35% 3/26/30	17,646	18,604
METLIFE INC	3.048% 12/15/22	26,414	27,364

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MIDSMERICAN ENERGY CO	3.65% 4/15/29	7,960	9,502
NATL RURAL UTILS COOP	3.050% 2/15/22	14,338	14,319
NTHN STATES PWR CO	2.6% 5/15/23	27,380	29,166
NTHN TR CORP NTS B/E	3.150% 5/3/29	7,954	9,059
ONCOR ELEC DELIVERY CO	3.7% 11/15/28	7,470	8,227
PEPSICO INC	3.6% 3/1/24	24,293	26,190
PEPSICO INC	2.625% 7/29/29	5,267	5,520
POTOMAC ELEC PWR CO	3.6% 3/15/24	32,114	33,638
PRUDENTIAL FINANCIAL	3.5% 5/15/24	28,179	30,819
ST STREET CORP	3.7% 11/20/23	26,508	27,393
STATE STREET CORP	2.4% 1/24/30	8,381	9,835
SUNTRUST BANKS INC	3.3% 5/15/26	14,265	16,773
UNITED PARCEL SERVICE	3.4% 3/15/29	23,465	26,796
US BANCORP MED TERM	3.375% 2/5/24	24,771	25,038
US TREASURY NOTE	2.75% 2/15/28	11,956	12,614
US TREASURY NOTE	1.25% 10/31/21	52,933	54,502
US TREASURY NOTE	1.75% 5/13/23	122,942	128,718
US TREASURY NOTE	1.875% 09/30/22	43,284	44,305
US TREASURY NOTE	2.0% 6/30/24	80,983	87,128
US TREASURY NOTE	2.0% 2/15/25	103,203	112,419
US TREASURY NOTE	1.5% 8/15/26	71,221	76,239
US TREASURY NOTE	2.25% 8/15/27	12,821	14,415
US TREASURY NOTE	2.625% 2/15/29	78,017	79,210
US TREASURY NOTE	0.25% 10/31/25	86,409	86,626
US TREASURY NOTE	0.625 8/15/30	22,388	22,425
VISA INC	2.050% 4/15/30	6,011	6,417
WALT DISNEY COMPANY	1.85% 7/30/26	22,791	27,309
SUBTOTAL UBS UT 52208 UN		**1,417,219**	**1,511,685**
UBS BANK USA DEP ACCT	MONEY MARKET		65,319
ACCENTURE PLC IRELANC	COMMON STOCK	13,138	21,419
AMER ELECTRIC POWER CO	COMMON STOCK	6,299	5,746
BLACKROCK INC	COMMON STOCK	3,877	8,658
CHEVRON CORP	COMMON STOCK	8,719	6,165
CHUBB LTD	COMMON STOCK	10,870	13,545

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(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
CISCO SYSTEMS INC	COMMON STOCK	14,654	14,983
COCA COLA COM	COMMON STOCK	15,806	18,097
COMCAST CORP	COMMON STOCK	15,215	22,375
CRANE CO	COMMON STOCK	6,747	6,213
DIAGEO PLC NEW	COMMON STOCK	7,955	11,117
HOME DEPOT INC	COMMON STOCK	14,506	20,187
INTEL CORP	COMMON STOCK	16,013	17,935
JOHNSON & JOHNSON	COMMON STOCK	17,021	20,932
JP MORGAN CHASE	COMMON STOCK	12,662	14,867
LINDE PLC	COMMON STOCK	7,084	11,331
LOCKHEED MARTIN CORP	COMMON STOCK	17,374	18,104
MARSH & MCLENNAN COS	COMMON STOCK	9,474	13,689
MCDONALDS CORP	COMMON STOCK	12,492	16,523
MEDTRONIC PLC	COMMON STOCK	17,939	23,077
MICROSOFT CORP	COMMON STOCK	22,171	52,936
NEXTERA ENERGY INC	COMMON STOCK	8,428	12,961
NOVARTIS AG SPON	COMMON STOCK	16,267	19,453
PHILLIPS 66	COMMON STOCK	7,484	6,155
PROCTER & GAMBLE	COMMON STOCK	17,100	20,871
RAYTHEON TECHNOLOGIES	COMMON STOCK	5,667	5,864
REPUBLIC SERVICES	COMMON STOCK	5,682	7,704
ROCKWELL AUTOMATION INC	COMMON STOCK	7,487	10,534
TEXAS INSTRUMENTS	COMMON STOCK	8,868	12,638
TRUST FINL CORP	COMMON STOCK	7,289	7,142
UNION PACIFIC	COMMON STOCK	11,551	16,449
VF CORP	COMMON STOCK	9,266	9,737
SUBTOTAL UBS UT 52207 UN		**355,105**	**532,726**
PARTICIPANT LOANS	5.25% - 7.25%		**349,546**
TOTAL ASSETS			**13,099,995**

See independent auditors' report

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2020 FORM 5500, SCHEDULE H ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
CASH			216.02
SCHWAB GOVT MONEY FUND	MONEY MARKET		254,027.88
FHLB	1.125% 7/14/21	64,424.79	65,352.24
WELLS FARGO & CO	2.5% 3/4/21	70,884.80	70,235.76
BANK OF MONTREAL	2.55% 11/6/22	68,362.55	72,707.11
TJX CO	2.75% 6/15/21	69,871.80	70,507.36
US BANCORP MTN	3% 3/15/22	69,076.65	72,162.58
GENERAL DYNAMICS	3% 5/11/21	69,881.80	70,670.95
PNC FUNDING CORP	3.3% 3/8/22	70,065.79	72,230.90
ALPHABET INC	COMMON STOCK	8,103.72	26,278.20
ANTHEM INC	COMMON STOCK	2,267.49	11,238.15
APPLE INC	COMMON STOCK	5,320.16	49,758.75
BLACKROCK INC	COMMON STOCK	7,662.89	28,861.60
BOOKING HOLDINGS	COMMON STOCK	12,578.32	22,272.70
CATERPILLAR INC	COMMON STOCK	2,274.38	6,370.70
CHEVRON CORP	COMMON STOCK	9,286.89	10,556.25
CISCO SYSTEMS, INC	COMMON STOCK	6,706.21	9,710.75
COGNIZANT TECHNOLOGY SOLUTIONS CORP	COMMON STOCK	6,033.61	13,931.50
COSTCO WHOLESALE CO	COMMON STOCK	3,483.63	9,419.50
CVS HEALTH CORP	COMMON STOCK	13,036.03	11,952.50
DEERE & CO	COMMON STOCK	2,603.62	9,416.75
DOLLAR TREE INC	COMMON STOCK	6,305.20	14,585.40
FACEBOOK INC	COMMON STOCK	12,491.05	21,852.80
HONEYWELL INTL INC	COMMON STOCK	18,787.96	28,714.50
INTEL CORP	COMMON STOCK	12,432.43	21,173.50
JP MORGAN CHASE	COMMON STOCK	20,100.76	38,121.00
JOHNSON & JOHNSON	COMMON STOCK	3,916.21	9,442.80
K L A TENCOR CORP	COMMON STOCK	7,034.50	19,418.25
LAM RESEARCH CORP	COMMON STOCK	9,590.09	23,613.50
M & T BANK CORP	COMMON STOCK	12,702.26	19,095.00
MCKESSON CORP	COMMON STOCK	7,944.40	17,392.00
MEDTRONIC PLC	COMMON STOCK	8,464.50	12,885.40
MERCK & CO INC	COMMON STOCK	9,847.32	16,360.00
MICROSOFT CORP	COMMON STOCK	2,666.60	22,242.00
MONDELEZ INTERNATIONAL	COMMON STOCK	5,459.50	12,278.70
NEXTERA ENERGY	COMMON STOCK	3,005.57	18,516.00
NXP SEMICONDUCTORS	COMMON STOCK	8,820.45	21,466.35
ORACLE CORP	COMMON STOCK	6,379.06	16,172.50
PEPSICO INC	COMMON STOCK	4,868.25	11,122.50
PFIZER INC	COMMON STOCK	6,553.05	9,202.50
PHILLIPS 66	COMMON STOCK	14,919.10	20,982.00
PRUDENTIAL FINANCIAL INC	COMMON STOCK	7,798.06	7,807.00
QUALCOMM INC	COMMON STOCK	7,694.70	22,851.00
RAYTHEON TECHNOLOGIES	COMMON STOCK	8,158.18	13,229.35
SKYWORKS SOLUTIONS INC	COMMON STOCK	3,563.81	22,932.00
TJX COMPANIES INC	COMMON STOCK	7,103.78	13,658.00
TRAVELERS COMPANIES	COMMON STOCK	5,380.60	8,422.20
US BANCORP	COMMON STOCK	15,849.49	20,965.50
ULTA BEAUTY INC	COMMON STOCK	9,704.13	15,793.80
UNION PACIFIC CORP	COMMON STOCK	3,959.58	12,493.20

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
UNITED HEALTH GROUP INC	COMMON STOCK	2,584.35	17,534.00
VERIZON COMMUNICATIONS	COMMON STOCK	9,657.45	11,750.00
VIATRIS INC	COMMON STOCK	359.22	580.94
VISA INC	COMMON STOCK	1,570.69	16,404.75
WALT DISNEY	COMMON STOCK	4,950.00	16,306.20
ISHARES EXPANDED TECH	MUTUAL FUND	84,067.11	139,932.00
ISHARES INT GOV CREDIT	MUTUAL FUND	520,417.85	529,380.00
ISHARES MSCI EMERGING MRKT	MUTUAL FUND	300,868.34	368,475.00
ISHARES MSCI INTL	MUTUAL FUND	824,620.48	910,530.00
ISHARES TIPS BOND ETF	MUTUAL FUND	133,660.68	146,797.50
ISHARES MSCI USA	MUTUAL FUND	583,339.15	678,060.00
ISHARES MSCI USA	MUTUAL FUND	707,874.39	855,625.98
ISHARES MSCI USA MOMNTUM	MUTUAL FUND	22,820.99	24,193.50
ISHARES MSCI USA VALUE	MUTUAL FUND	52,596.45	52,146.00
SPDR GOLD MINISHAES ETV	MUTUAL FUND	207,142.46	269,895.00
SPDR S&P BIOTECH ETF	MUTUAL FUND	62,782.05	123,182.50
VANGUARD EMERGING MARKET	MUTUAL FUND	96,680.91	96,702.50
VANGUARD LOONG TERM COR	MUTUAL FUND	184,687.62	199,926.00
VANGUARD US MOMENTUM	MUTUAL FUND	73,811.82	123,915.00
VENTAS INC	MUTUAL FUND	12,122.44	19,616.00
SUB TOTAL CHARLES SCHWAB 5144-1652		**4,700,040.17**	**6,071,619.77**
SCHWAB GOVT MONEY FUND	MONEY MARKET		
TOTALCHARLES SCHWAB 5309-8442		**0.00**	**0.00**
FIDELITY CASH RESERVE MONEY MARKET	MONEY MARKET		
SUB TOTAL FIDELITY		**0.00**	**0.00**
FDIC INSURED DEPOSIT ACCOUNT	MONEY MARKET	0.00	118,151.88
ISHARES SILVER TRUST	MUTUAL FUND	229,696.08	319,410.00
PROSHARES TRUST ULTRAPRO	MUTUAL FUND	360,889.99	45,540.00
PROSHARES TRUST SHORT 20+	MUTUAL FUND	191,517.29	86,790.00
FIDELITY INVESTMENT SHORT TERM BOND	MUTUAL FUND	639,284.48	655,230.53
FPA FUNDS NEW INCOME INVESTOR	MUTUAL FUND	280,030.00	281,059.54
AT&T INC	COMMON STOCK	127,288.39	126,544.00
CAPITAL ONE FINANCIAL CORP	COMMON STOCK	160,416.11	217,470.00
FAIRFAX FINANCIAL HLDGS	COMMON STOCK	135,928.27	98,531.66
GENERAL ELECTRIC	COMMON STOCK	197,318.14	83,160.00
GILEAD SCIENCES INC	COMMON STOCK	67,801.59	52,434.00
INTERNATIONAL PAPER CO	COMMON STOCK	159,668.61	169,048.00
MOSAIC CO	COMMON STOCK	183,465.73	179,478.00
NATIONAL GRID	COMMON STOCK	256,392.55	236,120.00
SOUTHERN CO	COMMON STOCK	177,067.35	245,720.00
WABTEC CORP	COMMON STOCK	175,728.82	168,360.00
TOTAL TD AMERITRADE		**3,342,493.40**	**3,083,047.61**

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
CASH			0.96
ISA BANK OF CHINA	MONEY MARKET		93,369.00
SUBTOTAL MERRILL LYNCH		**0.00**	**93,369.96**
LIQUID ASSETS GOVT FUND	CASH		55,859.60
ACCENTURE PLC IRELAND	COMMON STOCK	19,408.68	46,234.17
ADOBE SYSTEMS INC	COMMON STOCK	27,448.78	74,017.76
ALPHABET INC	COMMON STOCK	73,883.43	119,179.52
AMAZON.COM INC	COMMON STOCK	66,212.60	120,506.41
AMERICAN TOWER CORP	COMMON STOCK	10,523.52	18,181.26
AMERIPRISE FINANCIAL	COMMON STOCK	13,350.37	22,542.28
APPLE INC	COMMON STOCK	40,744.20	47,237.64
COMCAST CORP	COMMON STOCK	32,088.40	45,954.80
COSTCO WHOLESALE CORP	COMMON STOCK	26,196.21	38,431.56
DANAHER CORP	COMMON STOCK	20,642.18	45,316.56
FACEBOOK INC	COMMON STOCK	59,140.21	95,059.68
FIDELITY NATL INFORMATION SVCS	COMMON STOCK	27,718.88	29,423.68
HOME DEPOT INC	COMMON STOCK	32,317.90	52,858.38
HONEYWELL INTL INC	COMMON STOCK	24,857.71	36,797.10
INTERCONTINENTAL EXCHANGE GROUP	COMMON STOCK	17,867.95	29,629.53
LAUDER ESEE COS CL A	COMMON STOCK	20,832.18	34,604.70
LOWES COMPANIES	COMMON STOCK	18,683.03	36,114.75
MEDTRONIC PLC	COMMON STOCK	21,933.21	31,862.08
MICROSOFT	COMMON STOCK	86,649.16	164,590.80
MONDELEZ INTL INC	COMMON STOCK	15,618.37	20,990.73
O REILLY AUTOMOTIVE INC	COMMON STOCK	14,673.88	26,249.06
PARKER HANNIFIN CORP	COMMON STOCK	14,832.24	22,882.44
ROCKWELL AUTOMATION INC	COMMON STOCK	9,192.15	20,064.80
THERMO FISHER SCIENTIFIC	COMMON STOCK	18,048.80	49,838.46
TJX COS INC	COMMON STOCK	14,527.33	26,974.55
UNITEDHEALTH GROUP INC	COMMON STOCK	45,365.80	60,316.96
VISA INC	COMMON STOCK	25,768.88	48,776.79
WALT DISNEY CO	COMMON STOCK	23,116.59	37,504.26
SUBTOTAL UBS UT 52209 UN		**821,642.64**	**1,458,000.31**
LIQUID ASSETS GOVT FUND	CASH		21,000.46
3M CO	3.050% 4/15/30	12,218.28	13,642.32
AMERICAN EXPRESS	4.2% 11/6/25	24,459.12	26,704.38
BANK OF MELLON CORP	2.950% 1/19/23	29,001.84	29,452.36
BERKSHIRE HATHAWAY FIN	2.75% 3/15/23	21,461.22	23,103.52
COCA-COLA CO	3.45% 3/25/30	19,296.20	21,216.96
DISCOVER CARD EXECUTION	2.39% 7/15/24	50,382.50	51,141.50
DUKE ENERGY CAROLINAS	2.95% 12/1/26	29,142.88	29,138.72
EXXON MOBIL CORP	2.397% 3/6/22	25,068.25	25,560.00
FLORIDA POWER & LIGHT CO	3.125% 12/1/25	23,477.48	25,518.50
FNMA	2.0% 6/1/35	55,948.08	56,632.37
FNMA	2.0% 7/1/35	33,613.42	33,983.93
FNMA	2.0% 10/1/35	32,481.87	32,575.68
JOHNSON & JOHNSON COM	2.45% 3/1/26	24,774.48	26,108.88
KIMBERLY CLARK CORP	3.1% 3/26/30	24,530.66	25,334.76
MASTERCARD INC	3.35% 3/26/30	17,646.24	18,603.84
METLIFE INC	3.048% 12/15/22	26,413.66	27,363.96
MIDSMERICAN ENERGY CO	3.65% 4/15/29	7,960.80	9,501.92
NATL RURAL UTILS COOP	3.050% 2/15/22	14,337.82	14,318.50

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
NTHN STATES PWR CO	2.6% 5/15/23	27,380.36	29,166.48
NTHN TR CORP NTS B/E	3.150% 5/3/29	7,953.76	9,059.36
ONCOR ELEC DELIVERY CO	3.7% 11/15/28	7,469.98	8,227.03
PEPSICO INC	3.6% 3/1/24	24,292.80	26,189.52
PEPSICO INC	2.625% 7/29/29	5,267.15	5,519.60
POTOMAC ELEC PWR CO	3.6% 3/15/24	32,114.14	33,638.10
PRUDENTIAL FINANCIAL	3.5% 5/15/24	28,178.92	30,819.32
ST STREET CORP	3.7% 11/20/23	26,508.00	27,392.75
STATE STREET CORP	2.4% 1/24/30	8,380.62	9,834.93
SUNTRUST BANKS INC	3.3% 5/15/26	14,264.55	16,772.55
UNITED PARCEL SERVICE	3.4% 3/15/29	23,464.60	26,796.38
US BANCORP MED TERM	3.375% 2/5/24	24,771.00	25,038.49
US TREASURY NOTE	2.75% 2/15/28	11,956.48	12,614.36
US TREASURY NOTE	1.25% 10/31/21	52,932.57	54,502.20
US TREASURY NOTE	1.75% 5/13/23	122,942.30	128,718.20
US TREASURY NOTE	1.875% 09/30/22	43,283.52	44,305.05
US TREASURY NOTE	2.0% 6/30/24	80,983.22	87,128.28
US TREASURY NOTE	2.0% 2/15/25	103,202.59	112,419.30
US TREASURY NOTE	1.5% 8/15/26	71,220.94	76,238.64
US TREASURY NOTE	2.25% 8/15/27	12,821.25	14,414.79
US TREASURY NOTE	2.625% 2/15/29	78,016.52	79,209.93
US TREASURY NOTE	0.25% 10/31/25	86,408.66	86,625.90
US TREASURY NOTE	0.625 8/15/30	22,388.15	22,425.00
VISA INC	2.050% 4/15/30	6,010.62	6,417.12
WALT DISNEY COMPANY	1.85% 7/30/26	22,791.08	27,308.84
SUBTOTAL UBS UT 52208 UN		**1,417,218.58**	**1,511,684.68**
UBS BANK USA DEP ACCT	CASH		65,318.58
ACCENTURE PLC IRELANC	COMMON STOCK	13,138.49	21,419.22
AMER ELECTRIC POWER CO	COMMON STOCK	6,298.56	5,745.63
BLACKROCK INC	COMMON STOCK	3,876.72	8,658.48
CHEVRON CORP	COMMON STOCK	8,718.80	6,164.85
CHUBB LTD	COMMON STOCK	10,869.59	13,544.96
CISCO SYSTEMS INC	COMMON STOCK	14,655.99	14,991.25
COCA COLA COM	COMMON STOCK	15,806.29	18,097.20
COMCAST CORP	COMMON STOCK	15,214.80	22,374.80
CRANE CO	COMMON STOCK	6,747.19	6,212.80
DIAGEO PLC NEW	COMMON STOCK	7,954.59	11,116.70
HOME DEPOT INC	COMMON STOCK	14,505.68	20,187.12
INTEL CORP	COMMON STOCK	16,013.11	17,935.20
JOHNSON & JOHNSON	COMMON STOCK	17,021.34	20,931.54
JP MORGAN CHASE	COMMON STOCK	12,661.64	14,867.19
LINDE PLC	COMMON STOCK	7,083.94	11,330.93
LOCKHEED MARTIN CORP	COMMON STOCK	17,374.10	18,103.98
MARSH & MCLENNAN COS	COMMON STOCK	9,474.49	13,689.00
MCDONALDS CORP	COMMON STOCK	12,491.70	16,522.66
MEDTRONIC PLC	COMMON STOCK	17,938.55	23,076.58
MICROSOFT CORP	COMMON STOCK	22,170.96	52,935.96
NEXTERA ENERGY INC	COMMON STOCK	8,428.17	12,961.20
NOVARTIS AG SPON	COMMON STOCK	16,266.55	19,452.58
PHILLIPS 66	COMMON STOCK	7,484.40	6,154.72
PROCTER & GAMBLE	COMMON STOCK	17,100.24	20,871.00
RAYTHEON TECHNOLOGIES	COMMON STOCK	5,666.90	5,863.82
REPUBLIC SERVICES	COMMON STOCK	5,682.26	7,704.00
ROCKWELL AUTOMATION INC	COMMON STOCK	7,486.91	10,534.02
TEXAS INSTRUMENTS	COMMON STOCK	8,867.71	12,638.01

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
TRUST FINL CORP	COMMON STOCK	7,288.56	7,141.57
UNION PACIFIC	COMMON STOCK	11,550.51	16,449.38
VF CORP	COMMON STOCK	9,266.02	9,736.74
SUBTOTAL UBS UT 52207 UN		**355,104.76**	**532,731.67**
PARTICIPANT LOANS	5.25% - 7.25%		**349,546.13**
TOTAL ASSETS			**13,100,000.13**

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2020 and ending 12/31/2020

Name of plan

B & B Lumber Company, Inc. Profit Sharing Plan

Employer Identification Number

16-1035246

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	SEE ATTACHED			