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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A This return/report is for:
- [X] 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.)
- [ ] 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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 06/01/2000

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)
TRUSTEES OF NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

3001 METRO DRIVE
SUITE 500
BLOOMINGTON, MN 55425

2b Employer Identification Number (EIN) 36-6157071

2c Plan Sponsor's telephone number 952-854-0795

2d Business code (see instructions) 238100

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.	07/01/2022	MICHAEL THEIRL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/05/2022	KINSEY ROBINSON
	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**	8111
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)**	8111
a(2) Total number of active participants at the end of the plan year	**6a(2)**	8591
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	8591
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**	**6f**	8591
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	8591
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	320

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

2E

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [ ] **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)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service 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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

D Employer Identification Number (EIN)
36-6157071

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

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

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

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

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

EB MANAGEMENT

91-1999591

(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	NONE	178512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALLAN

94-2192581

(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	NONE	63554	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

M&T BANK

16-0538020

(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?
18 62	NONE	58801	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

COPELAND CAPITAL MANAGEMENT, LLC

161 WASHINGTON STREET
CONSHOHOCKEN, PA 19428

(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	27936	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23031	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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 52	NONE	15458	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

GREGORIO AND MARCO, LTD

36-4028033

(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?
29	NONE	9585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON-MCSHANE

41-0956552

(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	NONE	6000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

D Employer Identification Number (EIN)
36-6157071

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-3350609-010	C	47693289

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET MSCI ACWI EX USA NL

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6429128-001	C	19929578

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TOTAL RETURN BOND FUND M

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
47-1236644-001	C	31408373

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK US DEBT INDEX NL FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-4086131-001	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

D Employer Identification Number (EIN)
36-6157071

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	2771402	2816257
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1544517	1911319
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4265	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	257669	1816069
(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)	0	6758539
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	79583655	99031240
(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)	31627813	32256285
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	115789321	144589709
	Liabilities			
g	Benefit claims payable	1g	88837	211354
h	Operating payables	1h	28579	48797
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	559497	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	676913	260151
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	115112408	144329558

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)	21157949	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	443308	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		21601257
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1144	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1144
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	86704	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	683903	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		770607
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1071481	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1004320	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		67161
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	672847	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		672847

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		10670039
(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)		-412207
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		33370848
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3759352	
(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)		3759352
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)	211128	
(2) Contract administrator fees	2i(2)	6000	
(3) Investment advisory and management fees	2i(3)	165749	
(4) Other	2i(4)	11469	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		394346
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4153698
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		29217150
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)** [X] 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: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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 _____.

NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021

NATIONAL ROOFING INDUSTRY SUPPLEMENTAL PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

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LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
National Roofing Industry
Supplemental Pension Plan

Opinion

We have audited the financial statements of National Roofing Industry Supplemental Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of National Roofing Industry Supplemental Pension Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the 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.

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

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Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed;

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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.

Legacy Professionals LLP

Westchester, Illinois

June 8, 2022

National Roofing Industry Supplemental Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	2021	2020
Assets		
Investments - at fair value		
Corporate stocks	$ 6,758,539	$ -
Mutual fund	32,256,285	31,627,813
Common and collective funds	99,031,240	79,583,655
Money market fund	1,816,069	257,669
Total investments	139,862,133	111,469,137
Employer contributions receivable	1,911,319	1,544,517
Prepaid insurance	-	4,265
Cash	2,816,257	2,771,402
Total assets	144,589,709	115,789,321
Liabilities and Net Assets		
Liabilities		
Accounts payable	48,797	28,579
Due to related organization	-	559,497
Total liabilities	48,797	588,076
Net assets available for benefits	$ 144,540,912	$ 115,201,245

See accompanying notes to financial statements

National Roofing Industry Supplemental Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2021 and 2020

	2021	2020
Additions		
Investment income		
Net appreciation in fair value of investments	$ 10,997,840	$ 9,820,234
Interest, dividends and other investment income	771,751	832,062
	11,769,591	10,652,296
Less investment expenses	(165,749)	(101,356)
Investment income - net	11,603,842	10,550,940
Employer contributions	21,601,257	17,450,059
Total additions	33,205,099	28,000,999
Deductions		
Benefits paid to participants	3,636,835	2,975,071
Administrative expenses		
Administration fees	6,000	6,000
Audit fees	23,031	20,375
Insurance	5,511	4,798
Legal fees	9,585	5,761
Other	2,129	5,175
Recordkeeping fees	178,512	146,581
Trustee meetings	3,829	2,551
Total administrative expenses	228,597	191,241
Total deductions	3,865,432	3,166,312
Net increase	29,339,667	24,834,687
Net assets available for benefits		
Beginning of year	115,201,245	90,366,558
End of year	$ 144,540,912	$ 115,201,245

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF THE PLAN

National Roofing Industry Supplemental Pension Plan (the Plan) was established on June 1, 2000 as a result of collective bargaining agreements between United Union of Roofers, Waterproofers and Allied Workers (the International Union) and various employers to provide benefits to participants upon death, disability or retirement. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined contribution retirement plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Plan benefits are not insured by the Pension Benefit Guaranty Corporation.

Under current provisions of the Plan, an individual becomes eligible to participate in the Plan upon the first day of the Plan year of being credited with at least 1,000 hours of work in covered employment.

An individual participant account is established for each participant consisting of employer contributions made on the participant's behalf and an allocation of Plan earnings or losses, which are based on participant account balances, as defined by the Plan. Participant accounts are charged a contingency reserve allocation of $.02 per hour to pay administrative costs of the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants become 100% vested in contributions made on their behalf, either upon being credited with 1,000 or more hours worked in a period consisting of any two consecutive Plan years, upon attaining normal retirement age prior to incurring a permanent break-in-service, or upon meeting the requirements for early, late or disability retirement.

If a participant incurs a permanent break-in-service prior to becoming vested, the balance in the account is forfeited and cannot be recovered. Such forfeited accounts are credited to a contingency reserve account. For the years ended December 31, 2021 and 2020, amounts forfeited to the Plan totaled $243,987 and $187,024 respectively.

Net assets available for benefits include $946,676 and $1,105,995 of a contingency reserve at December 31, 2021 and 2020, respectively, which is available to be used for administrative costs incurred by the Plan.

Upon disability or retirement, participants are entitled to receive their account balance subject to the payment provisions of the Plan. Participants can elect to receive their benefit in a lump sum, in equal monthly installments, or a direct rollover to an IRA or another qualified retirement plan.

Participants should refer to the summary plan description for more complete information.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of the Plan have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Employer Contributions Receivable - Employer contributions due but not received at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded when collected. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition - Revenue derived from employer contributions became recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates currently in effect, as set forth in the applicable collective bargaining agreement. The Plan carries out its purpose, described in Note 1, across the United States of America.

Payment of Benefits - Benefit payments to participants are recorded upon distribution. Amounts allocated to participants who elected a withdrawal from the Plan but were not yet paid at December 31, 2021 and 2020 totaled $211,354 and $88,837 respectively.

Recordkeeping Fees - EB Management Company is responsible for participant recordkeeping and distributions to Plan participants at the direction of Plan management. EB Management Company provides certain administrative services to the Plan pursuant to a service agreement.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Reclassifications - Certain prior year amounts have been reclassified to conform to the current year presentation.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through June 8, 2022, which is the date the financial statements were available to be issued.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect, however the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the participants and their beneficiaries. In the event of Plan termination, participants become fully vested in their accounts. Provision may be made for the payment of necessary expenses resulting from the termination of the Plan.

NOTE 4. TAX STATUS

The Plan's latest determination letter is dated March 18, 2016, in which the Internal Revenue Service (IRS) stated that the Plan was designed in accordance with Section 401(a) of the Internal Revenue Code and was therefore exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan 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 by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

NOTE 5. RELATED ORGANIZATIONS

The Plan is related to the International Union, a pension plan and an educational trust fund, all of which are tax-exempt.

Employer contributions are at times inadvertently received and deposited into one of the related organizations' checking accounts, with timely transfers being made to the appropriate organizations. At December 31, 2020, a total of $559,497 in employer contributions was due to the related pension plan.

NOTE 6. FUNDING POLICY

Participating employers contribute amounts as determined in collective bargaining agreements. The hourly contribution rates ranged from $.06 to $13.49 during 2021 and 2020.

NOTE 7. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 following describes the three levels of the fair value hierarchy.

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2021 and 2020. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

		Fair Value Measurements at 12/31/21 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	$ 6,758,539	$ 6,758,539	$ -	$ -
Mutual fund	32,256,285	32,256,285	-	-
Money market fund	1,816,069	-	1,816,069	-
	40,830,893	$ 39,014,824	$ 1,816,069	$ -
Investments measured at net asset value:				
Common and collective funds	99,031,240			
Total	$ 139,862,133			

		Fair Value Measurements at 12/31/20 Using		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual fund	$ 31,627,813	$ 31,627,813	$ -	$ -
Money market fund	257,669	-	257,669	-
	31,885,482	$ 31,627,813	$ 257,669	$ -
Investments measured at net asset value:				
Common and collective funds	79,583,655			
Total	$ 111,469,137			

Level 1 Measurements

Corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair value of the mutual fund is determined by reference to the fund's underlying assets, which are principally marketable fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 Measurements

The money market fund is valued at cost, which approximates its fair value.

Measurements Using Net Asset Value as a Practical Expedient

The common and collective funds are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common and collective funds are considered to be direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. There are no significant withdrawal restrictions imposed on the funds.

NOTE 8. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, 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 participants' account balances and amounts reported in the statements of net assets available for benefits.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a readily market for the underlying securities existed.

NOTE 9. CONCENTRATION OF INVESTMENTS

Three investment funds each represented approximately 20% to 33% of the Plan's net assets available for benefits as of both December 31, 2021 and 2020.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	2021	2020
Net assets available for benefits per the financial statements	$ 144,540,912	$115,201,245
Less - amounts allocated to withdrawing participants	(211,354)	(88,837)
Net assets available for benefits per the Form 5500	$ 144,329,558	$115,112,408

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended December 31, 2021:

Benefits paid to or for participants per the financial statements	$ 3,636,835
Add - amounts currently payable at end of year	211,354
Less - amounts currently payable at beginning of year	(88,837)
Benefits paid to or for participants per the Form 5500	$ 3,759,352

Amounts allocated to withdrawing participants are recorded on the Form 5500 for benefits that have been processed and approved for payment prior to the year end, but not yet paid as of that date.

NOTE 11. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and other regulatory provisions affecting retirement plan provisions. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
National Roofing Industry
Supplemental Pension Plan

We have audited the financial statements of National Roofing Industry Supplemental Pension Plan (the Plan) as of and for the years ended December 31, 2021 and 2020, and our report thereon dated June 8, 2022, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Legacy Professionals LLP

Westchester, Illinois

June 8, 2022

SCHEDULE H OTHER RECEIVABLES STATEMENT 1

DESCRIPTION	BEGINNING	ENDING
PREPAID INSURANCE	4,265.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	4,265.	0.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED ORGANIZATION	559,497.	0.
TOTAL TO SCHEDULE H, LINE 1J	559,497.	0.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 3

DESCRIPTION	AMOUNT
INSURANCE EXPENSE	5,511.
TRUSTEE MEETING EXPENSE	3,829.
BANK FEES	2,129.
TOTAL TO SCHEDULE H, LINE 2I(4)	11,469.

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
CASH & CASH EQUIVALENTS							
	MONEY MARKET FUNDS						
482,480.660 1/28/03	NAT'L ROOFING INDUSTRY PENSION STIF CUSIP: 99011806	482,480.66	482,480.66 1.0000	0.3	8.17	0.1	627
17.660 1/28/03	NAT'L ROOFING INDUSTRY PENSION STIF CUSIP: 99011806	17.66	17.66 1.0000	0.0	1.81	0.1	0
500,000.000 1/28/03	NAT'L ROOFING INDUSTRY PENSION STIF CUSIP: 99011806	500,000.00	500,000.00 1.0000	0.4	26.43	0.1	650
241,445.200 1/28/03	NAT'L ROOFING INDUSTRY PENSION STIF CUSIP: 99011806	241,445.20	241,445.20 1.0000	0.2	4.09	0.1	313
182,225.000 1/28/03	NAT'L ROOFING INDUSTRY PENSION STIF CUSIP: 99011806	182,225.00	182,225.00 1.0000	0.1	9.79	0.1	236
401,879.110 1/28/03	NAT'L ROOFING INDUSTRY PENSION STIF CUSIP: 99011806	401,879.11	401,879.11 1.0000	0.3	6.82	0.1	522
	TOTAL MONEY MARKET FUNDS	**1,808,047.63**	**1,808,047.63**	**1.3**	**57.11**	**0.1**	**2,350**
TOTAL CASH & CASH EQUIVALENTS		**1,808,047.63**	**1,808,047.63** ①	**1.3**	**57.11**	**0.1**	**2,350**

Σ ① 1,816,068.27 √

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
FIXED INCOME							
	TAXABLE FIXED INCOME FUNDS						
3,177,959.133 12/31/21	BLACKROCK STRAT INC OPP-INST CUSIP: 09260B382	31,518,924.20	32,256,285.20 10.1500	23.1	0.00	2.3	746,820
	TOTAL TAXABLE FIXED INCOME FUNDS	**31,518,924.20**	**32,256,285.20**	**23.1**	**0.00**	**2.3**	**746,820**
TOTAL FIXED INCOME		**31,518,924.20**	**32,256,285.20** √	**23.1**	**0.00**	**2.3**	**746,820**
EQUITIES							
	COMMON EQUITY SECURITIES						
	MATERIALS						
371.000 12/31/21	QUAKER CHEM CORP CUSIP: 747316107	95,710.94	85,619.38 230.7800	0.1	0.00	0.7	615
581.000 12/31/21	RELIANCE STEEL & ALUMINUM COMPANY CUSIP: 759509102	84,734.15	94,249.82 162.2200	0.1	0.00	1.7	1,597
	TOTAL MATERIALS	**180,445.09**	**179,869.20**	**0.1**	**0.00**	**1.2**	**2,213**
	INDUSTRIALS						
2,052.000 12/31/21	ABM INDUSTRIES INCORPORATED CUSIP: 000957100	98,635.76	83,824.20 40.8500	0.1	0.00	1.9	1,600
1,825.000 12/31/21	AIR LEASE CORP CUSIP: 00912X302	89,594.34	80,719.75 44.2300	0.1	337.63	1.7	1,350
1,330.000 12/31/21	BWX TECHNOLOGIES INC CUSIP: 05605H100	80,556.09	63,680.40 47.8800	0.0	0.00	1.8	1,117

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
516.000 12/31/21	CARLISLE COMPANIES INC CUSIP: 142339100	83,028.12	128,029.92 248.1200	0.1	0.00	0.9	1,114
224.000 12/31/21	CHEMED CORPORATION CUSIP: 16359R103	98,766.74	118,504.96 529.0400	0.1	0.00	0.3	322
680.000 12/31/21	COGNEX CORP COM CUSIP: 192422103	52,630.95	52,876.80 77.7600	0.0	0.00	0.3	176
2,488.000 12/31/21	GFL ENVIRONMENTAL INC-SUB VT CUSIP: 36168Q104	98,405.94	94,170.80 37.8500	0.1	0.00	0.1	109
369.000 12/31/21	HUNTINGTON INGALLS INDUSTRIES WI CUSIP: 446413106	71,461.33	68,907.06 186.7400	0.0	0.00	2.5	1,741
562.000 12/31/21	LANDSTAR SYSTEMS INC CUSIP: 515098101	91,771.00	100,609.24 179.0200	0.1	0.00	0.6	562
353.000 12/31/21	LITTLEFUSE INC COM CUSIP: 537008104	92,111.86	111,082.04 314.6800	0.1	0.00	0.7	748
291.000 12/31/21	MORNINGSTAR INC CUSIP: 617700109	69,942.24	99,519.09 341.9900	0.1	0.00	0.4	419
328.000 12/31/21	NORDSON CORPORATION CUSIP: 655663102	66,325.28	83,728.56 255.2700	0.1	167.28	0.8	669
1,066.000 12/31/21	SHUTTERSTOCK INC CUSIP: 825690100	92,776.36	118,198.08 110.8800	0.1	0.00	0.8	895
848.000 12/31/21	STANDEX INTERNATIONAL CORPORATION CUSIP: 854231107	86,068.18	93,839.68 110.6600	0.1	0.00	0.9	881

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
196.000 12/31/21	TETRA TECH INC CUSIP: 88162G103	25,283.42	33,280.80 169.8000	0.0	0.00	0.5	156
1,241.000 12/31/21	UFP INDUSTRIES INC CUSIP: 90278Q108	90,052.91	114,184.41 92.0100	0.1	0.00	0.9	992
375.000 12/31/21	UNIFIRST CORP CUSIP: 904708104	94,183.06	78,900.00 210.4000	0.1	112.50	0.6	450
	TOTAL INDUSTRIALS	**1,381,593.58**	**1,524,055.79**	**1.1**	**617.41**	**0.9**	**13,308**
	COMMUNICATION SERVICES						
58.000 12/31/21	CABLE ONE INC CUSIP: 12685J105	106,272.33	102,280.10 1763.4500	0.1	0.00	0.6	638
793.000 12/31/21	NEXSTAR MEDIA GROUP, INC. CUSIP: 65336K103	120,293.51	119,727.14 150.9800	0.1	0.00	1.9	2,220
3,613.000 12/31/21	SWITCH INC CL A CUSIP: 87105L104	89,073.28	103,476.32 28.6400	0.1	0.00	0.7	758
	TOTAL COMMUNICATION SERVICES	**315,639.12**	**325,483.56**	**0.2**	**0.00**	**1.1**	**3,617**
	CONSUMER DISCRETIONARY						
465.000 12/31/21	ADVANCE AUTO PARTS CUSIP: 00751Y106	83,243.07	111,544.20 239.8800	0.1	465.00	1.7	1,860
2,514.000 12/31/21	ALLISON TRANSMISSION HOLDINGS CUSIP: 01973R101	90,862.84	91,383.90 36.3500	0.1	0.00	2.1	1,910
1,258.000 12/31/21	BRUNSWICK CORP COM CUSIP: 117043109	124,072.34	126,718.34 100.7300	0.1	0.00	1.3	1,685

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
519.000 12/31/21	CHURCHILL DOWNS INC CUSIP: 171484108	101,821.90	125,027.10 240.9000	0.1	346.17	0.3	346
198.000 12/31/21	DOMINO'S PIZZA INC CUSIP: 25754A201	67,859.71	111,737.34 564.3300	0.1	0.00	0.7	744
2,402.000 12/31/21	KB HOME COM CUSIP: 48666K109	102,783.71	107,441.46 44.7300	0.1	0.00	1.3	1,441
1,641.000 12/31/21	MONRO INC CUSIP: 610236101	112,028.13	95,621.07 58.2700	0.1	0.00	1.8	1,706
1,212.000 12/31/21	MSC INDUSTRIAL DIRECT CO CL A CUSIP: 553530106	105,861.53	101,880.72 84.0600	0.1	0.00	3.6	3,636
198.000 12/31/21	POOL CORP CUSIP: 73278L105	68,184.71	112,068.00 566.0000	0.1	0.00	0.6	633
382.000 12/31/21	SNAP ON INC COMMON CUSIP: 833034101	84,298.11	82,275.16 215.3800	0.1	0.00	2.6	2,169
3,841.000 12/31/21	THE AARONS COMPANY INC CUSIP: 00258W108	95,565.37	94,680.65 24.6500	0.1	384.10	1.6	1,536
444.000 12/31/21	TRACTOR SUPPLY COMPANY CUSIP: 892356106	73,132.95	105,938.40 238.6000	0.1	0.00	0.9	923
419.000 12/31/21	WINGSTOP INC CUSIP: 974155103	51,332.21	72,403.20 172.8000	0.0	0.00	0.4	284
	TOTAL CONSUMER DISCRETIONARY	**1,161,046.58**	**1,338,719.54**	**1.0**	**1,195.27**	**1.4**	**18,879**

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
	CONSUMER STAPLES						
441.000 12/31/21	CASEYS GENERAL STORES INC CUSIP: 147528103	89,184.83	87,031.35 197.3500	0.1	0.00	0.7	617
	TOTAL CONSUMER STAPLES	**89,184.83**	**87,031.35**	**0.1**	**0.00**	**0.7**	**617**
	ENERGY						
4,126.000 12/31/21	COTERRA ENERGY INC CUSIP: 127097103	79,696.92	78,394.00 19.0000	0.1	0.00	2.6	2,063
1,260.000 12/31/21	DIAMONDBACK ENERGY INC CUSIP: 25278X109	106,840.88	135,891.00 107.8500	0.1	0.00	1.9	2,520
2,835.000 12/31/21	NORTHERN OIL AND GAS INC CUSIP: 665531307	57,238.71	58,344.30 20.5800	0.0	226.80	1.6	907
1,048.000 12/31/21	OASIS PETROLEUM INC CUSIP: 674215207	82,036.78	132,037.52 125.9900	0.1	0.00	1.6	2,096
	TOTAL ENERGY	**325,813.29**	**404,666.82**	**0.3**	**226.80**	**1.9**	**7,586**
	FINANCIALS						
2,565.000 12/31/21	BANK OZK CUSIP: 06417N103	113,470.88	119,349.45 46.5300	0.1	0.00	2.5	2,975
1,176.000 12/31/21	COHEN & STEERS INC CUSIP: 19247A100	80,150.12	108,791.76 92.5100	0.1	0.00	1.9	2,116
396.000 12/31/21	EVERCORE INC CUSIP: 29977A105	58,306.20	53,796.60 135.8500	0.0	0.00	2.0	1,077

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
721.000 12/31/21	GLOBE LIFE INC CUSIP: 37959E102	72,513.18	67,572.12 93.7200	0.0	0.00	0.8	569
939.000 12/31/21	HAMILTON LANE INC CL A CUSIP: 407497106	84,524.34	97,299.18 103.6200	0.1	328.65	1.3	1,314
4,404.000 12/31/21	HOME BANCSHARES INC CUSIP: 436893200	120,444.37	107,237.40 24.3500	0.1	0.00	2.3	2,466
115.000 12/31/21	MARKETAXESS HOLDINGS INC CUSIP: 57060D108	58,156.42	47,296.05 411.2700	0.0	0.00	0.6	303
1,241.000 12/31/21	PROSPERITY BANCSHARES INCORPORATED CUSIP: 743606105	96,902.25	89,724.30 72.3000	0.1	645.32	2.9	2,581
	TOTAL FINANCIALS	**684,467.76**	**691,066.86**	**0.5**	**973.97**	**1.9**	**13,404**
	HEALTH CARE						
1,435.000 12/31/21	ENCOMPASS HEALTH CORP CUSIP: 29261A100	113,463.05	93,648.10 65.2600	0.1	401.80	1.7	1,607
1,489.000 12/31/21	ENSIGN GROUP INC CUSIP: 29358P101	125,044.56	125,016.44 83.9600	0.1	81.90	0.3	327
2,023.000 12/31/21	LEMAITRE VASCULAR INC CUSIP: 525558201	102,925.68	101,615.29 50.2300	0.1	0.00	0.9	890
935.000 12/31/21	MAXIMUS INC COM CUSIP: 577933104	80,273.48	74,491.45 79.6700	0.0	0.00	1.4	1,047
646.000 12/31/21	QUEST DIAGNOSTICS INC CUSIP: 74834L100	79,907.60	111,764.46 173.0100	0.1	0.00	1.4	1,602

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
530.000 12/31/21	STERIS PLC CUSIP: G8473T100	94,348.04	129,007.30 243.4100	0.1	0.00	0.7	911
224.000 12/31/21	US PHYSICAL THERAPY INC CUSIP: 90337L108	19,844.10	21,403.20 95.5500	0.0	0.00	1.6	340
	TOTAL HEALTH CARE	**615,806.51**	**656,946.24**	**0.5**	**483.70**	**1.0**	**6,726**
	INFORMATION TECHNOLOGY						
2,903.000 12/31/21	AUDIOCODES LTD CUSIP: M15342104	83,397.21	100,850.22 34.7400	0.1	0.00	0.9	957
498.000 12/31/21	BROADRIDGE FINANCIAL SOLUTIONS INC CUSIP: 11133T103	72,855.28	91,044.36 182.8200	0.1	318.72	1.4	1,274
714.000 12/31/21	CMC MATERIALS INC CUSIP: 12571T100	108,800.32	136,866.66 191.6900	0.1	328.44	1.0	1,313
1,378.000 12/31/21	COGENT COMMUNICATIONS HOLDINGS CUSIP: 19239V302	82,658.37	100,842.04 73.1800	0.1	0.00	4.3	4,368
234.000 12/31/21	FACTSET RESEARCH SYSTEMS INC CUSIP: 303075105	75,223.08	113,726.34 486.0100	0.1	0.00	0.7	767
548.000 12/31/21	HENRY JACK & ASSOC INC COM CUSIP: 426281101	85,268.32	91,510.52 166.9900	0.1	0.00	1.1	1,008
1,887.000 12/31/21	KULICKE & SOFFA INDUSTRIES INC CUSIP: 501242101	105,119.00	114,238.98 60.5400	0.1	320.79	1.1	1,283
974.000 12/31/21	MANTECH INTERNATIONAL CORP CUSIP: 564563104	78,149.94	71,033.82 72.9300	0.0	0.00	2.1	1,480

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
1,187.000 12/31/21	POWER INTEGRATIONS INC CUSIP: 739276103	97,581.72	110,260.43 92.8900	0.1	0.00	0.6	712
516.000 12/31/21	UNIVERSAL DISPLAY CORP CUSIP: 91347P105	101,532.27	85,155.48 165.0300	0.1	0.00	0.5	412
	TOTAL INFORMATION TECHNOLOGY	**890,585.51**	**1,015,528.85**	**0.7**	**967.95**	**1.3**	**13,579**
	UTILITIES						
7,089.000 12/31/21	ALGONQUIN POWER & UTILITIES CORP CUSIP: 015857105	108,939.06	102,436.05 14.4500	0.1	1,209.38	4.7	4,834
1,985.000 12/31/21	UGI CORP NEW COMMON CUSIP: 902681105	81,875.62	91,131.35 45.9100	0.1	684.83	3.0	2,709
	TOTAL UTILITIES	**190,814.68**	**193,567.40**	**0.1**	**1,894.21**	**3.9**	**7,544**
	REAL ESTATE						
2,031.000 12/31/21	AMERICOLD REALTY TRUST REIT CUSIP: 03064D108	70,008.96	66,596.49 32.7900	0.0	446.82	2.7	1,787
390.000 12/31/21	INNOVATIVE INDUSTRIAL PROP CL A REIT CUSIP: 45781V101	69,373.96	102,534.90 262.9100	0.1	585.00	2.3	2,340
2,385.000 12/31/21	KENNEDY-WILSON HLDGS INC CUSIP: 489398107	48,436.71	56,953.80 23.8800	0.0	572.40	4.0	2,289

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
1,378.000 12/31/21	NEXPOINT RESIDENTIAL TRUST INC REIT CUSIP: 65341D102	62,474.86	115,517.74 83.8300	0.1	0.00	1.8	2,094
	TOTAL REAL ESTATE	**250,294.49**	**341,602.93**	**0.3**	**1,604.22**	**2.5**	**8,511**
	TOTAL COMMON EQUITY SECURITIES	**6,085,691.44**	**6,758,538.54** √	**4.8**	**7,963.53**	**1.4**	**95,988**
	DOMESTIC EQUITY MUTUAL FUNDS						
1,077,936.252 12/31/21	AFL-CIO EQUITY INDEX FUND CUSIP: 001990AB6	25,280,448.13	47,693,289.46 44.2450	34.1	0.00	0.0	0
	TOTAL DOMESTIC EQUITY MUTUAL FUNDS	**25,280,448.13**	**47,693,289.46** ②	**34.1**	**0.00**	**0.0**	**0**
	CLOSED END GLOBAL FUNDS						
719,064.016 12/31/21	SSGA MSCI ACWI EX USA NL FUND (ZVG9) CUSIP: 99Y799SO0	15,988,375.22	19,929,578.27 27.7160	14.3	0.00	0.0	0
	TOTAL CLOSED END GLOBAL FUNDS	**15,988,375.22**	**19,929,578.27** ②	**14.3**	**0.00**	**0.0**	**0**
TOTAL EQUITIES		**47,354,514.79**	**74,381,406.27**	**53.2**	**7,963.53**	**0.1**	**95,988**
OTHER ASSETS							
	OTHER ASSETS						
212,219.061 12/31/21	BLACKROCK TOTAL RETURN BOND FUND M CUSIP: 99Y821YZ0	2,529,099.44	2,521,226.11 11.8803	1.8	0.00	0.0	0

continued

ASSET STATEMENT

SHARES / PAR VALUE DATE PRICED	DESCRIPTION	COST VALUE	MARKET VALUE / MARKET PRICE	% OF MKT	ACCRUED INCOME	MKT YLD	ESTIMATED ANNUAL INCOME
2,431,516.596 12/31/21	BLACKROCK TOTAL RETURN BOND FUND M CUSIP: 99Y821YZ0	28,977,355.88	28,887,146.62 11.8803	20.7	0.00	0.0	0
	TOTAL OTHER ASSETS	**31,506,455.32**	**31,408,372.73** ②	**22.5**	**0.00**	**0.0**	**0**
TOTAL OTHER ASSETS		**31,506,455.32**	**31,408,372.73**	**22.5**	**0.00**	**0.0**	**0**
TOTAL INVESTMENT PORTFOLIO		**112,187,941.94**	**139,854,111.83**	**100.0**	**8,020.64**	**0.6**	**845,158**
	ENDING ACCRUAL FOR PERIOD		8,020.64 ①				
TOTAL VALUE			**139,862,132.47**				

Σ ② 99,031,240.26 √

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
BEGINNING MARKET VALUE	111,469,136.94					
COMPARATIVE VALUE (5%)	5,573,456.85					

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
12/17/21 S	2,158,012	13.428	0	28,977,356 *	29,338,768	-361,412
ISSUE: 99Y821YZ0 - BLACKROCK TOTAL RETURN BOND FUND M						
12/31/21 B	2,431,517	11.917	$28977356	28,977,356-*	28,977,356	
	GRAND TOTAL		**$28977356**	**57,954,712**	**58,316,124**	**-361,412**

continued

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE						
BROKER: DIRECT FROM ISSUER						
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
01/13/21 B	9,489	26.533	251,761	251,761-	251,761	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
01/31/21 B	28,742	35.037	1,007,045	1,007,045-	1,007,045	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
02/05/21 B	32,443	35.631	1,156,006	1,156,006-	1,156,006	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
02/10/21 B	10,667	27.093	289,001	289,001-	289,001	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
03/11/21 B	204,819	26.853	5,500,000	5,500,000-	5,500,000	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
03/31/21 S	189,798	13.172	0	2,500,000	2,584,270	-84,270
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
04/09/21 B	1,692	37.962	64,232	64,232-	64,232	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
04/15/21 B	1,172	27.395	32,116	32,116-	32,116	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
04/30/21 B	4,044	13.237	53,526	53,526-	53,526	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
05/13/21 B	5,203	27.012	140,551	140,551-	140,551	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
05/31/21 B	7,218	38.945	281,103	281,103-	281,103	

continued

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
05/31/21 B	17,750	13.197	234,252	234,252-	234,252	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
06/10/21 B	8,767	28.525	250,072	250,072-	250,072	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
06/30/21 B	12,842	38.946	500,145	500,145-	500,145	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
06/30/21 B	31,199	13.359	416,787	416,787-	416,787	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
07/14/21 B	27,732	13.459	373,252	373,252-	373,252	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
07/15/21 B	8,015	27.941	223,951	223,951-	223,951	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
07/31/21 B	11,111	40.311	447,903	447,903-	447,903	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
08/09/21 B	13,676	40.922	559,646	559,646-	559,646	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
08/11/21 B	34,665	13.454	466,372	466,372-	466,372	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
08/12/21 B	9,985	28.024	279,823	279,823-	279,823	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
09/16/21 B	39,402	13.549	533,843	533,843-	533,843	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
09/16/21 B	11,440	27.998	320,306	320,306-	320,306	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
09/17/21 S	4,878	41.003	0	200,000	169,676	30,324

continued

REPORTABLE TRANSACTIONS WORKSHEET

DATE BOUGHT / SOLD	SHARES / PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH EX	TRANSACTION COST	REALIZED GAIN / LOSS
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
09/30/21 B	15,539	41.226	640,611	640,611-	640,611	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
10/08/21 B	11,677	40.649	474,669	474,669-	474,669	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
10/13/21 B	8,683	27.333	237,335	237,335-	237,335	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
10/14/21 B	29,556	13.383	395,558	395,558-	395,558	
ISSUE: 001990AB6 - AFL-CIO EQUITY INDEX FUND						
11/22/21 B	13,304	43.414	577,575	577,575-	577,575	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
11/29/21 B	35,938	13.393	481,312	481,312-	481,312	
ISSUE: 99Y799SO0 - SSGA MSCI ACWI EX USA NL FUND (ZVG9)						
11/29/21 B	10,741	26.887	288,787	288,787-	288,787	
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
12/17/21 S	2,158,012	13.428	0	28,977,356 *	29,338,768	-361,412
ISSUE: 99Y799QR5 - BLACKROCK US DEBT INDEX FUND W						
12/17/21 S	188,348	13.428	0	2,529,099	2,564,528	-35,428
ISSUE: 99Y821YZ0 - BLACKROCK TOTAL RETURN BOND FUND M						
12/31/21 B	2,431,517	11.917	$28977356	28,977,356-*	28,977,356	
ISSUE: 99Y821YZ0 - BLACKROCK TOTAL RETURN BOND FUND M						
12/31/21 B	212,219	11.917	2,529,099	2,529,099-	2,529,099	
SUB-TOTAL			**$47983995**	**82,190,450**	**82,641,237**	**-450,786**
GRAND TOTAL			**$47983995**	**82,190,450**	**82,641,237**	**-450,786**

continued