

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1986</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1986</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NORTH AMERICAN PROPERTIES LLC</u> <u>212 E 3RD ST STE SUITE 300</u> <u>CINCINNATI, OH 45202-5500</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>85-4273442</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-638-5138</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>531190</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>85-4273442</u>	2c Plan Sponsor's telephone number <u>513-638-5138</u>	2d Business code (see instructions) <u>531190</u>	
2b Employer Identification Number (EIN) <u>85-4273442</u>					
2c Plan Sponsor's telephone number <u>513-638-5138</u>					
2d Business code (see instructions) <u>531190</u>					

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.	09/23/2022	KEVIN P. RILEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name NORTH AMERICAN PROPERTIES, INC. c Plan Name NORTH AMERICAN PROPERTIES, INC. RETIREMENT SAVINGS PLAN		4b EIN 31-0615626 4d PN 001
5 Total number of participants at the beginning of the plan year		5 341
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) 218
a(2) Total number of active participants at the end of the plan year		6a(2) 241
b Retired or separated participants receiving benefits.....		6b 1
c Other retired or separated participants entitled to future benefits		6c 113
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 355
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 355
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 340
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2G 2J 2K 2S 2T 3B 3D 3H 2F		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTH AMERICAN PROPERTIES LLC	D Employer Identification Number (EIN) 85-4273442	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

INTEGRITY INVESTMENT ADVISORS, LLC

3275 TWIN HERON CT
FORT COLLINS, CO 80528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	52776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT WEST LIFE & ANNUITY COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	50996	Yes ☒ No ☐	Yes ☒ No ☐	0	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
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTH AMERICAN PROPERTIES LLC</u>	D Employer Identification Number (EIN) <u>85-4273442</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	88878	62138
(2) Participant contributions.....	1b(2)	13538	1365
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	31327	25272
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36932240	36882735
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	37065983	36971510

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	37065983	36971510
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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)	887837	
(B) Participants	2a(1)(B)	1670555	
(C) Others (including rollovers).....	2a(1)(C)	36438	
(2) Noncash contributions.....	2a(2)	0	2594830
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	1771	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1771
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	1670262
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1670262	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1670262
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4232399
c Other income.....	2c		45954
d Total income. Add all income amounts in column (b) and enter total.....	2d		8545216
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8535917	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8535917
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	103772	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		103772
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8639689
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-94473
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) ☒ 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: **BARNES DENNIG & COMPANY, LTD.**

(2) EIN: **31-1119890**

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:

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.).....

	Yes	No	Amount
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?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 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 NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTH AMERICAN PROPERTIES LLC	D Employer Identification Number (EIN) 85-4273442

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

North American Properties LLC Retirement Savings Plan

**Financial Statements
With Supplementary Information
Years Ended December 31, 2021 and 2020
With Independent Auditors' Report**

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

**Years Ended
December 31, 2021 and 2020**

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Independent Auditors' Report

To the 401(k) Investment Committee
North American Properties LLC Retirement Savings Plan
Cincinnati, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of North American Properties LLC Retirement Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompany 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**Independent Auditor's Report
(Continued)**

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of North American Properties LLC Retirement Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

**Independent Auditor's Report
(Continued)**

Auditor's Responsibilities for the Audit of the 2021 Financial Statements (Continued)

- 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 North American Properties LLC Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about North American Properties LLC Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

BARNES DENNIG

**Independent Auditor's Report
(Continued)**

Other Matters (Continued)

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of North American Properties LLC Retirement Savings Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Barnes Dennig & Co.

September 22, 2022
Crestview Hills, Kentucky

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Investments, at fair value:		
Mutual funds	<u>\$ 36,882,735</u>	<u>\$ 36,932,240</u>
Receivables:		
Employee contributions receivable	1,365	13,538
Employer contributions receivable	62,138	88,878
Notes receivable from participants	<u>25,272</u>	<u>31,327</u>
Total receivables	<u>88,775</u>	<u>133,743</u>
Net assets available for benefits	<u><u>\$ 36,971,510</u></u>	<u><u>\$ 37,065,983</u></u>

The accompanying notes are an integral part of these financial statements

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

	<u>2021</u>
Additions:	
Investment income	
Net appreciation in fair value of investments	\$ 4,278,353
Interest and dividends	<u>1,670,262</u>
Total investment income	<u>5,948,615</u>
Interest income on notes receivable from participants	<u>1,771</u>
Contributions	
Employer	887,837
Employee	1,670,555
Rollover	<u>36,438</u>
Total contributions	<u>2,594,830</u>
Total additions	<u>8,545,216</u>
Deductions:	
Benefits paid to participants	8,535,917
Administrative expenses	<u>103,772</u>
Total deductions	<u>8,639,689</u>
Net decrease	(94,473)
Net assets available for benefits, beginning of year	<u>37,065,983</u>
Net assets available for benefits, end of year	<u><u>\$ 36,971,510</u></u>

The accompanying notes are an integral part of these financial statements

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Notes to Financial Statements

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements of North American Properties LLC Retirement Savings Plan (the "Plan") have been prepared on the accrual basis.

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. See Note 3 for discussion of fair value measurements.

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

Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Notes Receivable from Participants

For reporting purposes, participant loans are classified as notes receivable from participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Benefit Payments

Benefit payments are recorded when paid.

Related Party Transactions

North American Properties LLC (the "Company") provides the Plan with certain accounting and administrative services for which no fees are charged.

Expenses

Certain expenses and costs of the Plan were paid by the Company and, accordingly, are not reflected in the Plan's financial statements. In 2021, the Company paid \$6,857 in expenses on behalf of the Plan. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

Use of Estimates

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

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Notes to Financial Statements (Continued)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Subsequent Event Evaluation

Subsequent events were evaluated through September 22, 2022, which is the date the financial statements were available to be issued.

NOTE 2 DESCRIPTION OF PLAN

The following description of the North American Properties LLC Retirement Savings 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 defined contribution plan covering employees of North American Properties (the Company) who are age 21 and work 1,000 or more hours in a year, with the exception of interns, co-op students, or individuals hired for a short-term project. Eligible employees enter the Plan the first day of the month following 60 days of employment. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established by the Company effective October 1, 1986, and subsequently amended and restated in its entirety effective January 1, 2012. The plan was restated in its entirety effective December 1, 2021.

Contributions

Each year, participants may elect to contribute a percentage of their pretax or post-tax annual compensation, as defined in the Plan. These contributions are not to exceed limitations established under Section 402(g) of the Internal Revenue Code of 1986, as amended (\$19,500 at December 31, 2021). The Plan permits catch-up elective deferrals for participants over 50 years of age subject to Internal Revenue Code limitations. Effective January 1, 2017, upon eligibility, employees are automatically enrolled in the Plan and defer 5% of compensation as defined in the Plan. Employees may elect to not participate in the Plan or to defer a different amount.

The Company makes matching contributions under a safe harbor match to the Plan each year. The safe harbor match is 100% of the first 3% of compensation and 50% of the next 3% to 5% of compensation. The Company made matching contributions of \$887,837 for 2021.

Rollover Contributions

Participants may roll over their taxable portion of funds previously held for their account in another qualified retirement plan to the Plan on a tax-free basis.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Notes to Financial Statements (Continued)

NOTE 2 DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are 100% vested in individual accounts derived from their employer matching contributions upon entry date.

Notes Receivable from Participants

Participants may borrow from their respective accounts up to a maximum amount equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Loan terms range from one to five years or beyond five years, as agreed upon by the participant and the loan administrator, for the purchase of a primary residence. Principal and interest is paid ratably through biweekly payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

In conditions of "financial hardship", a participant may apply to the Plan administrator for approval to withdraw that portion of his or her 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the Plan and the Internal Revenue Code.

Forfeitures

At December 31, 2021 and 2020, there was \$9,653 and \$8,433, respectively, of forfeited nonvested accounts. Forfeited accounts can be used to pay for Plan fees or reduce future employer contributions. For 2021, \$163 was used to pay for Plan fees and \$0 was used to reduce employer contributions.

NOTE 3 FAIR VALUE MEASUREMENTS

Under applicable GAAP for fair value measurements and disclosures, a three-level hierarchy is established for fair value measurements based on transparency of valuation inputs as of the measurement date. The hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The three levels are defined as follows:

Level 1 – Inputs are unadjusted quoted prices for identical assets in active markets.

Level 2 – Inputs are observable quoted prices for similar assets in active markets.

Level 3 – Inputs are unobservable and reflect management's best estimates of what market participants would use as fair value.

Mutual funds: Fair values are determined by reference to quoted market prices and other relevant information generated by market transactions. Mutual funds are categorized as using Level 1 inputs.

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Notes to Financial Statements (Continued)

NOTE 3 FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes assets measured at fair value on a recurring basis at December 31:

Description	12/31/2021	Level 1	Level 2	Level 3
Assets				
Mutual funds	<u>\$ 36,882,735</u>	<u>\$ 36,882,735</u>	<u>\$ -</u>	<u>\$ -</u>
Description	12/31/2020	Level 1	Level 2	Level 3
Assets				
Mutual funds	<u>\$ 36,932,240</u>	<u>\$ 36,932,240</u>	<u>\$ -</u>	<u>\$ -</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2021 are reported in net appreciation of fair value of investments.

NOTE 4 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 the Plan termination, all amounts credited to participants' accounts will become fully vested and non-forfeitable.

NOTE 5 TAX STATUS

The Plan has adopted a prototype plan under Fifth Third Bank which received an opinion from the IRS dated June 30, 2020 which states that the provider's prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

NOTE 6 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 the amounts reported in the statement of net assets available for benefits.

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Notes to Financial Statements (Continued)

NOTE 7 INFORMATION CERTIFIED BY THE TRUSTEE

The following information provided by Fifth Third Institutional Services was certified to be accurate and complete:

- (a) The assets held by Fifth Third Institutional Services as of December 31, 2020, as well as the transactions involving these assets for the period January 1, 2021 to November 30, 2021.
- (b) The amount of investment income for the period January 1, 2021 to November 30, 2021.

The following information provided by Great-West Trust Company for the period ended December 31, 2021 was certified by them to be accurate and complete:

- (a) The assets held by Great-West Company at December 31, 2021, as well as the transactions involving these assets for the period December 1, 2021 to December 31, 2021.
- (b) The amount of investment income for the period December 1, 2021 to December 31, 2021.
- (c) The Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at December 31, 2021.

NOTE 8 SUBSEQUENT EVENT

Effective March 1, 2022, the Plan was amended to institute an automatic escalation feature, whereby the participant's automatic deferral amount will increase by 1% annually, up to a maximum of 10%.

NORTH AMERICAN PROPERTIES LLC RETIREMENT SAVINGS PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2021

SCHEDULE H – FORM 5500
FEIN # 85-4273442
PLAN NUMBER 001

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower or similar entity	Description of Investment	Cost	Current Value
	DFA Emerging Markets Core Equity I	Mutual Fund		\$ 583,335
	DFA International Small Cap Value I	Mutual Fund		99,671
	DFA US Large Cap Value I	Mutual Fund		2,215,222
	DFA US Small Cap Value Fund	Mutual Fund		411,308
	Dodge & Cox Income Fund	Mutual Fund		994,665
	PIMCO Income Instl	Mutual Fund		711,545
	Vanguard 500 Index Fund Admiral	Mutual Fund		6,038,634
	Vanguard Balanced Index Fund Admiral	Mutual Fund		2,337,960
	Vanguard Developed Markets Index Admiral	Mutual Fund		2,229,654
	Vanguard Federal Money Market Inv	Mutual Fund		1,035,353
	Vanguard Growth Index Admiral	Mutual Fund		3,583,617
	Vanguard Mid Cap Index Admiral	Mutual Fund		2,988,617
	Vanguard Real Estate Index Admiral	Mutual Fund		855,459
	Vanguard Small Cap Index Fund Admiral	Mutual Fund		2,786,373
	Vanguard Target Retirement 2020 Inv	Mutual Fund		492,540
	Vanguard Target Retirement 2025 Inv	Mutual Fund		1,771,663
	Vanguard Target Retirement 2030 Inv	Mutual Fund		1,432,323
	Vanguard Target Retirement 2035 Inv	Mutual Fund		885,293
	Vanguard Target Retirement 2040 Inv	Mutual Fund		618,722
	Vanguard Target Retirement 2045 Inv	Mutual Fund		733,173
	Vanguard Target Retirement 2050 Inv	Mutual Fund		768,084
	Vanguard Target Retirement 2055 Inv	Mutual Fund		825,679
	Vanguard Target Retirement 2060 Inv	Mutual Fund		467,653
	Vanguard Target Retirement Income Inv	Mutual Fund		45,025
	Vanguard Total Bond Market Index Admiral	Mutual Fund		1,971,167
*	Participant loans	4.25% - 6.25%		25,272
				<u>\$ 36,908,007</u>

Note: The above data is based upon information that has been certified as complete and accurate by Great-West Trust Company.

* Denotes Party-In-Interest

See independent auditors' report

Multiple Employer Plan Participating Employer Information

Name of Plan:

► NORTH AMERICAN PROPERTIES, INC. RETIREMENT SAVINGS PLAN
85-4273442

Plan number: ► 001

Plan year (beginning/ending): ► 01/01/2021-12/31/2021

(a) Name of participating Employer	(b) EIN	(c) Percent of Total Contributions
North American Properties LLC	85-4273442	22.94
North American Properties-Southeast LLC	85-4283741	6.57
North American Properties-Atlanta LTD	31-1471107	42.96
NAP- Southwest, L.P.	31-1815387	6.02
Cin-Air management LLC	84-3935324	5.10
Last Mile Investments, LLC	84-2275210	5.66
NAP Florida LLC	84-3852290	9.54
Struxtion LLC	84-4528599	1.21

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

North American Properties LLC Retirement Savings Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 10:15:07

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTWNX			59,401.78	57,243.20
1VTTVX			72,747.33	71,716.42
1VTHRX			819,557.83	819,988.35
1VTTHX			361,017.86	415,744.57
1VFORX			195,547.19	209,170.04
1VTIVX			288,257.68	312,258.81
1VFIFX			142,447.08	163,967.77
1VFFVX			370,723.56	434,909.26
1VTTSX			85,815.33	99,047.34
1DFCEX			181,360.51	227,202.81
1DISVX			78,984.68	83,953.89
1VTMGX			821,972.23	1,085,975.77
1VGSLX			219,731.44	289,034.13
1DFSVX			143,723.48	176,648.85
1VSMAX			643,042.89	1,145,531.88
1VIMAX			593,032.55	1,084,845.93
1DFLVX			852,693.41	1,159,782.89
1VFIAX			2,325,734.00	3,874,359.54
1VIGAX			700,354.37	1,531,109.43
1VBIAX			460,152.34	685,886.18
1DC-INC			992,902.65	976,603.26
1PIMIX			279,817.22	278,881.46
1VBTLX			940,343.13	950,398.45
1VMFXX			248,774.31	248,774.31
			11,878,134.85	16,383,034.54
PARTICIPANT LOANS	VARIOUS	4.250-6.250	22,593.88	22,648.19
FORFEITURES			9,653.44	9,653.44

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

North American Properties LLC Retirement Savings Plan

01-JAN-21 to 31-DEC-21

10-JAN-22 10:15:07

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1VTWNX Vanguard Target Retirement 2020 Inv
 1VTHRX Vanguard Target Retirement 2030 Inv
 1VFORX Vanguard Target Retirement 2040 Inv
 1VFIFX Vanguard Target Retirement 2050 Inv
 1VTTSX Vanguard Target Retirement 2060 Inv
 1DISVX DFA International Small Cap Value I
 1VGSIX Vanguard Real Estate Index Admiral
 1VSMAX Vanguard Small Cap Index Fund - Admiral
 1DFLVX DFA US Large Cap Value I
 1VIGAX Vanguard Growth Index -Admiral
 1DC-INC Dodge & Cox Income Fund
 1VBTIX Vanguard Total Bond Market Index Admiral

1VTTVX Vanguard Target Retirement 2025 Inv
 1VTTHX Vanguard Target Retirement 2035 Inv
 1VTIVX Vanguard Target Retirement 2045 Inv
 1VFFVX Vanguard Target Retirement 2055 Inv
 1DFCEX DFA Emerging Markets Core Equity I
 1VTMGX Vanguard Developed Markets Index Admiral
 1DFSIX DFA US Small Cap Value Fund
 1VIMAX Vanguard Mid Cap Index Adm
 1VFIAX Vanguard 500 Index Fund - Admiral
 1VBIAX Vanguard Balanced Index Fund - Admiral
 1PIMIX PIMCO Income Instl
 1VMFXX Vanguard Federal Money Market Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**North American Properties LLC Retirement Savings Plan-NAP Southeast****01-JAN-21 to 31-DEC-21****10-JAN-22 09:06:41**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTWNX			42,045.91	37,898.55
1VTTVX			185,401.51	175,308.38
1VTHRX			96,125.27	92,864.67
1VFIFX			49,140.99	51,153.07
1VTTSX			45,658.05	50,698.49
1DFCEX			15,100.65	16,508.70
1VTMGX			154,773.12	174,731.89
1VGSLX			25,146.57	34,177.72
1VSMAX			360,301.70	442,863.90
1VIMAX			252,642.17	321,896.16
1DFLVX			96,161.51	120,486.77
1VFIAX			503,938.41	666,335.41
1VIGAX			739,540.14	992,354.16
1VBIAX			658,499.78	741,167.55
1VBTLX			152,628.23	147,042.49
1VMFXX			371,419.16	371,419.16
			3,748,523.17	4,436,907.07

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 85-4273442

LEGEND**INVESTMENT OPTION:**

1VTWNX Vanguard Target Retirement 2020 Inv
 1VTHRX Vanguard Target Retirement 2030 Inv
 1VTTSX Vanguard Target Retirement 2060 Inv
 1VTMGX Vanguard Developed Markets Index Admiral
 1VSMAX Vanguard Small Cap Index Fund - Admiral
 1DFLVX DFA US Large Cap Value I
 1VIGAX Vanguard Growth Index -Admiral
 1VBTLX Vanguard Total Bond Market Index Admiral

1VTTVX Vanguard Target Retirement 2025 Inv
 1VFIFX Vanguard Target Retirement 2050 Inv
 1DFCEX DFA Emerging Markets Core Equity I
 1VGSLX Vanguard Real Estate Index Admiral
 1VIMAX Vanguard Mid Cap Index Adm
 1VFIAX Vanguard 500 Index Fund - Admiral
 1VBIAX Vanguard Balanced Index Fund - Admiral
 1VMFXX Vanguard Federal Money Market Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

North American Properties LLC Retirement Savings Plan-NAP Atlanta

01-JAN-21 to 31-DEC-21

10-JAN-22 09:07:05

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTWNX			439,326.06	393,506.14
1VTTVX			402,015.53	379,188.72
1VTHRX			453,836.04	434,389.58
1VTTHX			195,614.96	185,596.55
1VFORX			372,948.66	356,209.09
1VTIVX			305,579.63	303,425.40
1VFIFX			242,736.95	249,517.77
1VFFVX			281,421.78	294,147.20
1VTTSX			273,454.42	298,356.26
1DFCEX			122,316.54	132,498.49
1VTMGX			471,079.68	530,417.37
1VGSLX			68,792.88	86,002.05
1VSMAX			311,885.90	382,850.12
1VIMAX			722,044.45	920,686.18
1DFLVX			338,824.57	419,004.38
1VFIAX			63,544.99	78,967.92
1VIGAX			424,491.24	564,912.52
1VBIAX			531,510.21	597,160.92
1DC-INC			19,027.74	18,061.94
1PIMIX			10,304.00	10,105.71
1VBTLX			481,010.57	463,914.70
1VMFXX			158,990.17	158,990.48
			6,690,756.97	7,257,909.49
PARTICIPANT LOANS	VARIOUS	4.250-6.000	2,624.25	2,624.25

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 85-4273442

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**North American Properties LLC Retirement Savings Plan-NAP Atlanta****01-JAN-21 to 31-DEC-21****10-JAN-22 09:07:05**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1VTWXX Vanguard Target Retirement 2020 Inv
 1VTHRX Vanguard Target Retirement 2030 Inv
 1VFORX Vanguard Target Retirement 2040 Inv
 1VFIFX Vanguard Target Retirement 2050 Inv
 1VTTSX Vanguard Target Retirement 2060 Inv
 1VTMGX Vanguard Developed Markets Index Admiral
 1VSMAX Vanguard Small Cap Index Fund - Admiral
 1DFLVX DFA US Large Cap Value I
 1VIGAX Vanguard Growth Index -Admiral
 1DC-INC Dodge & Cox Income Fund
 1VBTXX Vanguard Total Bond Market Index Admiral

1VTTVX Vanguard Target Retirement 2025 Inv
 1VTTHX Vanguard Target Retirement 2035 Inv
 1VTIVX Vanguard Target Retirement 2045 Inv
 1VFFVX Vanguard Target Retirement 2055 Inv
 1DFCEX DFA Emerging Markets Core Equity I
 1VGSXX Vanguard Real Estate Index Admiral
 1VIMAX Vanguard Mid Cap Index Adm
 1VFIAX Vanguard 500 Index Fund - Admiral
 1VBIAX Vanguard Balanced Index Fund - Admiral
 1PIMIX PIMCO Income Instl
 1VMFXX Vanguard Federal Money Market Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**North American Properties LLC Retirement Savings Plan-NAP Southwest****01-JAN-21 to 31-DEC-21****10-JAN-22 09:07:02**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTHRX			48,040.61	46,411.07
1VTTHX			10,889.35	10,509.93
1VFFVX			4,736.78	4,569.71
1VTTSX			592.51	650.78
1DFCEX			154,042.13	162,610.72
1VTMGX			230,011.58	253,240.10
1VGSLX			197,575.11	256,521.06
1DFS VX			3,337.64	4,134.84
1VSMAX			467,027.11	567,494.32
1VIMAX			244,314.10	309,061.62
1DFLVX			202,723.01	251,391.36
1VFIAX			695,433.37	889,785.20
1VIGAX			199,300.20	262,064.25
1VBIAX			66,343.35	74,670.91
1PIMIX			10,580.55	10,571.56
1VBTLX			121,476.27	117,210.54
1VMFXX			28,636.20	28,636.20
			2,685,059.87	3,249,534.17

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 85-4273442

LEGEND**INVESTMENT OPTION:**

1VTHRX	Vanguard Target Retirement 2030 Inv	1VTTHX	Vanguard Target Retirement 2035 Inv
1VFFVX	Vanguard Target Retirement 2055 Inv	1VTTSX	Vanguard Target Retirement 2060 Inv
1DFCEX	DFA Emerging Markets Core Equity I	1VTMGX	Vanguard Developed Markets Index Admiral
1VGSLX	Vanguard Real Estate Index Admiral	1DFS VX	DFA US Small Cap Value Fund
1VSMAX	Vanguard Small Cap Index Fund - Admiral	1VIMAX	Vanguard Mid Cap Index Adm
1DFLVX	DFA US Large Cap Value I	1VFIAX	Vanguard 500 Index Fund - Admiral
1VIGAX	Vanguard Growth Index -Admiral	1VBIAX	Vanguard Balanced Index Fund - Admiral
1PIMIX	PIMCO Income Instl	1VBTLX	Vanguard Total Bond Market Index Admiral
1VMFXX	Vanguard Federal Money Market Inv		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA
North American Properties LLC Retirement Savings Plan-Cin-Air Management, LLC.
01-JAN-21 to 31-DEC-21

10-JAN-22 09:07:16

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTINX			47,888.00	45,023.20
1VTTVX			597,509.28	564,733.38
1VTTHX			90,841.73	87,957.60
1VFORX			35,039.51	30,364.42
1VTIVX			0.01	0.11
1VFIFX			15,828.20	16,747.94
1VTTSX			9,242.94	8,939.32
1DFCEX			42,474.61	43,250.21
1DISVX			15,356.80	15,717.45
1VTMGX			152,136.50	156,780.18
1VGSLX			146,509.75	189,724.43
1DFS VX			225,176.00	230,524.67
1VSMAX			178,694.14	206,298.02
1VIMAX			261,296.85	321,591.39
1DFLVX			244,291.93	254,656.32
1VFIAX			372,440.13	442,677.07
1VIGAX			191,500.34	225,120.33
1VBIAX			38,950.20	43,888.59
1PIMIX			411,445.55	411,986.40
1VBTLX			19,648.45	18,927.12
1VMFXX			210,817.54	210,817.54
			3,307,088.46	3,525,725.69

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 85-4273442

LEGEND

INVESTMENT OPTION:

1VTINX	Vanguard Target Retirement Income Inv	1VTTVX	Vanguard Target Retirement 2025 Inv
1VTTHX	Vanguard Target Retirement 2035 Inv	1VFORX	Vanguard Target Retirement 2040 Inv
1VTIVX	Vanguard Target Retirement 2045 Inv	1VFIFX	Vanguard Target Retirement 2050 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv	1DFCEX	DFA Emerging Markets Core Equity I
1DISVX	DFA International Small Cap Value I	1VTMGX	Vanguard Developed Markets Index Admiral
1VGSLX	Vanguard Real Estate Index Admiral	1DFS VX	DFA US Small Cap Value Fund
1VSMAX	Vanguard Small Cap Index Fund - Admiral	1VIMAX	Vanguard Mid Cap Index Adm
1DFLVX	DFA US Large Cap Value I	1VFIAX	Vanguard 500 Index Fund - Admiral
1VIGAX	Vanguard Growth Index -Admiral	1VBIAX	Vanguard Balanced Index Fund - Admiral
1PIMIX	PIMCO Income Instl	1VBTLX	Vanguard Total Bond Market Index Admiral
1VMFXX	Vanguard Federal Money Market Inv		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

453728-06

GA

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
North American Properties LLC Retirement Savings Plan-Last Mile Investments, LLC.
01-JAN-21 to 31-DEC-21

Page 1 of 1

10-JAN-22 09:07:16

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTHX			25,168.67	23,636.43
1VTIVX			119,228.49	117,488.83
1VFFVX			27,051.98	26,902.11
1VTTSX			6,054.69	5,954.11
1VFIAX			67,877.49	83,902.38
			245,381.32	257,883.86

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 85-4273442

LEGEND

INVESTMENT OPTION:

1VTTHX Vanguard Target Retirement 2035 Inv
 1VFFVX Vanguard Target Retirement 2055 Inv
 1VFIAX Vanguard 500 Index Fund - Admiral

1VTIVX Vanguard Target Retirement 2045 Inv
 1VTTSX Vanguard Target Retirement 2060 Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**North American Properties LLC Retirement Savings Plan-NAP Florida, LLC.****01-JAN-21 to 31-DEC-21**

10-JAN-22 09:07:28

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTWNX			4,492.39	3,891.80
1VTTVX			614,384.85	580,060.70
1VTHRX			38,806.94	36,977.34
1VTTHX			169,946.84	161,847.43
1VFIFX			236,622.89	243,061.07
1VFFVX			56,853.02	59,996.46
1VTTSX			4,146.35	4,006.95
1DFCEX			1,170.27	1,263.87
1VTMGX			25,736.22	28,509.18
1VSMAX			34,587.38	41,334.97
1VIMAX			24,278.17	30,535.36
1DFLVX			8,081.22	9,900.64
1VFIAX			2,202.30	2,606.62
1VIGAX			6,093.31	8,056.27
1VBIAX			173,865.14	195,186.19
1VBTLX			283,744.87	273,673.42
1VMFXX			7,062.00	7,062.00
			1,692,074.16	1,687,970.27

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 85-4273442

LEGEND

INVESTMENT OPTION:

1VTWNX	Vanguard Target Retirement 2020 Inv	1VTTVX	Vanguard Target Retirement 2025 Inv
1VTHRX	Vanguard Target Retirement 2030 Inv	1VTTHX	Vanguard Target Retirement 2035 Inv
1VFIFX	Vanguard Target Retirement 2050 Inv	1VFFVX	Vanguard Target Retirement 2055 Inv
1VTTSX	Vanguard Target Retirement 2060 Inv	1DFCEX	DFA Emerging Markets Core Equity I
1VTMGX	Vanguard Developed Markets Index Admiral	1VSMAX	Vanguard Small Cap Index Fund - Admiral
1VIMAX	Vanguard Mid Cap Index Adm	1DFLVX	DFA US Large Cap Value I
1VFIAX	Vanguard 500 Index Fund - Admiral	1VIGAX	Vanguard Growth Index -Admiral
1VBIAX	Vanguard Balanced Index Fund - Admiral	1VBTLX	Vanguard Total Bond Market Index Admiral
1VMFXX	Vanguard Federal Money Market Inv		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

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SCHEDULE OF ASSETS (HELD AT END OF YEAR)**North American Properties LLC Retirement Savings Plan-Struxtion, LLC.****01-JAN-21 to 31-DEC-21**

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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1VTTVX			744.48	655.61
1VTHRX			1,935.45	1,691.95
1VFORX			25,314.68	22,978.61
1VFFVX			5,437.04	5,154.03
			33,431.65	30,480.20

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 85-4273442

LEGEND

INVESTMENT OPTION:

1VTTVX Vanguard Target Retirement 2025 Inv
1VFORX Vanguard Target Retirement 2040 Inv

1VTHRX Vanguard Target Retirement 2030 Inv
1VFFVX Vanguard Target Retirement 2055 Inv

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year