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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1998

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BUILDERS FIRSTSOURCE, INC

2001 BRYAN STREET
SUITE 1600
DALLAS, TX 75201

2b Employer Identification Number (EIN) 52-2084569

2c Plan Sponsor's telephone number 214-880-3517

2d Business code (see instructions) 423300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	HEATHER MCCULLEN
	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

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 BUILDERS FIRSTSOURCE, INC

c Plan Name EMPLOYEE 401K SAVINGS PLAN

4b EIN 52-2084569

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	19849
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)**	16070
a(2) Total number of active participants at the end of the plan year	**6a(2)**	17300
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	5115
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	22415
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	22415
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	17795
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2150
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [ ] 0 **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	**B** Three-digit plan number (PN) ▶	
BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
BUILDERS FIRSTSOURCE, INC	52-2084569	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	126109	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

PLANTE MORAN

38-1357951

(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	ACCOUNTANT/AUDITOR	32000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPTRUST FINANCIAL ADVISORS

26-0058143

(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	23760	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

WILKINS FINSTON FRIEDMAN LAW GROUP

27-5546855

(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	ATTORNEY/LEGAL	16590	Yes [ ] No [X]	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
FIDELITY INVESTEMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB INC C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTEMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2020 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTEMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2025 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

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
FIDELITY INVESTEMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2030 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTEMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2035 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTEMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2040 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2045 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2050 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2055 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JPMCB SR PB 2060 C10 1 FEDERAL ST BOSTON, MA 02110	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS CORE PL BD Y-DST ASSET MANAG 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.20%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PUTNAM GROWTH OPPS Y - PUTNAM INVES 04-2539562	0.20%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PUTNAM STABLE VALUE 101 SEAPORT BOULEVARD BOSTON, MA 02210	0.10%

(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
BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BUILDERS FIRSTSOURCE, INC

D Employer Identification Number (EIN)
52-2084569

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:	JPMCB SR PB 2030 C10		
b Name of sponsor of entity listed in (a):	JP MORGAN CHASE BANK, N.A.		
c EIN-PN	26-1165198-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	76562984		
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SR PB 2050 C10		
b Name of sponsor of entity listed in (a):	JP MORGAN CHASE BANK, N.A.		
c EIN-PN	26-1165477-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	18795548		
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SR PB 2020 C10		
b Name of sponsor of entity listed in (a):	JP MORGAN CHASE BANK, N.A.		
c EIN-PN	26-1165037-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	44471415		
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SR PB 2025 C10		
b Name of sponsor of entity listed in (a):	JP MORGAN CHASE BANK, N.A.		
c EIN-PN	26-1165154-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	80125276		
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SR PB INC C10		
b Name of sponsor of entity listed in (a):	JP MORGAN CHASE BANK, N.A.		
c EIN-PN	02-6116487-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2740340		
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SR PB 2045 C10		
b Name of sponsor of entity listed in (a):	JP MORGAN CHASE BANK, N.A.		
c EIN-PN	26-1165449-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	40018932		
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB SR PB 2035 C10		
b Name of sponsor of entity listed in (a):	JP MORGAN CHASE BANK, N.A.		
c EIN-PN	26-1165348-001	**d** Entity code	C
e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	76893604		

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2040 C10

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 26-1165392-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 55721431

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2055 C10

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 45-5590883-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11681176

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2060 C10

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 81-3239155-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8308811

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

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN 04-3159710-202	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21027983

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SR PB 2065 C10

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 84-1845096-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1765119

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
BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUILDERS FIRSTSOURCE, INC

D Employer Identification Number (EIN)
52-2084569

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	98716	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)	14663937	25802783
(9) Value of interest in common/collective trusts	1c(9)	474137542	438112619
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	426569730	1014796596
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	915469925	1478711998
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	915469925	1478711998

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)	15652747	
	(B) Participants	2a(1)(B)	54408949	
	(C) Others (including rollovers)	2a(1)(C)	10705260	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		80766956
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	38	
	(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)	781372	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		781410
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	39458083	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		39458083
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		47935897
(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)		31230779
c Other income	2c		213174
d Total income. Add all **income** amounts in column (b) and enter total	2d		200386299
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	131325812	
(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)		131325812
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	48590	
(2) Contract administrator fees	2i(2)	126109	
(3) Investment advisory and management fees	2i(3)	23760	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		198459
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		131524271
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		68862028
l Transfers of assets:			
(1) To this plan	2l(1)		494380045
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC **(2)** EIN: 38-1357951

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		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BUILDERS FIRSTSOURCE, INC

D Employer Identification Number (EIN)
52-2084569

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): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

Financial Statements
and
Independent Auditor's Report
December 31, 2021 and 2020

BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

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Plante & Moran, PLLC
P.O. Box 307
3000 Town Center, Suite 100
Southfield, MI 48075
Tel: 248.352.2500
Fax: 248.352.0018
plantemoran.com

Independent Auditor's Report

To the Plan Administrator
Builders FirstSource 401(k) Savings Plan

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

We have performed an audit of the financial statements of Builders FirstSource 401(k) Savings Plan (formerly known as the Employee 401(k) Savings Plan) (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (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 then ended and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2021 and for the year then ended stating that the certified investment information, as described in Note 3 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 accompanying 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).

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 the 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.

Emphasis of Matter

As explained in Note 1 to the financial statements, the BMC 401(k) Savings and Retirement Plan was merged into the Builders FirstSource 401(k) Savings Plan effective December 29, 2021. Our opinion has not been modified with respect to this matter.

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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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or 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 that 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 for 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 substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 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.

To the Plan Administrator
Builders FirstSource 401(k) Savings Plan

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at end of year as of December 31, 2021 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the DOL'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 its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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 the Plan. As permitted by 29 CFR 2520.103-8 of the DOL'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 September 17, 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 Plan's 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moran, PLLC

Southfield, Michigan
October 4, 2022

BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

Statements of Net Assets Available for Benefits

	December 31, 2021	2020
Investments, at fair value		
Money market funds	$ -	$ 98,716
Mutual funds	1,014,796,596	426,569,730
Common/collective trusts	438,112,619	474,137,542
Total investments, at fair value	1,452,909,215	900,805,988
Receivables		
Participant notes receivable	25,802,783	14,663,937
Net assets available for benefits	$ 1,478,711,998	$915,469,925

See notes to financial statements.

BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

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

Investment income	
Net realized and unrealized gains on investments	$ 79,379,850
Interest and dividend income	39,458,083
Total investment income	118,837,933
Interest on participant notes receivable	781,410
Contributions	
Participant	54,408,949
Employer, net of forfeitures applied	15,652,747
Participant rollover	10,705,260
Total contributions	80,766,956
Deductions	
Distributions to participants	(130,347,983)
Corrective distributions	(977,829)
Administrative fees, net of forfeitures applied	(198,459)
Total deductions	(131,524,271)
Net increase in assets available for benefits	68,862,028
Transfers in	494,380,045
Net assets available for benefits, beginning of year	915,469,925
Net assets available for benefits, end of year	$ 1,478,711,998

See notes to financial statements.

Note 1 - Plan Description

The following brief description of Builders FirstSource 401(k) Savings Plan (formerly the Employee 401(k) Plan) (the "Plan") is provided for general information purposes only. See the Plan Document and Summary Plan Description for a more complete description of the Plan's provisions.

General

Effective July 1, 1998, Builders FirstSource, Inc. (the "Plan Sponsor") established the Plan and subsequently amended and restated the Plan on various occasions with the most recent restatement being effective December 29, 2021. The Plan is a defined contribution plan available to employees of Builders FirstSource, Inc. and predecessor employers as listed in the Plan document (the "Company") who have been employed by the Company for 60 days. Entry into the Plan is available immediately upon reaching eligibility. Union employees covered by a collective bargaining agreement that does not provide for participation in the Plan, non-resident aliens, leased employees, and independent contractors are not eligible to participate in the Plan. Participation in the Plan is voluntary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan is a defined contribution plan established by the Company under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company.

On December 29, 2021, the BMC 401(k) Savings and Retirement Plan was transferred into the Builders FirstSource 401(k) Savings Plan.

Plan Administration

The Plan is administered by the Consolidated Retirement Plan Committee. The duties of the committee are to oversee the operations of the Plan and to provide for prudent investment of Plan assets. Accordingly, the committee has been granted discretionary authority concerning investment and management activities.

Through December 29, 2021, Fidelity Investments Institutional Operational Company, Inc. maintained the Plan's records. Fidelity Management Trust Company ("Fidelity") served as trustee and managed the Plan's investments. On December 29, 2021, the plan assets were transferred from Fidelity to Great-West Trust Company, LLC ("Great-West"). Great-West serves as trustee, manages plan assets, and maintains the Plan's records. The Plan offers Plan participants a variety of investment options through various mutual funds, common/collective trusts, and a money market fund. Individual accounts are invested in the various investment options at the direction of the participants.

Note 1 - Plan Description (continued)

Contributions

Each year, participants may contribute up to 75% of pre-tax annual eligible compensation, as defined by the Plan, subject to the dollar limitation under §402(g) of the IRC. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions up to the statutory limits for such contributions. Participants may also contribute as rollover contributions amounts representing distributions from other eligible retirement plans.

The Plan also provides for the Company to make matching contributions to each eligible participant who makes pre-tax contributions to the Plan. From January 1, 2021 through May 31, 2021, the Company-matching contribution was 40% of a participant's pre-tax contributions up to 5% of eligible compensation. From June 1, 2021 through December 31, 2021, the Company-matching contribution was increased to 50% of a participant's pre-tax contributions up to 6% of eligible compensation. Catch-up contributions are not matched. The Company may also, at its discretion, make a discretionary profit-sharing contribution annually. Generally, participants must be actively employed on the last day of the Plan year to share in employer discretionary contributions. There were no discretionary contributions in 2021.

Contributions are subject to certain limitations and nondiscrimination tests.

Vesting

Participants are immediately vested in their pre-tax and catch-up contributions, all transfer and rollover contributions, and related investment income or loss, net of any allocation of administrative fees. The vesting schedule for the employer-matching and discretionary profit-sharing contributions (including forfeitures) and the earnings or losses thereon is based on years of continuous service according to the following schedule:

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

Participants also become fully vested upon death, total disability, attainment of normal retirement age (as defined by the Plan, age 62), or if the Plan is terminated. Participants who leave the Company before they are vested in the Company's contributions forfeit their non-vested portion.

Note 1 - Plan Description (continued)

Forfeitures

If at the time of termination of employment, the participant is not 100% vested, the non-vested portion of the participant's account shall be forfeited and placed in a separate account. Forfeitures are used first to reduce future Company contributions and second to pay Plan expenses.

Participant Accounts

Each participant's account is credited or debited with 1) the participant's contribution, including rollovers; 2) Company-matching contributions, if applicable; 3) Company discretionary profit-sharing contributions, if applicable; and 4) Plan earnings or losses thereon and any allocation of administrative expenses. Allocations of any discretionary profit-sharing contributions to participant accounts are based on participant eligible compensation. Plan earnings or losses are allocated pro rata within each investment option elected by the participant based upon the participant's account balance. The benefit to which a participant is entitled is the vested portion of the participant's account. All contributions to the Plan are deposited into the investment options selected by the participant.

Payment of Benefits

Benefits are equal to the value of the participant's vested account balance and are payable upon attaining retirement, death, termination of employment, becoming disabled (collectively a "termination distribution event"), or certain permitted in-service withdrawal events described below. The participant's vested account balance can be paid in the form of lump-sum, systematic withdrawal payments or rollover as designated by the participant or beneficiary. Accounts with balances less than $1,000 may be immediately distributed upon a termination distribution event without participant consent. Accounts with balances between $1,000 and $5,000 may be immediately rolled into an individual retirement plan designated by the Committee upon a termination distribution event without participant consent.

Participants may also make voluntary in-service withdrawals of their (i) vested accounts after age 59½, (ii) rollover contribution accounts at any time, and (iii) pre-tax and catch-up contribution accounts for certain enumerated hardship events imposed under the IRC, including effective January 1, 2019, a federally declared disaster (this change replaced the special hardship withdrawals rules enacted by the IRS in response to Hurricanes), subject to certain penalties. Benefits are recorded as distributions to participants when paid.

Administration Fees

The Company paid certain administrative expenses of the Plan, including audit, legal, employee communication, and trustee fees. In 2021, monthly investment management service fees were charged to the funds.

Note 1 - Plan Description (continued)

Participant Notes Receivable

Participants may borrow up to 50% of their vested account balances up to a maximum of $50,000. The minimum loan amount is $1,000. Participants may have only two loans outstanding at a time. For loans initiated under the Plan, loan terms vary and generally cannot exceed five years, unless the loan is used to acquire a principal residence, in which case the term is fifteen years. Plans transferred in that had prior term loans were also honored up to 30 years. Loans are collateralized by the balances of the participants' vested accounts.

The interest rate is determined by the Plan administrator and is fixed over the life of the loan. The loans bear interest at rates ranging from 3.25% to 9.25%, which are commensurate with local prevailing rates as determined at loan origination on a quarterly basis by the plan administrator and mature at various dates through July 2041. Principal and interest are paid ratably through payroll deductions. Participant notes receivable are recorded in the financial statements at an amortized cost plus accrued interest. As of December 31, 2021, there were no deemed defaulted loans. Participants who default on a loan may not obtain a new loan unless they repay the defaulted loan plus interest.

Note 2 - Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities as of the date of the financial statements. Actual results could differ from those estimates.

Investments

Participants can direct the investment of their account balances into the investment options offered under the Plan. Participants can change their investment elections or make transfers between investment options on a daily basis in 1% increments. If a participant fails to make any investment elections, his accounts will be invested in the Plan's default investment option.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date.

Note 2 - Summary of Accounting Policies (continued)

Investments (continued)

Investments held by a defined contribution plan are required by accounting principles generally accepted in the United States of America to be 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.

Generally accepted accounting principles require disclosure about how fair value is determined and establish 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Plan investments in money market funds are stated at fair value based on quoted market prices. Plan investments in mutual funds are stated at fair value based on quoted market prices. The Plans investments in common/collective trusts are stated at net asset value ("NAV"), which has been determined based upon the NAV of the investments comprising the fund. The NAV is used as a practical expedient to approximate fair value.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments measured on a recurring basis at fair value.

Note 2 - Summary of Accounting Policies (continued)

Investments (continued)

Investments at fair value as of December 31, 2021:

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Mutual funds	1,014,796,596	-	-	1,014,796,596
Total	$1,014,796,596	$ -	$ -	$ 1,014,796,596

Investments at fair value as of December 31, 2020:

Description	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)	Total
Money market funds	$ 98,716	$ -	$ -	$ 98,716
Mutual funds	426,569,730	-	-	426,569,730
Total	$ 426,668,446	$ -	$ -	$426,668,446

There were no changes to the valuation techniques used during the period.

Reported NAV

The Plan's investment in common/collective trusts of $438,112,619 and $474,137,542 as of December 31, 2021 and 2020, respectively, are reported at NAV and can be redeemed immediately. There are no unfunded commitments, and the common/collective trusts can be redeemed daily for participant level transactions. Plan level transactions require notice and could take up to 12 months.

Note 2 - Summary of Accounting Policies (continued)

Risks and Uncertainties

The Plan provides for various investment options that are invested in a combination of stocks, bonds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near term and that those changes could materially affect the amounts reported on the statements of net assets available for benefits.

Additionally, some investments held by the Plan are invested in the securities of foreign companies, which involve special risks and considerations not typically associated with investing in U.S. companies. These risks include devaluation of currencies, less reliable information about issuers, different securities transaction clearance and settlement practices, and possible adverse political and economic developments. Moreover, securities of many foreign companies and their markets may be less liquid and their prices more volatile than those of securities of comparable U.S. companies.

Note 3 - Certification by the Trustee

On December 29, 2021, the Plan changed its custodian from Fidelity Management Trust Company ("Fidelity") to Great-West Trust Company, LLC ("Great-West"). Fidelity and Great-West have certified in writing to the Plan administrator that the stated amounts for investments at fair value and loans at amortized cost and the income and losses earned thereon, as reflected in the accompanying financial statements and the supplemental schedule of assets (held at end of year), are complete and accurate.

The Plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's auditors not to perform any auditing procedures with respect to the information certified by Great-West, except for comparing the supplemental schedule of assets (held at end of year).

The following information included in the accompanying financial statements and supplemental schedule of assets (held at end of year) was provided and certified by Great West and Fidelity as being complete and accurate as of December 31, 2021 and 2020 and for the year ended December 31, 2021:

- Investments, at fair value
- Loans to participants, at amortized cost
- Interest income
- Dividend income
- Net realized and unrealized gains on investments
- Schedule of assets (held at end of year)

Note 4 - Tax Status of the Plan

The Internal Revenue Service has determined and informed the Company by a letter dated October 27, 2014 that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, the Plan is not subject to state and federal income taxes.

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

Note 5 - Related Party and Party-in-Interest

The Plan provides for participant notes receivable, which are also defined as party-in-interest transactions. These transactions are exempt from the prohibited transaction rules.

Note 6 - Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. If the Plan is terminated for any reason, all participants become 100% vested in their Plan accounts, and the Plan administrator is to distribute each participant's interest to the participant or his or her beneficiary.

Note 7 - Subsequent Events

The Plan administrator has evaluated all subsequent events through the auditors' report date, which is the date the financial statements were available to be issued.

There were no material subsequent events that required recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

BUILDERS FIRSTSOURCE 401(K) SAVINGS PLAN

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

Employer Identification Number – 52-2084569
Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
	Mutual funds		
	Dreyfus	Government Cash Management Fund	$ 967,086,779
	BlackRock	iShares S&P 500 Index Fund	13,054,150
	JPMorgan	Large-Cap Growth Fund	6,708,136
	Vanguard	International Growth Fund	5,454,427
	Fidelity	Advisor Small-Cap Growth Fund	5,420,883
	John Hancock	Disciplined Value Mid-Cap Fund	3,428,491
	JPMorgan	Mid-Cap Growth Fund	3,012,127
	Putnam	Large-Cap Value Fund	2,856,957
	Victory	Sycamore Small Co Opportunity Fund	2,492,442
	BlackRock	Russell Mid-Cap Index Fund	1,831,496
	BlackRock	Russell 2000 Small-Cap Index Fund	1,587,434
	Invesco	Developing Markets Fund	924,766
	Dodge & Cox	Global Bond Fund	611,480
	Hartford	International Multi-Cap Value Fund	299,912
	BlackRock	iShares U.S. Aggregate Bond Index Fund	27,035
	BlackRock	iShares MSCI EAFE International Index Fund	81
	Total mutual funds		1,014,796,596
	Common/collective trusts		
	BlackRock	LifePath Index 2025 Fund	80,125,276
	BlackRock	LifePath Index 2035 Fund	76,893,604
	BlackRock	LifePath Index 2030 Fund	76,562,984
	BlackRock	LifePath Index 2040 Fund	55,721,431
	BlackRock	LifePath Index Retirement Fund	44,471,415
	BlackRock	LifePath Index 2045 Fund	40,018,932
	Putnam	Stable Value Fund	21,027,983
	BlackRock	LifePath Index 2050 Fund	18,795,548
	BlackRock	LifePath Index 2055 Fund	11,681,176
	BlackRock	LifePath Index 2060 Fund	8,308,811
	Invesco	Core Plus Fixed Income Trust Fund	2,740,340
	BlackRock	LifePath Index 2065 Fund	1,765,119
	Total common/ collective trusts		438,112,619
*	Loans to participants	Interest rates ranging from 3.25% to 9.25%, maturing through July 2041, collateralized by participants' vested account balances	25,802,783
			$ 1,478,711,998

*Party in interest

ADDITIONAL DEPOSITS

Builders FirstSource 401(k) Savings Plan

01-JAN-21 to 31-DEC-21

EFFECTIVE DATE	EVENT	MONEY SOURCE	NAME	PARTICIPANT IDENTIFIER	OUTSTANDING FROM PRIOR PERIOD	CURRENT PERIOD	UNALLOCATED	REFUNDS	ALLOCATED TO PARTICIPANTS
29-DEC-21	1428865461	BEF-01	GARY N COHN	20644639	0.00	30,647.10	0.00	0.00	30,647.10
29-DEC-21	1428865461	BEF-01	GEORGE SIMMONS	20644643	0.00	103,152.71	0.00	0.00	103,152.71
29-DEC-21	1428865461	BEF-01	TANNA C RICHARDSON	20644644	0.00	27,289.65	0.00	0.00	27,289.65
29-DEC-21	1428865461	BEF-01	JOHNNY R LOCKLEAR	20644646	0.00	4,646.99	0.00	0.00	4,646.99
29-DEC-21	1428865461	BEF-01	DERWOOD R HESTER	20644649	0.00	174.87	0.00	0.00	174.87
29-DEC-21	1428865461	BEF-01	JEFFREY B WOOD	20644650	0.00	90,630.34	0.00	0.00	90,630.34
29-DEC-21	1428865461	BEF-01	TONY A MILES	16693087	0.00	54.28	0.00	0.00	54.28
29-DEC-21	1428865461	BEF-01	GARY A KITTEL	20644652	0.00	204,679.97	0.00	0.00	204,679.97
29-DEC-21	1428865461	BEF-01	SCARLETT SPAULDING JOHNSON	20644653	0.00	5,911.99	0.00	0.00	5,911.99
29-DEC-21	1428865461	BEF-01	BRIAN D VOGLER	20644654	0.00	33,030.19	0.00	0.00	33,030.19
29-DEC-21	1428865461	BEF-01	JOHN H PURVIS	20644655	0.00	20,534.59	0.00	0.00	20,534.59
29-DEC-21	1428865461	BEF-01	LLOYD JARREAU	20644656	0.00	236.88	0.00	0.00	236.88
29-DEC-21	1428865461	BEF-01	WILLIE ANTHONY STROTHER	20644661	0.00	2,796.94	0.00	0.00	2,796.94
29-DEC-21	1428865461	BEF-01	STEVIE HUNEYCUTT	20644662	0.00	97,828.25	0.00	0.00	97,828.25
29-DEC-21	1428865461	BEF-01	JOHN J GUICE	20644664	0.00	81,569.88	0.00	0.00	81,569.88
29-DEC-21	1428865461	BEF-01	LISA R LUDWIG	20644665	0.00	57,036.99	0.00	0.00	57,036.99
29-DEC-21	1428865461	BEF-01	JERRY LEE WHITLEY	20644667	0.00	3,721.17	0.00	0.00	3,721.17
29-DEC-21	1428865461	BEF-01	LAPERRY LASHAWN SNIPES	20644669	0.00	145.90	0.00	0.00	145.90
29-DEC-21	1428865461	BEF-01	DAVID L MORRIS	20644671	0.00	16,794.78	0.00	0.00	16,794.78
29-DEC-21	1428865461	BEF-01	JOHN M CARY	20644672	0.00	26,472.36	0.00	0.00	26,472.36
29-DEC-21	1428865461	BEF-01	ROBERT D HUGHES	20644673	0.00	20,976.66	0.00	0.00	20,976.66
29-DEC-21	1428865461	BEF-01	THOMAS J SOTO	20644674	0.00	6,948.57	0.00	0.00	6,948.57
29-DEC-21	1428865461	BEF-01	RYAN K ROBINSON	20644675	0.00	251.96	0.00	0.00	251.96
29-DEC-21	1428865461	BEF-01	RICO R ROGERS	20644676	0.00	4.03	0.00	0.00	4.03
29-DEC-21	1428865461	BEF-01	PHILLIP M BRATCHER	20644682	0.00	8,866.55	0.00	0.00	8,866.55
29-DEC-21	1428865461	BEF-01	HEIDI B LONG	20644683	0.00	46,006.48	0.00	0.00	46,006.48
29-DEC-21	1428865461	BEF-01	LISA EDITH PALMER	20644684	0.00	33,195.67	0.00	0.00	33,195.67
29-DEC-21	1428865461	BEF-01	MICHAEL J DIXON	20644685	0.00	808,960.43	0.00	0.00	808,960.43
29-DEC-21	1428865461	BEF-01	BEN ROGER HAGWOOD	20644686	0.00	10,983.99	0.00	0.00	10,983.99
29-DEC-21	1428865461	BEF-01	SCOTT B DELAPP	20644687	0.00	73,970.24	0.00	0.00	73,970.24
29-DEC-21	1428865461	BEF-01	RONALD S SAMUELS	20644688	0.00	77,385.52	0.00	0.00	77,385.52
29-DEC-21	1428865461	BEF-01	RODDRICK BREON FOWLER	20644689	0.00	166.20	0.00	0.00	166.20
29-DEC-21	1428865461	BEF-01	JIMMY R KEYES	20644690	0.00	13,024.40	0.00	0.00	13,024.40
29-DEC-21	1428865461	BEF-01	DAFFNEY A WINCHIP	20644694	0.00	152,049.48	0.00	0.00	152,049.48
29-DEC-21	1428865461	BEF-01	PAUL J PITCHKE	20644700	0.00	21,745.20	0.00	0.00	21,745.20
29-DEC-21	1428865461	BEF-01	KEVIN DARREN BRINEGAR	20644705	0.00	9,104.09	0.00	0.00	9,104.09
29-DEC-21	1428865461	BEF-01	BRET AUSTEN NORBURY	20644707	0.00	4,250.73	0.00	0.00	4,250.73
29-DEC-21	1428865461	BEF-01	BRANDON LEE WHITLEY	20644708	0.00	7,388.68	0.00	0.00	7,388.68
29-DEC-21	1428865461	BEF-01	JOHNATHON W EDMONDS	20644711	0.00	160.60	0.00	0.00	160.60
29-DEC-21	1428865461	BEF-01	TORREY D BROWN	20644713	0.00	4.06	0.00	0.00	4.06
29-DEC-21	1428865461	BEF-01	LUIS ALFREDO TORO	20644714	0.00	797.41	0.00	0.00	797.41
29-DEC-21	1428865461	BEF-01	JOSE G VASQUEZ	20644715	0.00	0.05	0.00	0.00	0.05
29-DEC-21	1428865461	BEF-01	WILLIAM M LANNING	20644716	0.00	29,729.39	0.00	0.00	29,729.39
29-DEC-21	1428865461	BEF-01	JERMAINE LAMARK WHEELER	20644720	0.00	335.10	0.00	0.00	335.10
29-DEC-21	1428865461	BEF-01	REBECCA LEE EDWARDS	20644725	0.00	4,963.94	0.00	0.00	4,963.94
29-DEC-21	1428865461	BEF-01	BRYAN EDWARD MCCURRY	20644728	0.00	185.34	0.00	0.00	185.34
29-DEC-21	1428865461	BEF-01	DACIA A KOESTERS	20644733	0.00	7,710.37	0.00	0.00	7,710.37
29-DEC-21	1428865461	BEF-01	VANCE WAYNE LONG	20644734	0.00	90.22	0.00	0.00	90.22
29-DEC-21	1428865461	BEF-01	MICHAEL DEAN MORGAN	20644735	0.00	6,407.04	0.00	0.00	6,407.04
29-DEC-21	1428865461	BEF-01	JOHN HARRIS ANDREWS	20644737	0.00	46.32	0.00	0.00	46.32
29-DEC-21	1428865461	BEF-01	JOSHUA A JOY	20644741	0.00	2.86	0.00	0.00	2.86
29-DEC-21	1428865461	BEF-01	CHASSIDY ELLEN SIMMONS	20644748	0.00	67.28	0.00	0.00	67.28

EFFECTIVE DATE	EVENT	MONEY SOURCE	NAME	PARTICIPANT IDENTIFIER	OUTSTANDING FROM PRIOR PERIOD	CURRENT PERIOD	UNALLOCATED	REFUNDS	ALLOCATED TO PARTICIPANTS
29-DEC-21	1428865461	BEF-01	TYSHAWN LENNEL SMITH	20644753	0.00	223.97	0.00	0.00	223.97
29-DEC-21	1428865461	BEF-01	JACOB BARTLEY HUNEYCUTT	20644756	0.00	8,499.21	0.00	0.00	8,499.21
29-DEC-21	1428865461	BEF-01	GARRY CARROLL FIELDS	20644759	0.00	8,128.99	0.00	0.00	8,128.99
29-DEC-21	1428865461	BEF-01	MICHAEL BRAEDEN WRIGHT	20644760	0.00	9,781.84	0.00	0.00	9,781.84
29-DEC-21	1428865461	BEF-01	DEONTE IMAN HOWARD	20644765	0.00	53.44	0.00	0.00	53.44
29-DEC-21	1428865461	BEF-01	MARVIN G KISER	20644767	0.00	91,508.61	0.00	0.00	91,508.61
29-DEC-21	1428865461	BEF-01	WILLIAM L MILLER	20644770	0.00	10,269.66	0.00	0.00	10,269.66
29-DEC-21	1428865461	BEF-01	DENNIE EDWARD BILLINGS	20644771	0.00	13,552.88	0.00	0.00	13,552.88
29-DEC-21	1428865461	BEF-01	MARION WAYNE ELLIOTT	20644772	0.00	280,421.82	0.00	0.00	280,421.82
29-DEC-21	1428865461	BEF-01	DONALD GRAY HOOKER	20644774	0.00	1,026.53	0.00	0.00	1,026.53
29-DEC-21	1428865461	BEF-01	RICHARD L DAWKINS	20644778	0.00	111,276.34	0.00	0.00	111,276.34
29-DEC-21	1428865461	BEF-01	DEBORAH C ASHFORD	20644781	0.00	155,897.14	0.00	0.00	155,897.14
29-DEC-21	1428865461	BEF-01	GILBERT G FLOYD	20644782	0.00	2,643.99	0.00	0.00	2,643.99
29-DEC-21	1428865461	BEF-01	MILTON YOVANNY CRUZ DEL CID	20644784	0.00	164.52	0.00	0.00	164.52
29-DEC-21	1428865461	BEF-01	KENDALL WOODY PAINTER	20644785	0.00	82,854.31	0.00	0.00	82,854.31
29-DEC-21	1428865461	BEF-01	RICHARD B MCRAE	20644788	0.00	4,088.97	0.00	0.00	4,088.97
29-DEC-21	1428865461	BEF-01	FRANKLIN DARREL PITTMAN	20644789	0.00	193.40	0.00	0.00	193.40
29-DEC-21	1428865461	BEF-01	LINNEY HURLEY	20644790	0.00	6,443.88	0.00	0.00	6,443.88
29-DEC-21	1428865461	BEF-01	ROYCE CLAYTON MOORE	20644791	0.00	11,538.64	0.00	0.00	11,538.64
29-DEC-21	1428865461	BEF-01	JAMES M CLANTON	20644792	0.00	7,552.18	0.00	0.00	7,552.18
29-DEC-21	1428865461	BEF-01	CHRIS K LEMLY	20644796	0.00	429,287.08	0.00	0.00	429,287.08
29-DEC-21	1428865461	BEF-01	LEONARD W PHILLIPS	20644798	0.00	35,564.80	0.00	0.00	35,564.80
29-DEC-21	1428865461	BEF-01	DENFORD H OXENDINE	20644799	0.00	7,342.09	0.00	0.00	7,342.09
29-DEC-21	1428865461	BEF-01	ROBERT L HATHCOCK	20644801	0.00	225.72	0.00	0.00	225.72
29-DEC-21	1428865461	BEF-01	TIMOTHY BIGGS	20644805	0.00	0.03	0.00	0.00	0.03
29-DEC-21	1428865461	BEF-01	ARTHUR DELMONTRA GUNTER	20644806	0.00	6,802.92	0.00	0.00	6,802.92
29-DEC-21	1428865461	BEF-01	DWIGHT J MCDONALD	20644807	0.00	10,778.25	0.00	0.00	10,778.25
29-DEC-21	1428865461	BEF-01	MICHAEL MURPHY	20644808	0.00	31,533.29	0.00	0.00	31,533.29
29-DEC-21	1428865461	BEF-01	MICHAEL P WHITE	20644810	0.00	9,403.73	0.00	0.00	9,403.73
29-DEC-21	1428865461	BEF-01	JIMMY SURLES	20644816	0.00	106.85	0.00	0.00	106.85
29-DEC-21	1428865461	BEF-01	KIM HORTON	20644818	0.00	125,644.63	0.00	0.00	125,644.63
29-DEC-21	1428865461	BEF-01	DAVID A RICE	20644820	0.00	3,592.34	0.00	0.00	3,592.34
29-DEC-21	1428865461	BEF-01	DAVID E RUSH	20644821	0.00	506,778.60	0.00	0.00	506,778.60
29-DEC-21	1428865461	BEF-01	BRITT L COLLINS	20644823	0.00	342,831.44	0.00	0.00	342,831.44
29-DEC-21	1428865461	BEF-01	WILLARD M PITTS	20644824	0.00	35,530.53	0.00	0.00	35,530.53
29-DEC-21	1428865461	BEF-01	LOUIE W HANCOCK	20644828	0.00	826,076.03	0.00	0.00	826,076.03
29-DEC-21	1428865461	BEF-01	LANCEY R RIVENBARK	20644831	0.00	58,022.72	0.00	0.00	58,022.72
29-DEC-21	1428865461	BEF-01	LAMONTA D TIMBERLAKE	20644834	0.00	2,664.33	0.00	0.00	2,664.33
29-DEC-21	1428865461	BEF-01	TIMOTHY R BROWN	20644835	0.00	28,501.78	0.00	0.00	28,501.78
29-DEC-21	1428865461	BEF-01	JEFFREY A MORAN	12932887	0.00	163,185.30	0.00	0.00	163,185.30
29-DEC-21	1428865461	BEF-01	STEPHEN DALE NICHOLS	20644839	0.00	8,958.15	0.00	0.00	8,958.15
29-DEC-21	1428865461	BEF-01	CARL J LINDSEY	20644840	0.00	27.86	0.00	0.00	27.86
29-DEC-21	1428865461	BEF-01	MIKE M JORDAN	20644848	0.00	40,152.66	0.00	0.00	40,152.66
29-DEC-21	1428865461	BEF-01	TRAVIS WELLS HAYNIE	20644851	0.00	158.72	0.00	0.00	158.72
29-DEC-21	1428865461	BEF-01	KELLY DONNIE MCSWAIN	20644856	0.00	929.01	0.00	0.00	929.01
29-DEC-21	1428865461	BEF-01	ERIC DWAYNE HARVEY	20644857	0.00	625.36	0.00	0.00	625.36
29-DEC-21	1428865461	BEF-01	CHARLES D PEAVY	20644858	0.00	419.69	0.00	0.00	419.69
29-DEC-21	1428865461	BEF-01	TRAVIS T AUTRY	20644864	0.00	167.80	0.00	0.00	167.80
29-DEC-21	1428865461	BEF-01	DANIEL W FUNDERBURG	20644865	0.00	2,778.54	0.00	0.00	2,778.54
29-DEC-21	1428865461	BEF-01	VICTOR A CLARK	20644866	0.00	46,503.94	0.00	0.00	46,503.94
29-DEC-21	1428865461	BEF-01	JAMES SHELTON HALL	20644867	0.00	90,799.03	0.00	0.00	90,799.03
29-DEC-21	1428865461	BEF-01	GARY M BRUCE	20644871	0.00	3,163.83	0.00	0.00	3,163.83

ADDITIONAL DEPOSITS

Builders FirstSource 401(k) Savings Plan

01-JAN-21 to 31-DEC-21

EFFECTIVE DATE	EVENT	MONEY SOURCE	NAME	PARTICIPANT IDENTIFIER	OUTSTANDING FROM PRIOR PERIOD	CURRENT PERIOD	UNALLOCATED	REFUNDS	ALLOCATED TO PARTICIPANTS
29-DEC-21	1428865461	BEF-01	GARY N COHN	20644639	0.00	30,647.10	0.00	0.00	30,647.10
29-DEC-21	1428865461	BEF-01	GEORGE SIMMONS	20644643	0.00	103,152.71	0.00	0.00	103,152.71
29-DEC-21	1428865461	BEF-01	TANNA C RICHARDSON	20644644	0.00	27,289.65	0.00	0.00	27,289.65
29-DEC-21	1428865461	BEF-01	JOHNNY R LOCKLEAR	20644646	0.00	4,646.99	0.00	0.00	4,646.99
29-DEC-21	1428865461	BEF-01	DERWOOD R HESTER	20644649	0.00	174.87	0.00	0.00	174.87
29-DEC-21	1428865461	BEF-01	JEFFREY B WOOD	20644650	0.00	90,630.34	0.00	0.00	90,630.34
29-DEC-21	1428865461	BEF-01	TONY A MILES	16693087	0.00	54.28	0.00	0.00	54.28
29-DEC-21	1428865461	BEF-01	GARY A KITTEL	20644652	0.00	204,679.97	0.00	0.00	204,679.97
29-DEC-21	1428865461	BEF-01	SCARLETT SPAULDING JOHNSON	20644653	0.00	5,911.99	0.00	0.00	5,911.99
29-DEC-21	1428865461	BEF-01	BRIAN D VOGLER	20644654	0.00	33,030.19	0.00	0.00	33,030.19
29-DEC-21	1428865461	BEF-01	JOHN H PURVIS	20644655	0.00	20,534.59	0.00	0.00	20,534.59
29-DEC-21	1428865461	BEF-01	LLOYD JARREAU	20644656	0.00	236.88	0.00	0.00	236.88
29-DEC-21	1428865461	BEF-01	WILLIE ANTHONY STROTHER	20644661	0.00	2,796.94	0.00	0.00	2,796.94
29-DEC-21	1428865461	BEF-01	STEVIE HUNEYCUTT	20644662	0.00	97,828.25	0.00	0.00	97,828.25
29-DEC-21	1428865461	BEF-01	JOHN J GUICE	20644664	0.00	81,569.88	0.00	0.00	81,569.88
29-DEC-21	1428865461	BEF-01	LISA R LUDWIG	20644665	0.00	57,036.99	0.00	0.00	57,036.99
29-DEC-21	1428865461	BEF-01	JERRY LEE WHITLEY	20644667	0.00	3,721.17	0.00	0.00	3,721.17
29-DEC-21	1428865461	BEF-01	LAPERRY LASHAWN SNIPES	20644669	0.00	145.90	0.00	0.00	145.90
29-DEC-21	1428865461	BEF-01	DAVID L MORRIS	20644671	0.00	16,794.78	0.00	0.00	16,794.78
29-DEC-21	1428865461	BEF-01	JOHN M CARY	20644672	0.00	26,472.36	0.00	0.00	26,472.36
29-DEC-21	1428865461	BEF-01	ROBERT D HUGHES	20644673	0.00	20,976.66	0.00	0.00	20,976.66
29-DEC-21	1428865461	BEF-01	THOMAS J SOTO	20644674	0.00	6,948.57	0.00	0.00	6,948.57
29-DEC-21	1428865461	BEF-01	RYAN K ROBINSON	20644675	0.00	251.96	0.00	0.00	251.96
29-DEC-21	1428865461	BEF-01	RICO R ROGERS	20644676	0.00	4.03	0.00	0.00	4.03
29-DEC-21	1428865461	BEF-01	PHILLIP M BRATCHER	20644682	0.00	8,866.55	0.00	0.00	8,866.55
29-DEC-21	1428865461	BEF-01	HEIDI B LONG	20644683	0.00	46,006.48	0.00	0.00	46,006.48
29-DEC-21	1428865461	BEF-01	LISA EDITH PALMER	20644684	0.00	33,195.67	0.00	0.00	33,195.67
29-DEC-21	1428865461	BEF-01	MICHAEL J DIXON	20644685	0.00	808,960.43	0.00	0.00	808,960.43
29-DEC-21	1428865461	BEF-01	BEN ROGER HAGWOOD	20644686	0.00	10,983.99	0.00	0.00	10,983.99
29-DEC-21	1428865461	BEF-01	SCOTT B DELAPP	20644687	0.00	73,970.24	0.00	0.00	73,970.24
29-DEC-21	1428865461	BEF-01	RONALD S SAMUELS	20644688	0.00	77,385.52	0.00	0.00	77,385.52
29-DEC-21	1428865461	BEF-01	RODDRICK BREON FOWLER	20644689	0.00	166.20	0.00	0.00	166.20
29-DEC-21	1428865461	BEF-01	JIMMY R KEYES	20644690	0.00	13,024.40	0.00	0.00	13,024.40
29-DEC-21	1428865461	BEF-01	DAFFNEY A WINCHIP	20644694	0.00	152,049.48	0.00	0.00	152,049.48
29-DEC-21	1428865461	BEF-01	PAUL J PITCHKE	20644700	0.00	21,745.20	0.00	0.00	21,745.20
29-DEC-21	1428865461	BEF-01	KEVIN DARREN BRINEGAR	20644705	0.00	9,104.09	0.00	0.00	9,104.09
29-DEC-21	1428865461	BEF-01	BRET AUSTEN NORBURY	20644707	0.00	4,250.73	0.00	0.00	4,250.73
29-DEC-21	1428865461	BEF-01	BRANDON LEE WHITLEY	20644708	0.00	7,388.68	0.00	0.00	7,388.68
29-DEC-21	1428865461	BEF-01	JOHNATHON W EDMONDS	20644711	0.00	160.60	0.00	0.00	160.60
29-DEC-21	1428865461	BEF-01	TORREY D BROWN	20644713	0.00	4.06	0.00	0.00	4.06
29-DEC-21	1428865461	BEF-01	LUIS ALFREDO TORO	20644714	0.00	797.41	0.00	0.00	797.41
29-DEC-21	1428865461	BEF-01	JOSE G VASQUEZ	20644715	0.00	0.05	0.00	0.00	0.05
29-DEC-21	1428865461	BEF-01	WILLIAM M LANNING	20644716	0.00	29,729.39	0.00	0.00	29,729.39
29-DEC-21	1428865461	BEF-01	JERMAINE LAMARK WHEELER	20644720	0.00	335.10	0.00	0.00	335.10
29-DEC-21	1428865461	BEF-01	REBECCA LEE EDWARDS	20644725	0.00	4,963.94	0.00	0.00	4,963.94
29-DEC-21	1428865461	BEF-01	BRYAN EDWARD MCCURRY	20644728	0.00	185.34	0.00	0.00	185.34
29-DEC-21	1428865461	BEF-01	DACIA A KOESTERS	20644733	0.00	7,710.37	0.00	0.00	7,710.37
29-DEC-21	1428865461	BEF-01	VANCE WAYNE LONG	20644734	0.00	90.22	0.00	0.00	90.22
29-DEC-21	1428865461	BEF-01	MICHAEL DEAN MORGAN	20644735	0.00	6,407.04	0.00	0.00	6,407.04
29-DEC-21	1428865461	BEF-01	JOHN HARRIS ANDREWS	20644737	0.00	46.32	0.00	0.00	46.32
29-DEC-21	1428865461	BEF-01	JOSHUA A JOY	20644741	0.00	2.86	0.00	0.00	2.86
29-DEC-21	1428865461	BEF-01	CHASSIDY ELLEN SIMMONS	20644748	0.00	67.28	0.00	0.00	67.28

EFFECTIVE DATE	EVENT	MONEY SOURCE	NAME	PARTICIPANT IDENTIFIER	OUTSTANDING FROM PRIOR PERIOD	CURRENT PERIOD	UNALLOCATED	REFUNDS	ALLOCATED TO PARTICIPANTS
29-DEC-21	1428865461	BEF-01	TYSHAWN LENNEL SMITH	20644753	0.00	223.97	0.00	0.00	223.97
29-DEC-21	1428865461	BEF-01	JACOB BARTLEY HUNEYCUTT	20644756	0.00	8,499.21	0.00	0.00	8,499.21
29-DEC-21	1428865461	BEF-01	GARRY CARROLL FIELDS	20644759	0.00	8,128.99	0.00	0.00	8,128.99
29-DEC-21	1428865461	BEF-01	MICHAEL BRAEDEN WRIGHT	20644760	0.00	9,781.84	0.00	0.00	9,781.84
29-DEC-21	1428865461	BEF-01	DEONTE IMAN HOWARD	20644765	0.00	53.44	0.00	0.00	53.44
29-DEC-21	1428865461	BEF-01	MARVIN G KISER	20644767	0.00	91,508.61	0.00	0.00	91,508.61
29-DEC-21	1428865461	BEF-01	WILLIAM L MILLER	20644770	0.00	10,269.66	0.00	0.00	10,269.66
29-DEC-21	1428865461	BEF-01	DENNIE EDWARD BILLINGS	20644771	0.00	13,552.88	0.00	0.00	13,552.88
29-DEC-21	1428865461	BEF-01	MARION WAYNE ELLIOTT	20644772	0.00	280,421.82	0.00	0.00	280,421.82
29-DEC-21	1428865461	BEF-01	DONALD GRAY HOOKER	20644774	0.00	1,026.53	0.00	0.00	1,026.53
29-DEC-21	1428865461	BEF-01	RICHARD L DAWKINS	20644778	0.00	111,276.34	0.00	0.00	111,276.34
29-DEC-21	1428865461	BEF-01	DEBORAH C ASHFORD	20644781	0.00	155,897.14	0.00	0.00	155,897.14
29-DEC-21	1428865461	BEF-01	GILBERT G FLOYD	20644782	0.00	2,643.99	0.00	0.00	2,643.99
29-DEC-21	1428865461	BEF-01	MILTON YOVANNY CRUZ DEL CID	20644784	0.00	164.52	0.00	0.00	164.52
29-DEC-21	1428865461	BEF-01	KENDALL WOODY PAINTER	20644785	0.00	82,854.31	0.00	0.00	82,854.31
29-DEC-21	1428865461	BEF-01	RICHARD B MCRAE	20644788	0.00	4,088.97	0.00	0.00	4,088.97
29-DEC-21	1428865461	BEF-01	FRANKLIN DARREL PITTMAN	20644789	0.00	193.40	0.00	0.00	193.40
29-DEC-21	1428865461	BEF-01	LINNEY HURLEY	20644790	0.00	6,443.88	0.00	0.00	6,443.88
29-DEC-21	1428865461	BEF-01	ROYCE CLAYTON MOORE	20644791	0.00	11,538.64	0.00	0.00	11,538.64
29-DEC-21	1428865461	BEF-01	JAMES M CLANTON	20644792	0.00	7,552.18	0.00	0.00	7,552.18
29-DEC-21	1428865461	BEF-01	CHRIS K LEMLY	20644796	0.00	429,287.08	0.00	0.00	429,287.08
29-DEC-21	1428865461	BEF-01	LEONARD W PHILLIPS	20644798	0.00	35,564.80	0.00	0.00	35,564.80
29-DEC-21	1428865461	BEF-01	DENFORD H OXENDINE	20644799	0.00	7,342.09	0.00	0.00	7,342.09
29-DEC-21	1428865461	BEF-01	ROBERT L HATHCOCK	20644801	0.00	225.72	0.00	0.00	225.72
29-DEC-21	1428865461	BEF-01	TIMOTHY BIGGS	20644805	0.00	0.03	0.00	0.00	0.03
29-DEC-21	1428865461	BEF-01	ARTHUR DELMONTRA GUNTER	20644806	0.00	6,802.92	0.00	0.00	6,802.92
29-DEC-21	1428865461	BEF-01	DWIGHT J MCDONALD	20644807	0.00	10,778.25	0.00	0.00	10,778.25
29-DEC-21	1428865461	BEF-01	MICHAEL MURPHY	20644808	0.00	31,533.29	0.00	0.00	31,533.29
29-DEC-21	1428865461	BEF-01	MICHAEL P WHITE	20644810	0.00	9,403.73	0.00	0.00	9,403.73
29-DEC-21	1428865461	BEF-01	JIMMY SURLES	20644816	0.00	106.85	0.00	0.00	106.85
29-DEC-21	1428865461	BEF-01	KIM HORTON	20644818	0.00	125,644.63	0.00	0.00	125,644.63
29-DEC-21	1428865461	BEF-01	DAVID A RICE	20644820	0.00	3,592.34	0.00	0.00	3,592.34
29-DEC-21	1428865461	BEF-01	DAVID E RUSH	20644821	0.00	506,778.60	0.00	0.00	506,778.60
29-DEC-21	1428865461	BEF-01	BRITT L COLLINS	20644823	0.00	342,831.44	0.00	0.00	342,831.44
29-DEC-21	1428865461	BEF-01	WILLARD M PITTS	20644824	0.00	35,530.53	0.00	0.00	35,530.53
29-DEC-21	1428865461	BEF-01	LOUIE W HANCOCK	20644828	0.00	826,076.03	0.00	0.00	826,076.03
29-DEC-21	1428865461	BEF-01	LANCEY R RIVENBARK	20644831	0.00	58,022.72	0.00	0.00	58,022.72
29-DEC-21	1428865461	BEF-01	LAMONTA D TIMBERLAKE	20644834	0.00	2,664.33	0.00	0.00	2,664.33
29-DEC-21	1428865461	BEF-01	TIMOTHY R BROWN	20644835	0.00	28,501.78	0.00	0.00	28,501.78
29-DEC-21	1428865461	BEF-01	JEFFREY A MORAN	12932887	0.00	163,185.30	0.00	0.00	163,185.30
29-DEC-21	1428865461	BEF-01	STEPHEN DALE NICHOLS	20644839	0.00	8,958.15	0.00	0.00	8,958.15
29-DEC-21	1428865461	BEF-01	CARL J LINDSEY	20644840	0.00	27.86	0.00	0.00	27.86
29-DEC-21	1428865461	BEF-01	MIKE M JORDAN	20644848	0.00	40,152.66	0.00	0.00	40,152.66
29-DEC-21	1428865461	BEF-01	TRAVIS WELLS HAYNIE	20644851	0.00	158.72	0.00	0.00	158.72
29-DEC-21	1428865461	BEF-01	KELLY DONNIE MCSWAIN	20644856	0.00	929.01	0.00	0.00	929.01
29-DEC-21	1428865461	BEF-01	ERIC DWAYNE HARVEY	20644857	0.00	625.36	0.00	0.00	625.36
29-DEC-21	1428865461	BEF-01	CHARLES D PEAVY	20644858	0.00	419.69	0.00	0.00	419.69
29-DEC-21	1428865461	BEF-01	TRAVIS T AUTRY	20644864	0.00	167.80	0.00	0.00	167.80
29-DEC-21	1428865461	BEF-01	DANIEL W FUNDERBURG	20644865	0.00	2,778.54	0.00	0.00	2,778.54
29-DEC-21	1428865461	BEF-01	VICTOR A CLARK	20644866	0.00	46,503.94	0.00	0.00	46,503.94
29-DEC-21	1428865461	BEF-01	JAMES SHELTON HALL	20644867	0.00	90,799.03	0.00	0.00	90,799.03
29-DEC-21	1428865461	BEF-01	GARY M BRUCE	20644871	0.00	3,163.83	0.00	0.00	3,163.83