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. . . . . ▶ [ ]

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
B & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

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

PO BOX 420
JAMESVILLE, NY 13078

2b Employer Identification Number (EIN) 16-1035246

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

2d Business code (see instructions) 321210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	BRIGHAM BOOHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	BRIGHAM BOOHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	162
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)**	146
a(2) Total number of active participants at the end of the plan year	**6a(2)**	126
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	23
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	149
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	149
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	145
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2J 2K 3D 3H

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

4B

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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 & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-1035246

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
04-1590850	65935	006275669, ETC	0	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) [ ] other (specify) ▶

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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) ▶
B & B LUMBER COMPANY, INC. PROFIT SHARING PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
B & B LUMBER COMPANY, INC.	16-1035246

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS
500 SALEM STREET
SMITHFIELD, RI 02917

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

STRATEGIC FINANCIAL SERVICES
114 BUSINESS PARK DRIVE
UTICA, NY 13502

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

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

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

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

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

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

UBS FINANCIAL SERVICES, INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27		28483	Yes [ ] No [X]	Yes [X] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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 & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-1035246

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is 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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	60949	70017
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	19996	18566
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	607944	480258
(2) U.S. Government securities	1c(2)	907146	1020554
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1077405	700616
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4251167	4663055
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	349546	265359
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5906791	7037587
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	16038	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	13196982	14256012
	Liabilities			
g	Benefit claims payable	1g	448	212
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	448	212
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	13196534	14255800

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)	245741	
	(B) Participants	2a(1)(B)	370576	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		616317
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	122	
	(B) U.S. Government securities	2b(1)(B)	13806	
	(C) Corporate debt instruments	2b(1)(C)	25180	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	19096	
	(F) Other	2b(1)(F)	-1480	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		56724
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	88275	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	123871	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		212146
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3341079	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3225689	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		115390
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	918560	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		918560

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		302623
c Other income	2c		2015
d Total income. Add all **income** amounts in column (b) and enter total	2d		2223775
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1135000	
(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)		1135000
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	29509	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		29509
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1164509
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1059266
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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 & B LUMBER COMPANY, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
16-1035246

Part I Distributions

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

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

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

EIN(s): 16-1612002

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

JAMESVILLE, NEW YORK

AUDITED FINANCIAL STATEMENTS

AND SUPPLEMENTARY INFORMATION

YEARS ENDED DECEMBER 31, 2021 AND 2020

CONTENTS

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Evans and Bennett, LLP

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

INDEPENDENT AUDITORS' REPORT

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

Opinion

We have audited the accompanying financial statements of B & B Lumber Company, Inc. Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of B & B Lumber Company, Inc. Profit Sharing Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis of Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial

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

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of B & B Lumber Company, Inc. Profit Sharing 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 B & B Lumber Company, Inc. Profit Sharing Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets Held for Investment Purposes and Schedule of Assets Acquired and Disposed of Within Year for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Evans and Bennett, LLP
Certified Public Accountants
Syracuse, NY

October 12, 2022

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

DECEMBER 31,

ASSETS

	2021	2020
Nonparticipant-directed investments at fair value:		
Cash	$ 1,490	$ 213
Registered investment - money market funds	478,767	607,727
Registered investment companies - mutual funds	700,828	955,906
Registered investment companies - ETFs	6,336,760	4,970,501
Common stocks	4,663,055	4,231,551
U.S. government securities	1,020,554	907,146
Corporate bonds	700,616	1,077,405
Life insurance - cash value	-	16,038
	13,902,070	12,766,487
Receivables:		
Employer's contributions	67,877	60,948
Participant contributions	1,973	-
Participants' loans receivable	265,359	349,546
Participants' monthly loan payments receivable	18,566	19,996
	353,775	430,490
Total assets	14,255,845	13,196,977

LIABILITIES

Accrued expenses	45	449
Total liabilities	45	449
Net assets available for benefits	$14,255,800	$13,196,528

The accompanying notes are an integral part of these financial statements

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

YEARS ENDED DECEMBER 31,

	2021	2020
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	$ 249,774	$ 245,762
Participant loan interest	19,096	26,097
Net appreciation (depreciation) in investments	1,338,588	607,137
	1,607,458	878,996
Contributions:		
Employer	245,741	236,256
Employee	370,576	371,253
Rollover	-	192,645
	616,317	800,154
Total additions	2,223,775	1,679,150
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	1,135,000	1,776,411
Administrative expenses	29,503	25,364
Total deductions	1,164,503	1,801,775
Net increase (decrease)	1,059,272	(122,625)
Net assets available for benefits:		
Beginning of year	13,196,528	13,319,153
End of year	$ 14,255,800	$ 13,196,528

The accompanying notes are an integral part of these financial statements

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021

Note 1. Description of Plan

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

General

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

Contributions

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

Contributions received from participants and contributions receivable are net of payments of $168 and $0 at December 31, 2021 and 2020, respectively, made in the following year to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan.

Participant Accounts

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

Vesting

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

Note 1. Description of Plan (continued)

Participant Loans

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

Payment of Benefits

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

Forfeitures

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

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Note 2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

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

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

Payment of Benefits

Benefits are recorded when paid.

Operating Expenses

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

Concentration of Credit Risk

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

Note 3. Investments

The following table presents investments at December 31, 2021 and 2020 that represent 5% or more of the Plan's assets.

Non-participant directed accounts	2021	2020
iShares International Equity Factor ETF (INTF)	$ 945,930	$ 910,530
iShares MSCI USA Small-Cap Multifactor ETF (SMLF)	1,000,215	855,625
iShares U.S. Equity Factor ETF (LRGF)	1,381,761	678,060

The investments are all nonparticipant directed.

Note 4. Fair Value Measurements

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

The Plan's investments measured at fair value on a recurring basis were as follows as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Cash	$ 1,490	$ -	$ -	$ 1,490
Money Market Funds	478,767	-	-	478,767
Mutual Funds	700,828	-	-	700,828
Common Stocks	4,663,055	-	-	4,663,055
Exchange Traded Funds	6,336,760	-	-	6,336,760
Life Insurance	-	-	-	-
Corporate Bonds	-	700,616	-	700,616
U.S. Government Securities	-	1,020,554	-	1,020,554
Total investments	$ 12,180,900	$1,721,170	$ -	$ 13,902,070

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

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

Note 4. Fair Value Measurements (continued)

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

	2021	2020
Balance beginning of year	$ 16,038	$ 17,062
Realized gains (losses)	2,016	-
Unrealized gains (losses)	-	(1,024)
Purchases, sales, issuances and settlements - net	(18,054)	-
Balance end of year	$ -	$ 16,038

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Note 6. Tax Status

The Plan obtained its latest opinion letter on March 31, 2014, in which the Internal Revenue Service stated that the Plan prototype, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Although the plan has been amended since receiving the advisory opinion, the Plan administrator believes that the Plan is designed and currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and therefore, believes that the Plan is qualified and the related trust is tax exempt.

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

Note 7. Terminated Vested Accounts

At December 31, 2021 and 2020, there was $44 and $449, respectively, allocated to participant accounts who have elected to withdraw from the Plan, but have not been paid.

Note 8. Forfeited Accounts

For the plan years ended December 31, 2021 and 2020, the Plan allocated $12,933 and $5,559, respectively, in forfeited accounts to reduce employer contributions.

Note 9. Risks and Uncertainties

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

Note 10. Party In Interest Transactions

Fees paid to the third party administrator, loans receivable from Plan participants and the related interest income are considered exempt party in interest transactions.

Note 11. Plan Amendments

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

Note 12. Subsequent Events

Management has evaluated subsequent events through October 12, 2022, the date of the report which is the date these financial statements were available to be issued.

Note 13. COVID-19 Pandemic

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

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2021 FORM 5500, SCHEDULE H, 4I ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
CASH			219
SCHWAB GOVT MONEY FUND	MONEY MARKET		230,596
BANK OF MONTREAL	2.55% 11/6/22	68,361	71,061
PNC FUNDING CORP	3.3% 3/8/22	69,978	70,159
US BANCORP	3% 3/15/22	69,077	70,244
US TREASU NT	.625% 12/31/27	68,687	66,981
US TREASU NT	.875% 11/15/30	68,323	66,522
ISHARES INT GOV CREDIT	RIC-ETF	515,188	507,439
ISHARES MSCI EMERGING MRKT	RIC-ETF	280,464	358,370
ISHARES MSCI INTL	RIC-ETF	809,045	945,930
ISHARES TIPS BOND ETF	RIC-ETF	146,125	160,466
ISHARES MSCI USA	RIC-ETF	658,745	1,000,215
ISHARES MSCI USA	RIC-ETF	1,059,032	1,381,761
ISHARES MSCI USA MOMNTUM	RIC-ETF	86,707	93,819
ISHARES MSCI USA VALUE	RIC-ETF	64,240	79,694
SPDR GOLD MINISHAES ETV	RIC-ETF	241,129	294,480
SPDR S&P BIOTECH ETF	RIC-ETF	62,335	85,090
VANGUARD EMERGING MARKET	RIC-ETF	106,306	100,647
VANGUARD SHORT TERM	RIC-ETF	76,137	75,368
VANGUARD SHORT TERM COR	RIC-ETF	646,354	634,316
VANGUARD US MOMENTUM	RIC-ETF	65,377	129,820
SUB TOTAL CHARLES SCHWAB 5144-1652		**5,161,610**	**6,423,197**
FDIC INSURED DEPOSIT ACCOUNT	MONEY MARKET		63,993
ISHARES SILVER TRUST	RIC-ETF	229,696	279,630
PROSHARES TRUST ULTRAPRO	RIC-ETF	540,573	121,770
PROSHARES TRUST SHORT 20+	RIC-ETF	191,517	87,945
FIDELITY INVESTMENT SHORT TERM BOND	RIC-MUTUAL FUND	419,817	420,891
FPA FUNDS NEW INCOME INVESTOR	RIC-MUTUAL FUND	280,030	279,936
AT&T INC	COMMON STOCK	127,288	108,240
CAPITAL ONE FINANCIAL CORP	COMMON STOCK	160,416	319,198
ESSEX PPTY TR INC	COMMON STOCK	167,461	211,338
FAIRFAX FINANCIAL HLDGS	COMMON STOCK	135,928	142,226
GENERAL ELECTRIC	COMMON STOCK	197,216	90,880
GILEAD SCIENCES INC	COMMON STOCK	67,802	65,349
INTERNATIONAL PAPER CO	COMMON STOCK	151,154	159,732
MOSAIC CO	COMMON STOCK	183,466	306,462

See independent auditors' report

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2021 FORM 5500, SCHEDULE H, 4I ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
NATIONAL GRID	COMMON STOCK	256,393	289,280
SOUTHERN CO	COMMON STOCK	177,067	274,320
SYLVAMO CORP	COMMON STOCK	8,512	8,618
WABTEC CORP	COMMON STOCK	175,729	211,853
TOTAL TD AMERITRADE		**3,470,065**	**3,441,661**
CASH	CASH		1
ISA BANK OF CHINA	MONEY MARKET		92,499
SUBTOTAL MERRILL LYNCH			**92,500**
LIQUID ASSETS GOVT FUND	MONEY MARKET		21,237
ACCENTURE PLC IRELAND	COMMON STOCK	17,479	62,183
ADOBE SYSTEMS INC	COMMON STOCK	24,122	70,315
ALPHABET INC	COMMON STOCK	63,685	165,131
AMAZON.COM INC	COMMON STOCK	57,736	103,365
AMERICAN TOWER CORP	COMMON STOCK	9,916	20,768
AMERIPRISE FINANCIAL	COMMON STOCK	11,382	29,563
APPLE INC	COMMON STOCK	33,534	52,028
COMCAST CORP	COMMON STOCK	28,375	37,093
COSTCO WHOLESALE CORP	COMMON STOCK	22,362	48,822
DANAHER CORP	COMMON STOCK	18,801	56,590
DOLLAR GENERAL	COMMON STOCK	435	472
FIDELITY NATL INFORMATION SVCS	COMMON STOCK	23,778	19,429
HOME DEPOT INC	COMMON STOCK	29,150	69,307
HONEYWELL INTL INC	COMMON STOCK	21,115	30,234
INTERCONTINENTAL EXCHANGE GROUP	COMMON STOCK	16,284	29,542
LAUDER ESEE COS CL A	COMMON STOCK	18,413	40,352
LOWES COMPANIES	COMMON STOCK	16,612	49,111
MEDTRONIC PLC	COMMON STOCK	19,231	24,000
META PLATFORMS INC	COMMON STOCK	51,402	98,551
MICROSOFT	COMMON STOCK	75,777	209,527
MONDELEZ INTL INC	COMMON STOCK	13,697	20,357
O REILLY AUTOMOTIVE INC	COMMON STOCK	12,822	34,605
PARKER HANNIFIN CORP	COMMON STOCK	12,850	22,587
ROCKWELL AUTOMATION INC	COMMON STOCK	8,156	23,722
SALESFORCE COM INC	COMMON STOCK	729	762
SHERWIN WILLIAMS	COMMON STOCK	550	704

See independent auditors' report

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2021 FORM 5500, SCHEDULE H, 4I ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
THERMO FISHER SCIENTIFIC	COMMON STOCK	16,502	60,051
TJX COS INC	COMMON STOCK	12,958	25,661
UNITEDHEALTH GROUP INC	COMMON STOCK	39,385	73,815
VISA INC	COMMON STOCK	22,582	40,958
WALT DISNEY CO	COMMON STOCK	19,308	26,331
SUBTOTAL UBS UT 52209 UN		**719,128**	**1,567,173**
LIQUID ASSETS GOVT FUND	CASH		42,585
3M CO	3.050% 4/15/30	12,218	12,880
ACE INA HOLDINGS INC	3.350% 5/3/26	14,087	13,945
BANK OF AMER CORP	1.197% 10/24/26	3,988	3,922
BANK OF AMER CORP	1.734% 7/22/27	21,231	20,859
BANK OF MELLON CORP	2.950% 1/19/23	29,002	28,620
BERKSHIRE HATHAWAY FIN	2.75% 3/15/23	14,026	13,921
COCA-COLA CO	3.45% 3/25/30	19,296	19,947
DUKE ENERGY CAROLINAS	2.95% 12/1/26	29,143	27,435
EXXON MOBIL CORP	2.397% 3/6/22	25,068	25,002
FLORIDA POWER & LIGHT CO	3.125% 12/1/25	23,477	24,325
FNMA	2.0% 6/1/35	38,320	38,039
FNMA	2.0% 7/1/35	22,663	22,469
FNMA	2.0% 10/1/35	23,882	23,485
FNMA	2.0% 5/1/36	20,509	20,427
FNMA	2.0% 9/1/36	22,931	22,671
JOHNSON & JOHNSON COM	2.45% 3/1/26	24,774	25,041
JPMORGAN CHASE & CO	4.452% 12/5/29	18,622	18,173
MASTERCARD INC	3.35% 3/26/30	17,646	17,618
MIDSMERICAN ENERGY CO	3.65% 4/15/29	7,961	8,823
NATL RURAL UTILS COOP	3.050% 2/15/22	14,582	14,571
NTHN STATES PWR CO	2.6% 5/15/23	27,380	28,416
ONCOR ELEC DELIVERY CO	3.7% 11/15/28	29,881	29,740
PEPSICO INC	2.625% 7/29/29	5,267	5,264
POTOMAC ELEC PWR CO	3.6% 3/15/24	32,114	32,430
STATE STREET CORP	2.4% 1/24/30	25,967	25,772
SUNTRUST BANKS INC	3.3% 5/15/26	14,265	15,958
UNITED PARCEL SERVICE	3.4% 3/15/29	23,465	25,107
US BANCORP MED TERM	3.375% 2/5/24	24,771	24,114

See independent auditors' report

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2021 FORM 5500, SCHEDULE H, 4I ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
US TREASURY NOTE	2.875% 9/30/23	142,533	141,194
US TREASURY NOTE	2.75% 2/15/28	20,910	20,551
US TREASURY NOTE	2.0% 6/30/24	128,657	130,573
US TREASURY NOTE	2.0% 2/15/25	91,409	95,819
US TREASURY NOTE	1.5% 8/15/26	71,221	72,858
US TREASURY NOTE	2.25% 8/15/27	66,557	66,136
US TREASURY NOTE	2.625% 2/15/29	80,233	76,821
US TREASURY NOTE	0.25% 10/31/25	86,409	84,121
US TREASURY NOTE	0.625 8/15/30	71,912	71,886
VISA INC	2.050% 4/15/30	6,011	6,081
WALT DISNEY COMPANY	1.85% 7/30/26	18,408	21,189
SUBTOTAL UBS UT 52208 UN		**1,370,796**	**1,418,788**
UBS BANK USA DEP ACCT	CASH		29,128
ACCENTURE PLC IRELANC	COMMON STOCK	24,297	51,819
AMER ELECTRIC POWER CO	COMMON STOCK	13,378	13,790
BLACKROCK INC	COMMON STOCK	8,407	16,480
CHEVRON CORP	COMMON STOCK	13,832	14,903
CHUBB LTD	COMMON STOCK	18,745	26,870
CISCO SYSTEMS INC	COMMON STOCK	26,129	36,881
COCA COLA COM	COMMON STOCK	26,252	31,973
COMCAST CORP	COMMON STOCK	26,943	33,167
CRANE CO	COMMON STOCK	9,939	12,309
DIAGEO PLC NEW	COMMON STOCK	17,168	27,738
HOME DEPOT INC	COMMON STOCK	27,813	50,631
INTEL CORP	COMMON STOCK	31,934	33,269
JOHNSON & JOHNSON	COMMON STOCK	34,230	40,030
JP MORGAN CHASE	COMMON STOCK	21,246	28,503
LINDE PLC	COMMON STOCK	16,728	27,714
LOCKHEED MARTIN CORP	COMMON STOCK	27,097	28,077
MARSH & MCLENNAN COS	COMMON STOCK	19,685	35,633
MCDONALDS CORP	COMMON STOCK	22,004	32,436
MEDTRONIC PLC	COMMON STOCK	29,332	30,311
MICROSOFT CORP	COMMON STOCK	48,709	117,712
NEXTERA ENERGY INC	COMMON STOCK	15,018	22,967
NOVARTIS AG SPON	COMMON STOCK	28,794	29,740
PHILLIPS 66	COMMON STOCK	12,262	10,941

See independent auditors' report

B & B LUMBER COMPANY, INC.

PROFIT SHARING PLAN SUPPLEMENTARY INFORMATION

DECEMBER 31, 2021

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2021 FORM 5500, SCHEDULE H, 4I ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	PROCTER & GAMBLE	COMMON STOCK	29,179	39,426
	RAYTHEON TECHNOLOGIES	COMMON STOCK	10,942	13,339
	REPUBLIC SERVICES	COMMON STOCK	10,793	18,547
	ROCKWELL AUTOMATION INC	COMMON STOCK	13,901	23,373
	TEXAS INSTRUMENTS	COMMON STOCK	15,533	21,674
	TRUST FINL CORP	COMMON STOCK	11,399	13,349
	UNION PACIFIC	COMMON STOCK	21,343	31,743
	VF CORP	COMMON STOCK	16,185	14,278
	SUBTOTAL UBS UT 52207 UN		**649,217**	**958,751**
*	**PARTICIPANT LOANS**	5.25% - 7.25%		**265,359**
	TOTAL ASSETS			**14,167,429**

* Party in interest

See independent auditors' report

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2021 FORM 5500, SCHEDULE H, 4I attachment
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN YEAR

(A) Identity of issue, borrower, lessor, or similar party	(B) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost of Acquisitions	(e) Proceeds of Dispositions
WT TREASURY SEC BOND	.099% 1/31/2023	170,061	170,053
TOTAL ASSETS ACQUIRED AND DISPOSED OF WITHIN YEAR		**170,061**	**170,053**

B&B LUMBER COMPANY, INC. PROFIT SHARING PLAN
2021 FORM 5500, SCHEDULE H ATTACHMENT
PLAN SPONSOR: B&B LUMBER COMPANY, INC.
EIN: 16-1035246 PLAN NUMBER: 001

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
CASH			219.44
SCHWAB GOVT MONEY FUND	MONEY MARKET		230,595.59
BANK OF MONTREAL	2.55% 11/6/22	68,362.55	71,060.92
PNC FUNDING CORP	3.3% 3/8/22	69,977.80	70,159.25
US BANCORP	3% 3/15/22	69,076.65	70,243.60
US TREASU NT	.625% 12/31/27	68,686.50	66,981.25
US TREASU NT	.875% 11/15/30	68,322.67	66,521.88
ISHARES INT GOV CREDIT	MUTUAL FUND	515,187.89	507,438.75
ISHARES MSCI EMERGING MRKT	MUTUAL FUND	280,463.59	358,370.17
ISHARES MSCI INTL	MUTUAL FUND	809,045.10	945,930.04
ISHARES TIPS BOND ETF	MUTUAL FUND	146,125.18	160,466.40
ISHARES MSCI USA	MUTUAL FUND	658,744.59	1,000,214.75
ISHARES MSCI USA	MUTUAL FUND	1,059,032.42	1,381,761.12
ISHARES MSCI USA MOMNTUM	MUTUAL FUND	86,706.96	93,819.12
ISHARES MSCI USA VALUE	MUTUAL FUND	64,240.26	79,694.16
SPDR GOLD MINISHAES ETV	MUTUAL FUND	241,128.54	294,479.64
SPDR S&P BIOTECH ETF	MUTUAL FUND	62,334.82	85,089.60
VANGUARD EMERGING MARKET	MUTUAL FUND	106,306.45	100,647.36
VANGUARD SHORT TERM	MUTUAL FUND	76,136.55	75,368.37
VANGUARD SHORT TERM COR	MUTUAL FUND	646,354.35	634,315.56
VANGUARD US MOMENTUM	MUTUAL FUND	65,376.94	129,820.28
SUB TOTAL CHARLES SCHWAB 5144-1652		**5,161,609.81**	**6,423,197.25**
SCHWAB GOVT MONEY FUND	MONEY MARKET		
TOTALCHARLES SCHWAB 5309-8442		**0.00**	**0.00**
FDIC INSURED DEPOSIT ACCOUNT	MONEY MARKET	0.00	63,992.89
ISHARES SILVER TRUST	MUTUAL FUND	229,696.08	279,630.00
PROSHARES TRUST ULTRAPRO	MUTUAL FUND	540,573.49	121,770.00
PROSHARES TRUST SHORT 20+	MUTUAL FUND	191,517.29	87,945.00
FIDELITY INVESTMENT SHORT TERM BOND	MUTUAL FUND	419,816.98	420,890.52
FPA FUNDS NEW INCOME INVESTOR	MUTUAL FUND	280,030.00	279,936.42
AT&T INC	COMMON STOCK	127,288.39	108,240.00
CAPITAL ONE FINANCIAL CORP	COMMON STOCK	160,416.11	319,198.00
ESSEX PPTY TR INC	COMMON STOCK	167,460.59	211,338.00
FAIRFAX FINANCIAL HLDGS	COMMON STOCK	135,928.27	142,225.57
GENERAL ELECTRIC	COMMON STOCK	197,215.64	90,880.14
GILEAD SCIENCES INC	COMMON STOCK	67,801.59	65,349.00
INTERNATIONAL PAPER CO	COMMON STOCK	151,154.46	159,732.00
MOSAIC CO	COMMON STOCK	183,465.73	306,462.00

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
NATIONAL GRID	COMMON STOCK	256,392.55	289,280.00
SOUTHERN CO	COMMON STOCK	177,067.35	274,320.00
SYLVAMO CORP	COMMON STOCK	8,511.65	8,618.01
WABTEC CORP	COMMON STOCK	175,728.82	211,853.00
TOTAL TD AMERITRADE		**3,470,064.99**	**3,441,660.55**
CASH			1.02
ISA BANK OF CHINA	MONEY MARKET		92,499.00
SUBTOTAL MERRILL LYNCH		**0.00**	**92,500.02**
LIQUID ASSETS GOVT FUND	CASH		21,237.21
ACCENTURE PLC IRELAND	COMMON STOCK	17,479.12	62,182.50
ADOBE SYSTEMS INC	COMMON STOCK	24,121.56	70,315.44
ALPHABET INC	COMMON STOCK	63,684.62	165,131.28
AMAZON.COM INC	COMMON STOCK	57,735.94	103,364.54
AMERICAN TOWER CORP	COMMON STOCK	9,915.66	20,767.50
AMERIPRISE FINANCIAL	COMMON STOCK	11,381.83	29,562.68
APPLE INC	COMMON STOCK	33,533.85	52,028.01
COMCAST CORP	COMMON STOCK	28,375.29	37,093.21
COSTCO WHOLESALE CORP	COMMON STOCK	22,362.49	48,822.20
DANAHER CORP	COMMON STOCK	18,801.10	56,589.72
DOLLAR GENERAL	COMMON STOCK	434.62	471.66
FIDELITY NATL INFORMATION SVCS	COMMON STOCK	23,778.43	19,428.70
HOME DEPOT INC	COMMON STOCK	29,150.33	69,306.67
HONEYWELL INTL INC	COMMON STOCK	21,115.07	30,233.95
INTERCONTINENTAL EXCHANGE GROUP	COMMON STOCK	16,284.33	29,542.32
LAUDER ESEE COS CL A	COMMON STOCK	18,413.42	40,351.80
LOWES COMPANIES	COMMON STOCK	16,611.63	49,111.20
MEDTRONIC PLC	COMMON STOCK	19,230.65	24,000.40
META PLATFORMS INC	COMMON STOCK	51,402.09	98,550.55
MICROSOFT	COMMON STOCK	75,777.36	209,527.36
MONDELEZ INTL INC	COMMON STOCK	13,697.47	20,357.17
O REILLY AUTOMOTIVE INC	COMMON STOCK	12,821.99	34,605.27
PARKER HANNIFIN CORP	COMMON STOCK	12,849.79	22,586.52
ROCKWELL AUTOMATION INC	COMMON STOCK	8,155.95	23,721.80
SALESFORCE COM INC	COMMON STOCK	728.82	762.39
SHERWIN WILLIAMS	COMMON STOCK	550.28	704.32
THERMO FISHER SCIENTIFIC	COMMON STOCK	16,503.27	60,051.60
TJX COS INC	COMMON STOCK	12,958.34	25,660.96
UNITEDHEALTH GROUP INC	COMMON STOCK	39,385.16	73,814.58
VISA INC	COMMON STOCK	22,581.83	40,958.19
WALT DISNEY CO	COMMON STOCK	19,308.00	26,331.30
SUBTOTAL UBS UT 52209 UN		**719,130.29**	**1,567,173.00**
LIQUID ASSETS GOVT FUND	CASH		42,584.87
3M CO	3.050% 4/15/30	12,218.28	12,879.84
ACE INA HOLDINGS INC	3.350% 5/3/26	14,086.80	13,944.71
BANK OF AMER CORP	1.197% 10/24/26	3,988.48	3,922.08
BANK OF AMER CORP	1.734% 7/22/27	21,230.79	20,859.09
BANK OF MELLON CORP	2.950% 1/19/23	29,001.84	28,619.64
BERKSHIRE HATHAWAY FIN	2.75% 3/15/23	14,026.35	13,920.66

(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
COCA-COLA CO	3.45% 3/25/30	19,296.20	19,947.42
DUKE ENERGY CAROLINAS	2.95% 12/1/26	29,142.88	27,434.68
EXXON MOBIL CORP	2.397% 3/6/22	25,068.25	25,001.50
FLORIDA POWER & LIGHT CO	3.125% 12/1/25	23,477.48	24,325.26
FNMA	2.0% 6/1/35	38,320.15	38,039.21
FNMA	2.0% 7/1/35	22,662.65	22,469.23
FNMA	2.0% 10/1/35	23,882.33	23,485.16
FNMA	2.0% 5/1/36	20,508.93	20,426.50
FNMA	2.0% 9/1/36	22,930.59	22,671.19
JOHNSON & JOHNSON COM	2.45% 3/1/26	24,774.48	25,040.64
JPMORGAN CHASE & CO	4.452% 12/5/29	18,621.92	18,173.44
MASTERCARD INC	3.35% 3/26/30	17,646.24	17,617.92
MIDSMERICAN ENERGY CO	3.65% 4/15/29	7,960.80	8,823.20
NATL RURAL UTILS COOP	3.050% 2/15/22	14,581.56	14,570.50
NTHN STATES PWR CO	2.6% 5/15/23	27,380.36	28,416.08
ONCOR ELEC DELIVERY CO	3.7% 11/15/28	29,881.38	29,739.69
PEPSICO INC	2.625% 7/29/29	5,267.15	5,263.85
POTOMAC ELEC PWR CO	3.6% 3/15/24	32,114.14	32,430.03
STATE STREET CORP	2.4% 1/24/30	25,966.50	25,771.75
SUNTRUST BANKS INC	3.3% 5/15/26	14,264.55	15,958.35
UNITED PARCEL SERVICE	3.4% 3/15/29	23,464.60	25,107.26
US BANCORP MED TERM	3.375% 2/5/24	24,771.00	24,113.89
US TREASURY NOTE	2.875% 9/30/23	142,534.39	141,195.20
US TREASURY NOTE	2.75% 2/15/28	20,909.65	20,551.16
US TREASURY NOTE	2.0% 6/30/24	128,656.85	130,572.51
US TREASURY NOTE	2.0% 2/15/25	91,408.81	95,818.83
US TREASURY NOTE	1.5% 8/15/26	71,220.94	72,857.52
US TREASURY NOTE	2.25% 8/15/27	66,556.86	66,135.51
US TREASURY NOTE	2.625% 2/15/29	80,232.93	76,821.29
US TREASURY NOTE	0.25% 10/31/25	86,408.66	84,121.17
US TREASURY NOTE	0.625 8/15/30	71,911.91	71,886.43
VISA INC	2.050% 4/15/30	6,010.62	6,081.06
WALT DISNEY COMPANY	1.85% 7/30/26	18,408.18	21,189.21
SUBTOTAL UBS UT 52208 UN		**1,370,796.48**	**1,418,787.53**
UBS BANK USA DEP ACCT	CASH		29,127.84
ACCENTURE PLC IRELANC	COMMON STOCK	24,296.97	51,818.75
AMER ELECTRIC POWER CO	COMMON STOCK	13,377.53	13,790.35
BLACKROCK INC	COMMON STOCK	8,406.85	16,480.08
CHEVRON CORP	COMMON STOCK	13,832.26	14,903.45
CHUBB LTD	COMMON STOCK	18,744.62	26,870.09
CISCO SYSTEMS INC	COMMON STOCK	26,129.03	36,881.34
COCA COLA COM	COMMON STOCK	26,251.87	31,973.40
COMCAST CORP	COMMON STOCK	26,943.46	33,167.47
CRANE CO	COMMON STOCK	9,938.80	12,309.33
DIAGEO PLC NEW	COMMON STOCK	17,168.31	27,737.64
HOME DEPOT INC	COMMON STOCK	27,813.39	50,631.22
INTEL CORP	COMMON STOCK	31,934.13	33,269.00
JOHNSON & JOHNSON	COMMON STOCK	34,230.08	40,030.38
JP MORGAN CHASE	COMMON STOCK	21,246.10	28,503.00
LINDE PLC	COMMON STOCK	16,727.78	27,714.40
LOCKHEED MARTIN CORP	COMMON STOCK	27,096.65	28,077.39
MARSH & MCLENNAN COS	COMMON STOCK	19,685.38	35,633.10
MCDONALDS CORP	COMMON STOCK	22,003.67	32,436.47
MEDTRONIC PLC	COMMON STOCK	29,331.91	30,310.85
MICROSOFT CORP	COMMON STOCK	48,709.02	117,712.00

	(a) Identity of issue, borrower, lessor, or similar pa	(c) Description of investment including maturity date,rate of	(d) Cost	(e) Current Value
	NEXTERA ENERGY INC	COMMON STOCK	15,018.02	22,966.56
	NOVARTIS AG SPON	COMMON STOCK	28,794.46	29,739.80
	PHILLIPS 66	COMMON STOCK	12,262.29	10,941.46
	PROCTER & GAMBLE	COMMON STOCK	29,180.43	39,422.78
	RAYTHEON TECHNOLOGIES	COMMON STOCK	10,942.04	13,339.30
	REPUBLIC SERVICES	COMMON STOCK	10,793.07	18,546.85
	ROCKWELL AUTOMATION INC	COMMON STOCK	13,901.01	23,372.95
	TEXAS INSTRUMENTS	COMMON STOCK	15,532.63	21,674.05
	TRUST FINL CORP	COMMON STOCK	11,399.33	13,349.40
	UNION PACIFIC	COMMON STOCK	21,342.93	31,743.18
	VF CORP	COMMON STOCK	16,185.45	14,277.90
	SUBTOTAL UBS UT 52207 UN		**649,219.47**	**958,751.78**
*	**PARTICIPANT LOANS**	6.5% - 8.25%		**265,359.35**
	TOTAL ASSETS			**14,167,429.48**

Schedule H, line 4i

Schedule of Assets (Acquired and Disposed of Within Year).

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

B & B Lumber Company, Inc. Profit Sharing Plan

Employer Identification Number

16-1035246

Three-digit plan number ► 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions
WI TREASURY SEC BOND	.099% 1/31/2023	170,061	170,053

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

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

B & B Lumber Company, Inc. Profit Sharing Plan

Employer Identification Number

16-1035246

Three-digit plan number ► 001

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