Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Parti	Allilual Report	dentification information							
For calendar	plan year 2017 or f	iscal plan year beginning 01/01/2	2017	and ending 12	2/31/2017				
A This retur	n/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer) (F	_				
D This are 6 and	dan and 'a	a one-participant plan	a foreign plan						
B This return	n/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)				
C Check bo	x if filing under:	Form 5558	automatic extension]	DFVC program	m			
		special extension (enter desc	ription)						
Part II	Basic Plan Info	ormation—enter all requested in	formation						
1a Name of	plan				1b Three-digit	:			
		I(K) PROFIT SHARING PLAN AND	TRUST		plan numb				
				_	(PN) ▶	001			
					1c Effective d	ate of plan 01/01/1999			
2a Plan sno	neor's name (empl	oyer, if for a single-employer plan)			2h Employer I	dentification Number			
		om, apt., suite no. and street, or P.0	D. Box)			91-1075222			
City or to	wn, state or province	ce, country, and ZIP or foreign post	al code (if foreign, see insti	ructions)	, ,	telephone number			
TRICO CONTE	RACTING, INC.					0-757-2373			
				-	2d Business c	ode (see instructions)			
15066 JOSH V						238900			
BURLINGTON	, WA 98233								
3a Plan adn	ninistrator's name a	ind address X Same as Plan Spo	nsor.		3b Administra	tor's EIN			
		ь .		-					
					3c Administra	tor's telephone number			
4 If the na	me and/or EIN of th	e plan sponsor or the plan name ha	as changed since the last re	eturn/report filed for	4b EIN				
•		onsor's name, EIN, the plan name a	and the plan number from the	he last return/report.	4d PN				
a Sponsorc Plan Nar					4u PN				
• Hallita	110								
5a Total nu	mber of participants	s at the beginning of the plan year.			5a	36			
		s at the end of the plan year			5b	37			
		account balances as of the end of		-	5c	29			
d(1) Total	number of active pa	articipants at the beginning of the pl	lan year		5d(1)	31			
d(2) Total	number of active pa	articipants at the end of the plan ye	ar		5d(2)	30			
		terminated employment during the			5e	0			
Caution: A p	enalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable cau	se is establishe	ed.			
SB or Sched		ther penalties set forth in the instruand signed by an enrolled actuary, and lete.							
0.0.0	iled with authorized	d/valid electronic signature.	07/23/2018	MICHELLE HURTEAU	J				
HERE Signature of plan administrator Date Enter name of individual signing as plan administrator					n administrator				
SIGN									
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	individual signing as employer or plan spor				

Form 5500-SF 2017 Page **2**

_	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year									
Pa	rt III Financial Information		r							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	d of Year		
a	Total plan assets	7a	200	66007				2424017		
<u>b</u>	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	200	66007				2424017		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total		
a	Contributions received or receivable from: (1) Employers	8a(1)		98151						
	(2) Participants	8a(2)	22	27332						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	29	99074						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						624557		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	20	66384						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions) 8f 163									
g	Other expenses	8g								
<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)							266547		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)							358010		
j	Transfers to (from) the plan (see instructions)									
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in the inst	ructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X			200000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 o	f 	Y	′es X No			
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling			
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	. [Yes	No	N/A			
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X	No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to						
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)			

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information								
For calenda	ar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31	/2017				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) ployer information in a						
		a one-participant plan	a foreign plan			,				
B This retu	urn/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 Check	oox if filing under:	Form 5558	automatic extension		DFVC progr	ram				
		special extension (enter descri	ription)							
Part II	Basic Plan Info	ormation—enter all requested in	formation							
	ofplan Contracting,	Inc. 401(k) Profit Sh			1b Three-di plan nun					
and Tr	ust				1c Effective					
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Boy)		2b Employe	r Identification Number				
City or	town, state or provin	ce, country, and ZIP or foreign post		uctions)		-1075222 's telephone number				
INICO	Contracting,	THC.			(360)	757-2373				
15066	Josh Wilson R	Road			20 Business	s code (see instructions)				
Burline			WA	98233	23890	0				
		ınd address 🏻 Same as Plan Spoi				ninistrator's EIN				
					3c Administ					
					3C Administ	rator's telephone number				
		ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a	10 TON 10		4b EIN					
	or's name		·	•	4d PN					
c Plan N	lame									
5a Total	number of participant	s at the beginning of the plan year			. 5a	36				
		s at the end of the plan year			. 5b	37				
		account balances as of the end of			. 5c	29				
d(1) Tota	al number of active pa	articipants at the beginning of the pl	lan year		. 5d(1)	31				
		articipants at the end of the plan ye			. 5d(2)	30				
than	100% vested	o terminated employment during the			. 5e	(
		or incomplete filing of this retur								
SB or Sche	alties of perjury and o edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, a polete.	as well as the electronic ver	sion of this return/repo	ort, and to the be	st of my knowledge and				
SIGN HERE			7/23/18	Michelle Hurt	eau					
	Signature of plan	administrator	Date	Enter name of individ	dual signing as p	olan administrator				
SIGN HERE	Olemanture of a cont		D-4-		distribution to the second					
Signature of er		oyer/pian sponsor	Date	I ∟nter name of individ	idual signing as employer or plan sponsor					

_			0
Pа	a	e	1

_	Were all of the plan's assets during the plan year invested in eligib		1.					X Ye	s No
	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								s No
	If you answered "No" to either line 6a or line 6b, the plan cann	not use Fo	rm 5500-SF and mus	t instea	d use	Form	5500.		
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this p	lan yea		-		. (See inst	ructions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Year	T		(b) End	of Year	
	Total plan assets	7a		066,0	007		(b) Liid		124,017
	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	2,	066,0	007			2,4	124,017
10.51	Income, Expenses, and Transfers for this Plan Year		(a) Amoun		\neg		(b) T		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		98,3					
	(2) Participants	8a(2)		227,3	332				
	(3) Others (including rollovers)	8a(3)			_				
	Other income (loss)	8b		299,0)74				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-+				524,557
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		266,3	384				
	Certain deemed and/or corrective distributions (see instructions)	8e		,					
f	Administrative service providers (salaries, fees, commissions)	8f			163				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			\neg			2	266,547
	Net income (loss) (subtract line 8h from line 8c)	8i							358,010
j	Transfers to (from) the plan (see instructions)	8j			\neg				
Par	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteris	stic Co	odes in the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature coo	les from the List of Pla	n Chara	cterist	ic Coc	des in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	utions withi	n the time period					Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction						
b	Program)			10a		X			
	reported on line 10a.)	•		10b		Χ			
С	Was the plan covered by a fidelity bond?			10c	Х				200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other	her person	s by an insurance						
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		Χ			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Χ			
g				10g		Χ			
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
i	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10			10i					

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Page 3-	

Part	/I Pension Funding Compliance					
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)						
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?		f 	Yes X No		
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a 	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the letter ruling Year		
If	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b				
с	Enter the amount contributed by the employer to the plan for this plan year	12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	/II Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	∑ No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes 🛛 No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)		

Attachment to 2017 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan NameTRICO Contracting, Inc. 401(k)ProfitSharingPlan andTruble91-1075222Plan Sponsor's NameTRICO Contracting, Inc.PN:001

Name of participating employer	EIN	Percent of Total Contributions
TRICO Companies, LLC	46-1346762	100.00
TRICO Contracting, Inc.	91-1075222	0.00
	31 13 3222	0.00
		5

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to **Public Inspection**

Parti	Annual Report	identification information						
For calend	dar plan year 2017 or fi	scal plan year beginning		and ending				
A This re	eturn/report is for:	a single-employer plan		an (not multiemployer) (nployer information in ac	_			
D This was		a one-participant plan	a foreign plan					
D Inis re	turn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year retur	n/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	am		
		special extension (enter descri						
Part II	Basic Plan Info	ormation—enter all requested in	formation					
1a Name	e of plan				1b Three-dig plan num (PN) ▶	ber		
					1c Effective	date of plan		
Mailin	ng address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			2b Employer (EIN)	Identification Number		
City o	or town, state or provinc	ce, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Sponsor'	s telephone number		
					2d Business	code (see instructions)		
3a Plan a	administrator's name a	nd address Same as Plan Spor	nsor.		3b Administr	ator's EIN		
					3c Administr	rator's telephone number		
A It the	name and/or FIN of the		and the last w	at un/rapart filed for				
this p	olan, enter the plan spo	e plan sponsor or the plan name ha onsor's name, EIN, the plan name a			4b EIN			
	sor's name				4d PN			
C Plan	name							
5a Total	number of participants	at the beginning of the plan year			5a			
b Total	number of participants	at the end of the plan year			5b			
		account balances as of the end of		-	5c			
d(1) To	tal number of active pa	articipants at the beginning of the pl	an year		5d(1)			
d(2) To	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)			
than	100% vested	terminated employment during the			5e			
Under per SB or Sch	A penalty for the late nalties of perjury and of	or incomplete filing of this return ther penalties set forth in the instru- ind signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have	unless reasonable cau examined this return/re	port, including, i	f applicable, a Schedule		
SIGN								
HERE	Signature of plan a	administrator	Date	Enter name of individe	ual signing as p	lan administrator		
SIGN								
HERE Signature of employer/plan sponsor Date Enter name of individual sign					dual signing as employer or plan sponsor			

Form 5500-SF 2017 Page 2

_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		,					Yes No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	o Not determined
C	If "Yes" is checked, enter the My PAA confirmation number from the							. (See instructions.)
D		ю, воо р	Termani ming for the p	ian you				
Pa	rt III Financial Information				1			
	Plan Assets and Liabilities	_	(a) Beginning (of Year			(b) Eı	nd of Year
	Total plan assets	7a			-+			
	Total plan liabilities	7b						
<u>c</u> 8	Net plan assets (subtract line 7b from line 7a)	7c	(a) Amaun		+		(1-	\ Tatal
	Contributions received or receivable from:		(a) Amoun	ıt			a)) Total
	(1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i						
	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteri	stic Co	des in the i	nstructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	es in the in	structions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b				
С	Was the plan covered by a fidelity bond?			10c				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f				
g		-		10g				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	` 		10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

Form 5500-SF 2017	Page 3-

Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500) and line 11a below)				nedule SB			Yes No		
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1	1a						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?	tion 3	302 o	f 		Yes	s No		
<u>а</u>	a 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 letter ruling granting the waiver Month Day Year								
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year		l2b						
С	Enter the amount contributed by the employer to the plan for this plan year	·	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A		
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	; <u></u>	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a						
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes No					
c 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.)									
1	3c(1) Name of plan(s): 13c	(2) E	IN(s)	, and the second	13	c(3) F	PN(s)		

Attachment to 2017 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name TRICO Contracting, Inc. 401(k) Profit Sharing Plan and Truen: 91-1075222
Plan Sponsor's Name TRICO Contracting, Inc. PN: 001

	Percent
EIN	of Total
	Contributions
46-1346762	100.00
91-1075222	0.00
	46-1346762