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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
C.W. DRIVER CONTRACTORS 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

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)

C.W. DRIVER CONTRACTORS

468 N ROSEMEAD BLVD
PASADENA, CA 91107

2b Employer Identification Number (EIN)
95-0692430

2c Plan Sponsor's telephone number
626-351-8800

2d Business code (see instructions)
236110

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.	08/23/2018	CARL LOWMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/23/2018	CARL LOWMAN
	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**	435
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)**	304
a(2) Total number of active participants at the end of the plan year	**6a(2)**	260
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	142
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	402
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	403
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	242
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	38
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 3D 2R 2T

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

9a Plan funding arrangement (check all that apply)

(1)	[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)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
C.W. DRIVER CONTRACTORS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
C.W. DRIVER CONTRACTORS

D Employer Identification Number (EIN)
95-0692430

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
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY CONTRACT

(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
06-1050034	68241	WF104153	403	01/01/2017	12/31/2017

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) ☐ individual policies (2) ☐ group deferred annuity

(3) ☒ other (specify) ▶ GROUP VARIABLE ANNUITY

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. Specify nature of costs.			**10b**	

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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
C.W. DRIVER CONTRACTORS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
C.W. DRIVER CONTRACTORS

D Employer Identification Number (EIN)
95-0692430

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

AMERICAN FUNDS

95-1411037

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

VANGAURD

23-1945930

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

FIDELITY

06-1194217

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

GOLDMAN SACHS

13-5108880

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

MAINSTAY

52-2206685

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

T. ROWE PRICE

52-2264646

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

JPMORGAN

13-2624428

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

METROPOLITAN

95-4597302

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

PRUDENTIAL

06-1050034

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

FRANKLIN

94-3167260

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

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

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)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 37 50 62 64	SERVICE PROVIDER	120472	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
C.W. DRIVER CONTRACTORS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
C.W. DRIVER CONTRACTORS

D Employer Identification Number (EIN)
95-0692430

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MC INDEX CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265235-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-6202499-001	C	0

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

b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INSURANCE & ANNUITY COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
06-1050034-808	P	13569

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/MFS VALUE CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6648640-001	C	1284441

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3224211-001	C	3734723

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX CIT N

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3224211-001	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK US AGG BOND INDEX CIT

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5699010-001	C	25226

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 46-6933767-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5907323

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INTL EQ INDEX CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 52-2265229-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49196

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MC INDEX CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1199676

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK RU 2000 INDEX CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 52-2265233-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65942

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
C.W. DRIVER CONTRACTORS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
C.W. DRIVER CONTRACTORS

D Employer Identification Number (EIN)
95-0692430

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)	1430832	1310386
(2) Participant contributions	1b(2)	36215	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	31329	16121
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	503132	769506
(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)	615251	359879
(9) Value of interest in common/collective trusts	1c(9)	11695198	12266527
(10) Value of interest in pooled separate accounts	1c(10)	25411	13569
(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)	24684924	31018377
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	39022292	45754365
	Liabilities			
g	Benefit claims payable	**1g**	0	
h	Operating payables	**1h**		10110
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	10110
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	39022292	45744255

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)**	1310386	
	(B) Participants	**2a(1)(B)**	2295421	
	(C) Others (including rollovers)	**2a(1)(C)**	191740	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		3797547
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	94	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	22042	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		22136
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	5981	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	364652	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		370633
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	1533918	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	1402631	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		131287
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	104346	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		104346

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1177551
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		2908
(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)		4730713
c Other income	2c		-92678
d Total income. Add all **income** amounts in column (b) and enter total	2d		10244443
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3400561	
(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)		3400561
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		616
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)		
(4) Other	2i(4)	121303	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		121303
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3522480
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		6721963
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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: HUTCHINSON AND BLOODGOOD, LLP **(2)** EIN: 95-0858589

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	
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	

			Yes	No	Amount
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		3000000
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	X		

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
C.W. DRIVER CONTRACTORS 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
C.W. DRIVER CONTRACTORS

D Employer Identification Number (EIN)
95-0692430

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 41-6257133

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): _____

---

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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):

C.W. Driver Contractors 401(k) Profit Sharing Plan

Financial Report

Years Ended December 31, 2017 and 2016

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
C.W. Driver Contractors 401(k) Profit Sharing Plan
Pasadena, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of C.W. Driver Contractors 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

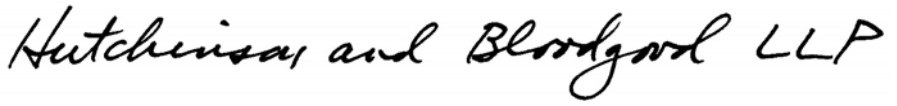
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Glendale, California
July 23, 2018

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
ASSETS		
Investments, at fair value		
Participant directed	**$ 43,288,114**	$ 36,384,294
Participant self-directed accounts	**795,986**	555,700
Total investments	**44,084,100**	36,939,994
Receivables		
Notes receivable from participants	**359,879**	615,251
Employee contributions	**--**	36,215
Employer contributions	**1,310,386**	1,430,832
Total assets	**45,754,365**	39,022,292
LIABILITIES		
Trade settlement payable	**10,110**	--
Net Assets Available for Benefits	**$ 45,744,255**	$ 39,022,292

The Notes to Financial Statements are an integral part of these statements.

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

ADDITIONS	
Additions to net assets attributable to:	
Investment income	
Interest and dividend income	$ 389,215
Net appreciation in fair value of investments	6,128,317
Net investment income	6,517,532
Interest income on notes receivable from participants	22,042
Contributions:	
Participant	2,295,421
Employer matching, net of forfeitures	1,310,386
Rollover	191,740
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Other	(92,678)
Total additions	10,244,443
DEDUCTIONS	
Deductions from net assets attributable to:	
Benefit payments	3,401,177
Administrative expenses	121,303
Total deductions	3,522,480
Net increase in net assets available for benefits	6,721,963
Net Assets Available for Benefits	
Beginning of year	39,022,292
End of year	$ 45,744,255

NOTE 1. PLAN DESCRIPTION

The following description of C.W. Driver Contractors 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of C.W. Driver Contractors (the Company) who are at least 21 years of age and have completed two months of service. The Plan excludes employees who are covered by collective bargaining agreements, nonresident aliens and leased employees. The plan entry date is the first day of any calendar quarter.

The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC). Additionally, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts and Contributions: Participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan. Effective May 1, 2017, the Plan was amended to allow for after-tax Roth deferrals. Total participant contributions are subject to annual limits under the IRC. The maximum participant deferral limit was $18,000 for the year ended December 31, 2017. Catch-up contributions of $6,000 were available to participants who had attained age 50 or older by December 31, 2017, and had not exceeded the contribution limit for the Plan year.

The Company may make a discretionary matching contribution that equals a percentage of participants' 401(k) salary deferrals, determined on an annual basis. For the year ended December 31, 2017, the Company elected to contribute 100% of the first 5%, plus 50% of the next 5% of the participants' compensation that the participants contributed to the Plan. Total discretionary matching contributions amounted to $1,310,386, net of forfeitures applied of $122,304, for the year ended December 31, 2017.

The Company may make annual discretionary profit sharing contributions to the Plan, which are to be allocated to participants employed on the last day of the Plan year, on the basis of their relative compensation to the total compensation of all eligible participants. The Company did not make a discretionary profit sharing contribution to the Plan for the year ended December 31, 2017.

Each participant's account is credited or charged with the participant's contribution, an allocation of the Company's discretionary profit sharing contribution, the Company's discretionary matching contribution, investment income or losses and administrative expenses.

Vesting: Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in Company discretionary matching and profit sharing contributions is based on years of continuous service. A participant is 20% vested after two years of service and continues to vest 20% per year thereafter. Participants are fully vested after six years of service.

Notwithstanding the above, if a participant (1) attains the age of 65, (2) dies or (3) terminates employment by reason of permanent disability, the Company discretionary profit sharing contributions amount becomes 100% vested without regard to years of service.

NOTE 1. PLAN DESCRIPTION (Continued)

Benefit Payments: Distributions of a participant's account can be made upon termination of service, death, disability or retirement. Distributions are made in either a lump-sum payment or in annual installments paid over a period not to exceed the participant's estimated life expectancy at the time of distribution. If a participant's vested account is greater than $1,000 but less than $5,000, and the participant does not elect to have the amount rolled over into a specific retirement account or to receive a distribution directly, such account will be rolled over to a Wells Fargo Individual Retirement Account. An in-service distribution can also be made to participants who have attained the age of 59-1/2, upon disability or when experiencing financial hardship.

Administrative Expenses: The Company incurs certain expenses in administering the Plan, which are not passed on as expenses of the Plan. Administrative expenses charged to the Plan consist of charges associated with investment transactions, benefit payments and loan processing.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right 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.

Notes Receivable from Participants: Participants may borrow from their vested accounts up to a maximum amount equal to the lesser of $50,000 or 50% of the participant's vested balance. The notes receivable from participants are secured by the vested balance in the participant's account and bear interest at the prevailing market rate. Principal and interest are paid ratably through payroll deductions or a participant's own personal funds over a term not to exceed five years, except for notes receivable used to purchase or improve the participant's primary residence, which has a repayment term not to exceed 30 years.

Forfeitures: Forfeitures of terminated participants' unvested Company contributions may be used to reduce future Company contributions. Forfeitures applied toward the Company discretionary matching contributions amounted to $122,304 for the year ended December 31, 2017. Forfeitures available at December 31, 2017 for future use were immaterial.

Basis of Accounting: The accompanying financial statements have been prepared using the accrual basis of accounting.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments: Mutual funds and common stocks are valued at available quoted market prices. Money market funds are stated at their carrying values, which approximate fair values. The pooled separate accounts and common collective trusts (not considered fully benefit-responsive), are valued at the net asset value as determined by using estimated fair value of the underlying assets held in the funds.

Valuation of Note Receivables from Participants: Notes receivable from participants are reported at their unpaid principal balances plus accrued but unpaid interest.

Realized and Unrealized Appreciation: Realized and unrealized appreciation is based on the market value of the assets at the end of the Plan year compared to the market value of the assets at the beginning of the Plan year, or at the time the assets were purchased or exchanged during the Plan year.

Benefit Payments: Benefits are recorded when paid.

Subsequent Events: Management has evaluated subsequent events for recognition and disclosure through July 23, 2018, which is the date the financial statements were available to be issued.

NOTE 3. CERTIFIED INFORMATION

The financial information included in the Plan's financial statements as it relates to investment assets, investment transactions, investment income, notes receivable from participants and the schedule of assets held at end of year have been derived from information certified as complete and accurate by Wells Fargo Bank, N.A., (Wells Fargo), the Plan trustee, in accordance with Section 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4. INCOME TAX STATUS

The Company has adopted a non-standardized prototype plan sponsored by Wells Fargo. The Plan prototype received an opinion letter dated March 31, 2008 from the Internal Revenue Service (IRS), which stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the adoption of the non-standardized prototype plan. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4. INCOME TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to December 31, 2014.

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in money market funds and shares of mutual funds managed by Wells Fargo, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and recordkeeping amounted to $121,303 for the year ended December 31, 2017.

NOTE 6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS

Fair value is determined based on assumptions that a market participant would use in pricing an asset or liability. Measurements of fair value are classified within a hierarchy based upon valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are as follows:

Level 1 Inputs to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 7. FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: Valued using quoted market prices, which represent the net asset value of shares held by the Plan at year end.

Money Market Account: Valued at carrying value, which approximates fair value.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Common Collective Trusts and Pooled Separate Accounts: The unit value of each common collective investment trust and of pooled separate accounts is calculated by dividing the fund's net asset value (NAV) on the calculation date by the number of units that are outstanding on the calculation date. The NAV is used as a practical expedient to estimate fair value. The number of units of the common collective trusts that are outstanding on the calculation date is derived from the observable purchase and redemption activity in the collective trusts.

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

NOTE 7. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

At December 31, 2017	Fair Value Measurements Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 31,018,378	$ --	$ --	$ 31,018,378
Money market account	16,120	--	--	16,120
Common stock	769,506	--	--	769,506
Investments measured at fair value	$ 31,804,004	$ --	$ --	31,804,004
Common collective trusts				12,266,527
Pooled separate account				13,569
Investments measured at NAV				12,280,096
Total investments				$ 44,084,100

At December 31, 2016	Fair Value Measurements Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 24,684,924	$ --	$ --	$ 24,684,924
Money market account	31,329	--	--	31,329
Common stock	503,132	--	--	503,132
Investments measured at fair value	$ 25,219,385	$ --	$ --	25,219,385
Common collective trusts				11,695,198
Pooled separate account				25,411
Investments measured at NAV				11,720,609
Total investments				$ 36,939,994

Supplemental Schedule

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

EIN: 95-0692430
Plan Number 001
Schedule H, Line 4i

Schedule of Assets (Held at End of Year)
December 31, 2017

	(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)**	(e) Current Value
		Participant Directed Funds:			
		Goldman Sachs Small Cap Value Fund	Mutual Fund		$ 2,449,090
		J.P. Morgan Small Cap Equity Fund	Mutual Fund		2,533,454
		Metropolitan West Total Return Bond Fund	Mutual Fund		1,691,184
		T. Rowe Price Mid Cap Growth Fund	Mutual Fund		3,876,712
		Mainstay Large Cap Growth Fund	Mutual Fund		2,413,389
		Vanguard REIT Index Fund – Admin	Mutual Fund		169,274
		Fidelity Mid Cap Value Fund	Mutual Fund		1,641,942
		American Funds Europacific Growth Fund	Mutual Fund		2,779,970
		Franklin Small Cap Growth Fund	Mutual Fund		1,279,762
		American Balanced Fund	Mutual Fund		3,301,949
		Vanguard Target Retirement 2060	Mutual Fund		112,957
		Vanguard Target Retirement Fund #308	Mutual Fund		839,817
*		Wells Fargo Advantage Dow Jones Target 2020	Mutual Fund		1,304,674
*		Wells Fargo Advantage Dow Jones Target 2030	Mutual Fund		2,533,046
*		Wells Fargo Advantage Dow Jones Target 2040	Mutual Fund		1,942,326
*		Wells Fargo Advantage Dow Jones Target 2050	Mutual Fund		2,128,362
*		Wells Fargo Collective Stable Return Fund	Common Collective Trust		5,907,324
*		Wells Fargo Blackrock S&P Mid Cap Index Fund	Common Collective Trust		1,199,676
*		Wells Fargo Blackrock S&P 500 Index CIT	Common Collective Trust		3,734,723
*		Wells Fargo Blackrock International Equities Index	Common Collective Trust		49,195
*		Wells Fargo Blackrock US Aggregate Bond Index	Common Collective Trust		25,226
*		Wells Fargo Blackrock RU 2000 Index CIT	Common Collective Trust		65,942
*		Wells Fargo MFS Value CIT Fund	Common Collective Fund		1,284,441
		Prudential Retirement Insurance and Annuity	Pooled Separate Account		13,569
		Money Market	Money Market Fund		10,110
		Participant Self-Directed Accounts:			
		Proshares Ultra Oil and Gas	Mutual Fund		792
		Proshares VIX Short-Term	Mutual Fund		19,678
		Alphabet Inc Class A	Common Stock		52,670
		Alphabet Inc Class C	Common Stock		41,856
		Amazon Com Inc	Common Stock		244,419
		Apple Inc.	Common Stock		304,423
		Cisco Systems Inc.	Common Stock		1,915
		Facebook	Common Stock		116,464
		FirstGold Corp	Common Stock		4
		Ford Motor Company	Common Stock		875
		Pfizer Inc.	Common Stock		6,880
		Money Market	Money Market Fund		6,010
*		Participant Loans	Interest at 3.25% to 6.00%, maturing on various dates through February 2027		359,879
					$ 44,443,979

* Party-in-interest as defined by ERISA.
** Cost information not required for participant-directed or participant self-directed accounts.

C.W. Driver Contractors 401(k) Profit Sharing Plan

Financial Report

Years Ended December 31, 2017 and 2016

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
C.W. Driver Contractors 401(k) Profit Sharing Plan
Pasadena, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of C.W. Driver Contractors 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

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Disclaimer of Opinion

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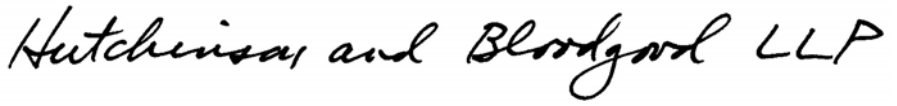

Glendale, California
July 23, 2018

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

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C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

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The Company may make annual discretionary profit sharing contributions to the Plan, which are to be allocated to participants employed on the last day of the Plan year, on the basis of their relative compensation to the total compensation of all eligible participants. The Company did not make a discretionary profit sharing contribution to the Plan for the year ended December 31, 2017.

Each participant's account is credited or charged with the participant's contribution, an allocation of the Company's discretionary profit sharing contribution, the Company's discretionary matching contribution, investment income or losses and administrative expenses.

Vesting: Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in Company discretionary matching and profit sharing contributions is based on years of continuous service. A participant is 20% vested after two years of service and continues to vest 20% per year thereafter. Participants are fully vested after six years of service.

Notwithstanding the above, if a participant (1) attains the age of 65, (2) dies or (3) terminates employment by reason of permanent disability, the Company discretionary profit sharing contributions amount becomes 100% vested without regard to years of service.

NOTE 1. PLAN DESCRIPTION (Continued)

Benefit Payments: Distributions of a participant's account can be made upon termination of service, death, disability or retirement. Distributions are made in either a lump-sum payment or in annual installments paid over a period not to exceed the participant's estimated life expectancy at the time of distribution. If a participant's vested account is greater than $1,000 but less than $5,000, and the participant does not elect to have the amount rolled over into a specific retirement account or to receive a distribution directly, such account will be rolled over to a Wells Fargo Individual Retirement Account. An in-service distribution can also be made to participants who have attained the age of 59-1/2, upon disability or when experiencing financial hardship.

Administrative Expenses: The Company incurs certain expenses in administering the Plan, which are not passed on as expenses of the Plan. Administrative expenses charged to the Plan consist of charges associated with investment transactions, benefit payments and loan processing.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right 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.

Notes Receivable from Participants: Participants may borrow from their vested accounts up to a maximum amount equal to the lesser of $50,000 or 50% of the participant's vested balance. The notes receivable from participants are secured by the vested balance in the participant's account and bear interest at the prevailing market rate. Principal and interest are paid ratably through payroll deductions or a participant's own personal funds over a term not to exceed five years, except for notes receivable used to purchase or improve the participant's primary residence, which has a repayment term not to exceed 30 years.

Forfeitures: Forfeitures of terminated participants' unvested Company contributions may be used to reduce future Company contributions. Forfeitures applied toward the Company discretionary matching contributions amounted to $122,304 for the year ended December 31, 2017. Forfeitures available at December 31, 2017 for future use were immaterial.

Basis of Accounting: The accompanying financial statements have been prepared using the accrual basis of accounting.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments: Mutual funds and common stocks are valued at available quoted market prices. Money market funds are stated at their carrying values, which approximate fair values. The pooled separate accounts and common collective trusts (not considered fully benefit-responsive), are valued at the net asset value as determined by using estimated fair value of the underlying assets held in the funds.

Valuation of Note Receivables from Participants: Notes receivable from participants are reported at their unpaid principal balances plus accrued but unpaid interest.

Realized and Unrealized Appreciation: Realized and unrealized appreciation is based on the market value of the assets at the end of the Plan year compared to the market value of the assets at the beginning of the Plan year, or at the time the assets were purchased or exchanged during the Plan year.

Benefit Payments: Benefits are recorded when paid.

Subsequent Events: Management has evaluated subsequent events for recognition and disclosure through July 23, 2018, which is the date the financial statements were available to be issued.

NOTE 3. CERTIFIED INFORMATION

The financial information included in the Plan's financial statements as it relates to investment assets, investment transactions, investment income, notes receivable from participants and the schedule of assets held at end of year have been derived from information certified as complete and accurate by Wells Fargo Bank, N.A., (Wells Fargo), the Plan trustee, in accordance with Section 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 4. INCOME TAX STATUS

The Company has adopted a non-standardized prototype plan sponsored by Wells Fargo. The Plan prototype received an opinion letter dated March 31, 2008 from the Internal Revenue Service (IRS), which stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the adoption of the non-standardized prototype plan. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4. INCOME TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to December 31, 2014.

NOTE 5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are invested in money market funds and shares of mutual funds managed by Wells Fargo, the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services and recordkeeping amounted to $121,303 for the year ended December 31, 2017.

NOTE 6. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities, which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS

Fair value is determined based on assumptions that a market participant would use in pricing an asset or liability. Measurements of fair value are classified within a hierarchy based upon valuation inputs that gives the highest priority to quoted prices in active markets for identical assets or liabilities and the lowest priority to unobservable inputs. The three levels of the fair value hierarchy are as follows:

Level 1 Inputs to valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 7. FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: Valued using quoted market prices, which represent the net asset value of shares held by the Plan at year end.

Money Market Account: Valued at carrying value, which approximates fair value.

Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Common Collective Trusts and Pooled Separate Accounts: The unit value of each common collective investment trust and of pooled separate accounts is calculated by dividing the fund's net asset value (NAV) on the calculation date by the number of units that are outstanding on the calculation date. The NAV is used as a practical expedient to estimate fair value. The number of units of the common collective trusts that are outstanding on the calculation date is derived from the observable purchase and redemption activity in the collective trusts.

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

NOTE 7. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

At December 31, 2017	Fair Value Measurements Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 31,018,378	$ --	$ --	$ 31,018,378
Money market account	16,120	--	--	16,120
Common stock	769,506	--	--	769,506
Investments measured at fair value	$ 31,804,004	$ --	$ --	31,804,004
Common collective trusts				12,266,527
Pooled separate account				13,569
Investments measured at NAV				12,280,096
Total investments				$ 44,084,100

At December 31, 2016	Fair Value Measurements Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 24,684,924	$ --	$ --	$ 24,684,924
Money market account	31,329	--	--	31,329
Common stock	503,132	--	--	503,132
Investments measured at fair value	$ 25,219,385	$ --	$ --	25,219,385
Common collective trusts				11,695,198
Pooled separate account				25,411
Investments measured at NAV				11,720,609
Total investments				$ 36,939,994

Supplemental Schedule

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

EIN: 95-0692430
Plan Number 001
Schedule H, Line 4i

Schedule of Assets (Held at End of Year)
December 31, 2017

	(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)**	(e) Current Value
		Participant Directed Funds:			
		Goldman Sachs Small Cap Value Fund	Mutual Fund		$ 2,449,090
		J.P. Morgan Small Cap Equity Fund	Mutual Fund		2,533,454
		Metropolitan West Total Return Bond Fund	Mutual Fund		1,691,184
		T. Rowe Price Mid Cap Growth Fund	Mutual Fund		3,876,712
		Mainstay Large Cap Growth Fund	Mutual Fund		2,413,389
		Vanguard REIT Index Fund – Admin	Mutual Fund		169,274
		Fidelity Mid Cap Value Fund	Mutual Fund		1,641,942
		American Funds Europacific Growth Fund	Mutual Fund		2,779,970
		Franklin Small Cap Growth Fund	Mutual Fund		1,279,762
		American Balanced Fund	Mutual Fund		3,301,949
		Vanguard Target Retirement 2060	Mutual Fund		112,957
		Vanguard Target Retirement Fund #308	Mutual Fund		839,817
*		Wells Fargo Advantage Dow Jones Target 2020	Mutual Fund		1,304,674
*		Wells Fargo Advantage Dow Jones Target 2030	Mutual Fund		2,533,046
*		Wells Fargo Advantage Dow Jones Target 2040	Mutual Fund		1,942,326
*		Wells Fargo Advantage Dow Jones Target 2050	Mutual Fund		2,128,362
*		Wells Fargo Collective Stable Return Fund	Common Collective Trust		5,907,324
*		Wells Fargo Blackrock S&P Mid Cap Index Fund	Common Collective Trust		1,199,676
*		Wells Fargo Blackrock S&P 500 Index CIT	Common Collective Trust		3,734,723
*		Wells Fargo Blackrock International Equities Index	Common Collective Trust		49,195
*		Wells Fargo Blackrock US Aggregate Bond Index	Common Collective Trust		25,226
*		Wells Fargo Blackrock RU 2000 Index CIT	Common Collective Trust		65,942
*		Wells Fargo MFS Value CIT Fund	Common Collective Fund		1,284,441
		Prudential Retirement Insurance and Annuity	Pooled Separate Account		13,569
		Money Market	Money Market Fund		10,110
		Participant Self-Directed Accounts:			
		Proshares Ultra Oil and Gas	Mutual Fund		792
		Proshares VIX Short-Term	Mutual Fund		19,678
		Alphabet Inc Class A	Common Stock		52,670
		Alphabet Inc Class C	Common Stock		41,856
		Amazon Com Inc	Common Stock		244,419
		Apple Inc.	Common Stock		304,423
		Cisco Systems Inc.	Common Stock		1,915
		Facebook	Common Stock		116,464
		FirstGold Corp	Common Stock		4
		Ford Motor Company	Common Stock		875
		Pfizer Inc.	Common Stock		6,880
		Money Market	Money Market Fund		6,010
*		Participant Loans	Interest at 3.25% to 6.00%, maturing on various dates through February 2027		359,879
					$ 44,443,979

* Party-in-interest as defined by ERISA.
** Cost information not required for participant-directed or participant self-directed accounts.

C.W. Driver Contractors 401(k) Profit Sharing Plan

Financial Report

Years Ended December 31, 2017 and 2016

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HUTCHINSON and BLOODGOOD LLP
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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
C.W. Driver Contractors 401(k) Profit Sharing Plan
Pasadena, California

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of C.W. Driver Contractors 401(k) Profit Sharing Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2017 and 2016, and for the year ended December 31, 2017, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

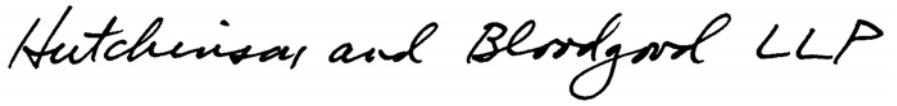
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2017, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with Department of Labor Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Glendale, California
July 23, 2018

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

Statements of Net Assets Available for Benefits
December 31, 2017 and 2016

	2017	2016
ASSETS		
Investments, at fair value		
Participant directed	**$ 43,288,114**	$ 36,384,294
Participant self-directed accounts	**795,986**	555,700
Total investments	**44,084,100**	36,939,994
Receivables		
Notes receivable from participants	**359,879**	615,251
Employee contributions	**--**	36,215
Employer contributions	**1,310,386**	1,430,832
Total assets	**45,754,365**	39,022,292
LIABILITIES		
Trade settlement payable	**10,110**	--
Net Assets Available for Benefits	**$ 45,744,255**	$ 39,022,292

The Notes to Financial Statements are an integral part of these statements.

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2017

ADDITIONS	
Additions to net assets attributable to:	
Investment income	
Interest and dividend income	$ 389,215
Net appreciation in fair value of investments	6,128,317
Net investment income	6,517,532
Interest income on notes receivable from participants	22,042
Contributions:	
Participant	2,295,421
Employer matching, net of forfeitures	1,310,386
Rollover	191,740
	3,797,547
Other	(92,678)
Total additions	10,244,443
DEDUCTIONS	
Deductions from net assets attributable to:	
Benefit payments	3,401,177
Administrative expenses	121,303
Total deductions	3,522,480
Net increase in net assets available for benefits	6,721,963
Net Assets Available for Benefits	
Beginning of year	39,022,292
End of year	$ 45,744,255

NOTE 1. PLAN DESCRIPTION

The following description of C.W. Driver Contractors 401(k) Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of C.W. Driver Contractors (the Company) who are at least 21 years of age and have completed two months of service. The Plan excludes employees who are covered by collective bargaining agreements, nonresident aliens and leased employees. The plan entry date is the first day of any calendar quarter.

The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC). Additionally, the Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participant Accounts and Contributions: Participants may contribute up to 100% of their pretax annual compensation, as defined in the Plan. Effective May 1, 2017, the Plan was amended to allow for after-tax Roth deferrals. Total participant contributions are subject to annual limits under the IRC. The maximum participant deferral limit was $18,000 for the year ended December 31, 2017. Catch-up contributions of $6,000 were available to participants who had attained age 50 or older by December 31, 2017, and had not exceeded the contribution limit for the Plan year.

The Company may make a discretionary matching contribution that equals a percentage of participants' 401(k) salary deferrals, determined on an annual basis. For the year ended December 31, 2017, the Company elected to contribute 100% of the first 5%, plus 50% of the next 5% of the participants' compensation that the participants contributed to the Plan. Total discretionary matching contributions amounted to $1,310,386, net of forfeitures applied of $122,304, for the year ended December 31, 2017.

The Company may make annual discretionary profit sharing contributions to the Plan, which are to be allocated to participants employed on the last day of the Plan year, on the basis of their relative compensation to the total compensation of all eligible participants. The Company did not make a discretionary profit sharing contribution to the Plan for the year ended December 31, 2017.

Each participant's account is credited or charged with the participant's contribution, an allocation of the Company's discretionary profit sharing contribution, the Company's discretionary matching contribution, investment income or losses and administrative expenses.

Vesting: Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in Company discretionary matching and profit sharing contributions is based on years of continuous service. A participant is 20% vested after two years of service and continues to vest 20% per year thereafter. Participants are fully vested after six years of service.

Notwithstanding the above, if a participant (1) attains the age of 65, (2) dies or (3) terminates employment by reason of permanent disability, the Company discretionary profit sharing contributions amount becomes 100% vested without regard to years of service.

NOTE 1. PLAN DESCRIPTION (Continued)

Benefit Payments: Distributions of a participant's account can be made upon termination of service, death, disability or retirement. Distributions are made in either a lump-sum payment or in annual installments paid over a period not to exceed the participant's estimated life expectancy at the time of distribution. If a participant's vested account is greater than $1,000 but less than $5,000, and the participant does not elect to have the amount rolled over into a specific retirement account or to receive a distribution directly, such account will be rolled over to a Wells Fargo Individual Retirement Account. An in-service distribution can also be made to participants who have attained the age of 59-1/2, upon disability or when experiencing financial hardship.

Administrative Expenses: The Company incurs certain expenses in administering the Plan, which are not passed on as expenses of the Plan. Administrative expenses charged to the Plan consist of charges associated with investment transactions, benefit payments and loan processing.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right 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.

Notes Receivable from Participants: Participants may borrow from their vested accounts up to a maximum amount equal to the lesser of $50,000 or 50% of the participant's vested balance. The notes receivable from participants are secured by the vested balance in the participant's account and bear interest at the prevailing market rate. Principal and interest are paid ratably through payroll deductions or a participant's own personal funds over a term not to exceed five years, except for notes receivable used to purchase or improve the participant's primary residence, which has a repayment term not to exceed 30 years.

Forfeitures: Forfeitures of terminated participants' unvested Company contributions may be used to reduce future Company contributions. Forfeitures applied toward the Company discretionary matching contributions amounted to $122,304 for the year ended December 31, 2017. Forfeitures available at December 31, 2017 for future use were immaterial.

Basis of Accounting: The accompanying financial statements have been prepared using the accrual basis of accounting.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Valuation of Investments: Mutual funds and common stocks are valued at available quoted market prices. Money market funds are stated at their carrying values, which approximate fair values. The pooled separate accounts and common collective trusts (not considered fully benefit-responsive), are valued at the net asset value as determined by using estimated fair value of the underlying assets held in the funds.

Valuation of Note Receivables from Participants: Notes receivable from participants are reported at their unpaid principal balances plus accrued but unpaid interest.

Realized and Unrealized Appreciation: Realized and unrealized appreciation is based on the market value of the assets at the end of the Plan year compared to the market value of the assets at the beginning of the Plan year, or at the time the assets were purchased or exchanged during the Plan year.

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Subsequent Events: Management has evaluated subsequent events for recognition and disclosure through July 23, 2018, which is the date the financial statements were available to be issued.

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NOTE 4. INCOME TAX STATUS

The Company has adopted a non-standardized prototype plan sponsored by Wells Fargo. The Plan prototype received an opinion letter dated March 31, 2008 from the Internal Revenue Service (IRS), which stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the adoption of the non-standardized prototype plan. However, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable provisions of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 4. INCOME TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and concluded that, as of December 31, 2017, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or that would require disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress. The Plan Administrator believes that the Plan is no longer subject to income tax examinations for years prior to December 31, 2014.

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- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

NOTE 7. FAIR VALUE MEASUREMENTS (Continued)

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: Valued using quoted market prices, which represent the net asset value of shares held by the Plan at year end.

Money Market Account: Valued at carrying value, which approximates fair value.

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Common Collective Trusts and Pooled Separate Accounts: The unit value of each common collective investment trust and of pooled separate accounts is calculated by dividing the fund's net asset value (NAV) on the calculation date by the number of units that are outstanding on the calculation date. The NAV is used as a practical expedient to estimate fair value. The number of units of the common collective trusts that are outstanding on the calculation date is derived from the observable purchase and redemption activity in the collective trusts.

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

NOTE 7. FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

At December 31, 2017	Fair Value Measurements Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 31,018,378	$ --	$ --	$ 31,018,378
Money market account	16,120	--	--	16,120
Common stock	769,506	--	--	769,506
Investments measured at fair value	$ 31,804,004	$ --	$ --	31,804,004
Common collective trusts				12,266,527
Pooled separate account				13,569
Investments measured at NAV				12,280,096
Total investments				$ 44,084,100

At December 31, 2016	Fair Value Measurements Using: Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds	$ 24,684,924	$ --	$ --	$ 24,684,924
Money market account	31,329	--	--	31,329
Common stock	503,132	--	--	503,132
Investments measured at fair value	$ 25,219,385	$ --	$ --	25,219,385
Common collective trusts				11,695,198
Pooled separate account				25,411
Investments measured at NAV				11,720,609
Total investments				$ 36,939,994

Supplemental Schedule

C.W. DRIVER CONTRACTORS
401(k) PROFIT SHARING PLAN

EIN: 95-0692430
Plan Number 001
Schedule H, Line 4i

Schedule of Assets (Held at End of Year)
December 31, 2017

	(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d)**	(e) Current Value
		Participant Directed Funds:			
		Goldman Sachs Small Cap Value Fund	Mutual Fund		$ 2,449,090
		J.P. Morgan Small Cap Equity Fund	Mutual Fund		2,533,454
		Metropolitan West Total Return Bond Fund	Mutual Fund		1,691,184
		T. Rowe Price Mid Cap Growth Fund	Mutual Fund		3,876,712
		Mainstay Large Cap Growth Fund	Mutual Fund		2,413,389
		Vanguard REIT Index Fund – Admin	Mutual Fund		169,274
		Fidelity Mid Cap Value Fund	Mutual Fund		1,641,942
		American Funds Europacific Growth Fund	Mutual Fund		2,779,970
		Franklin Small Cap Growth Fund	Mutual Fund		1,279,762
		American Balanced Fund	Mutual Fund		3,301,949
		Vanguard Target Retirement 2060	Mutual Fund		112,957
		Vanguard Target Retirement Fund #308	Mutual Fund		839,817
*		Wells Fargo Advantage Dow Jones Target 2020	Mutual Fund		1,304,674
*		Wells Fargo Advantage Dow Jones Target 2030	Mutual Fund		2,533,046
*		Wells Fargo Advantage Dow Jones Target 2040	Mutual Fund		1,942,326
*		Wells Fargo Advantage Dow Jones Target 2050	Mutual Fund		2,128,362
*		Wells Fargo Collective Stable Return Fund	Common Collective Trust		5,907,324
*		Wells Fargo Blackrock S&P Mid Cap Index Fund	Common Collective Trust		1,199,676
*		Wells Fargo Blackrock S&P 500 Index CIT	Common Collective Trust		3,734,723
*		Wells Fargo Blackrock International Equities Index	Common Collective Trust		49,195
*		Wells Fargo Blackrock US Aggregate Bond Index	Common Collective Trust		25,226
*		Wells Fargo Blackrock RU 2000 Index CIT	Common Collective Trust		65,942
*		Wells Fargo MFS Value CIT Fund	Common Collective Fund		1,284,441
		Prudential Retirement Insurance and Annuity	Pooled Separate Account		13,569
		Money Market	Money Market Fund		10,110
		Participant Self-Directed Accounts:			
		Proshares Ultra Oil and Gas	Mutual Fund		792
		Proshares VIX Short-Term	Mutual Fund		19,678
		Alphabet Inc Class A	Common Stock		52,670
		Alphabet Inc Class C	Common Stock		41,856
		Amazon Com Inc	Common Stock		244,419
		Apple Inc.	Common Stock		304,423
		Cisco Systems Inc.	Common Stock		1,915
		Facebook	Common Stock		116,464
		FirstGold Corp	Common Stock		4
		Ford Motor Company	Common Stock		875
		Pfizer Inc.	Common Stock		6,880
		Money Market	Money Market Fund		6,010
*		Participant Loans	Interest at 3.25% to 6.00%, maturing on various dates through February 2027		359,879
					$ 44,443,979

* Party-in-interest as defined by ERISA.
** Cost information not required for participant-directed or participant self-directed accounts.