

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>11/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report ☐ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>D & D SEXTON, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2017</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2017</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2017</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>D & D SEXTON, INC.</u> <u>1154 N. GARRISON</u> <u>PO BOX 156</u> <u>CARTHAGE, MO 64836</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>43-1365032</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>417-358-8727</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>43-1365032</u>	2c Plan Sponsor's telephone number <u>417-358-8727</u>	2d Business code (see instructions) <u>484110</u>	
2b Employer Identification Number (EIN) <u>43-1365032</u>					
2c Plan Sponsor's telephone number <u>417-358-8727</u>					
2d Business code (see instructions) <u>484110</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2018	RONDA FREELAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 155
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) 155
a(2) Total number of active participants at the end of the plan year	6a(2) 184
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 2
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 186
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 1
f Total. Add lines 6d and 6e	6f 187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 150
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 3
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 2J 2K 2G 3D 2T 2S	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☐ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>11/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>D & D SEXTON, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>D & D SEXTON, INC.</u>	D Employer Identification Number (EIN) <u>43-1365032</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	625
	(2) Participant contributions	1b(2)	0	706
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(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)		
	(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)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	83219
	(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	0 84550
Liabilities			
g	Benefit claims payable	1g	0 1811
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 1811
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0 82739

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	24166
	(B) Participants	2a(1)(B)	57721
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	81887
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		852
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		82739

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		82739
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) ☐ Disclaimer (4) ☐ Adverse

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.)

	Yes	No	Amount
4a		X	
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?	X		10000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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.)

REPORT NUMBER: R03174
SOURCE PROGRAM: B01309
JOB: DCZTR130

TRUST REPORT
01-01-2017 TO 12-31-2017
TRADE DATE BASIS
BY LOCATION

PAGE: 38
SUPER SHEET DATE: 02/20/2018
CURRENT DATE: 02/21/2018
TIME: 11:59:09

ICU ID: 000002000 ICU NAME: AMERICAN FUNDS
PLAN ID: IRK140749 PLAN NAME: D & D SEXTON INC 401K PLAN
LOCATION ID: 000000001 LOCATION NAME: D & D SEXTON INC

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	WMIF-R3	AMCAP-R3	GFA-R3	NPF-R3	BFA-R3	FI-R3
OPENING BALANCE	0.00	0.00	0.00	0.00	0.00	0.00
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	2,489.67	1,223.07	4,413.13	3,236.90	339.85	5,124.74
DIVS.	68.99	33.68	213.47	121.61	0.25	220.74
GAIN (LOSS)	20.24-	21.05-	160.64-	104.72-	0.32-	127.26-
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	2,538.42	1,235.70	4,465.96	3,253.79	339.78	5,218.22
ELEC DEF	1,696.85	707.39	2,250.24	609.46	232.41	3,548.36
MATCH	628.30	360.00	1,412.86	596.22	107.44	1,250.02
ROTH ED	164.52	155.68	750.03	2,031.22	0.00	326.36
DISC/PS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	2,489.67	1,223.07	4,413.13	3,236.90	339.85	5,124.74

REPORT NUMBER: R03174
SOURCE PROGRAM: B01309
JOB: DCZTR130

TRUST REPORT
01-01-2017 TO 12-31-2017
TRADE DATE BASIS
BY LOCATION

PAGE: 39
SUPER SHEET DATE: 02/20/2018
CURRENT DATE: 02/21/2018
TIME: 11:59:09

ICU ID: 000002000 ICU NAME: AMERICAN FUNDS
PLAN ID: IRK140749 PLAN NAME: D & D SEXTON INC 401K PLAN
LOCATION ID: 000000001 LOCATION NAME: D & D SEXTON INC

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	AMBAL-R3	CIB-R3	NEF-R3	WGI-R3	AFTD10-R3	AFTD15-R3
OPENING BALANCE	0.00	0.00	0.00	0.00	0.00	0.00
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	1,162.19	336.74	2,717.30	832.69	1,194.24	5,584.60
DIVS.	31.60	5.56	164.16	31.56	23.51	120.28
GAIN (LOSS)	19.39-	2.00-	154.73-	19.48-	15.22-	72.09-
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	1,174.40	340.30	2,726.73	844.77	1,202.53	5,632.79
ELEC DEF	756.81	230.34	2,247.83	559.47	875.69	2,852.26
MATCH	400.96	106.40	469.47	273.22	318.55	1,648.70
ROTH ED	4.42	0.00	0.00	0.00	0.00	1,083.64
DISC/PS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	1,162.19	336.74	2,717.30	832.69	1,194.24	5,584.60

REPORT NUMBER: R03174
SOURCE PROGRAM: B01309
JOB: DCZTR130

TRUST REPORT
01-01-2017 TO 12-31-2017
TRADE DATE BASIS
BY LOCATION

PAGE: 40
SUPER SHEET DATE: 02/20/2018
CURRENT DATE: 02/21/2018
TIME: 11:59:09

ICU ID: 000002000 ICU NAME: AMERICAN FUNDS
PLAN ID: IRK140749 PLAN NAME: D & D SEXTON INC 401K PLAN
LOCATION ID: 000000001 LOCATION NAME: D & D SEXTON INC

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	AFTD20-R3	AFTD25-R3	AFTD30-R3	AFTD35-R3	AFTD40-R3	AFTD45-R3
OPENING BALANCE	0.00	0.00	0.00	0.00	0.00	0.00
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00	0.00
CONTRIB.	13,288.97	9,224.42	11,807.89	7,949.24	3,027.89	4,253.52
DIVS.	255.52	171.29	226.54	142.48	56.45	74.69
GAIN (LOSS)	157.16-	84.52-	98.50-	54.95-	21.13-	25.61-
EXCHANGE	0.00	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	13,387.33	9,311.19	11,935.93	8,036.77	3,063.21	4,302.60
ELEC DEF	8,314.65	6,571.87	8,567.97	3,918.06	2,018.57	2,938.82
MATCH	4,400.03	2,652.55	3,239.92	2,505.73	1,009.32	1,314.70
ROTH ED	574.29	0.00	0.00	1,525.45	0.00	0.00
DISC/PS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	13,288.97	9,224.42	11,807.89	7,949.24	3,027.89	4,253.52

REPORT NUMBER: R03174
SOURCE PROGRAM: B01309
JOB: DCZTR130

TRUST REPORT
01-01-2017 TO 12-31-2017
TRADE DATE BASIS
BY LOCATION

PAGE: 41
SUPER SHEET DATE: 02/20/2018
CURRENT DATE: 02/21/2018
TIME: 11:59:09

ICU ID: 000002000 ICU NAME: AMERICAN FUNDS
PLAN ID: IRK140749 PLAN NAME: D & D SEXTON INC 401K PLAN
LOCATION ID: 000000001 LOCATION NAME: D & D SEXTON INC

ALL AMOUNTS ARE IN DOLLARS (\$)

LOCATION TOTALS

INVESTMENT VEHICLE	AFTD50-R3	MMF-R3	AFTD55-R3	AFTD60-R3	TOTAL
OPENING BALANCE	0.00	0.00	0.00	0.00	0.00
CONVERTED VALUE	0.00	0.00	0.00	0.00	0.00
CONTRIB.	1,973.62	178.46	1,612.49	394.36	82,365.98
DIVS.	37.50	0.00	27.49	4.71	2,032.08
GAIN (LOSS)	12.99-	0.00	7.46-	0.04	1,179.42-
EXCHANGE	0.00	0.00	0.00	0.00	0.00
CDSC/COMM/STTR/FEES	0.00	0.00	0.00	0.00	0.00
FORF.	0.00	0.00	0.00	0.00	0.00
DISTRIB. (W/WH)	0.00	0.00	0.00	0.00	0.00
MISTAKE OF FACT	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS IN	0.00	0.00	0.00	0.00	0.00
TRUSTEE TRANS OUT	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER IN	0.00	0.00	0.00	0.00	0.00
LOAN TRANSFER OUT	0.00	0.00	0.00	0.00	0.00
LOAN INTEREST	0.00	0.00	0.00	0.00	0.00
CLOSE-OUT	0.00	0.00	0.00	0.00	0.00
INS. PREMIUM	0.00	0.00	0.00	0.00	0.00
ADMIN ERROR	0.00	0.00	0.00	0.00	0.00
CLOSING BALANCE	1,998.13	178.46	1,632.52	399.11	83,218.64
ELEC DEF	1,315.79	98.91	555.03	262.91	51,129.69
MATCH	657.83	76.94	537.49	131.45	24,098.10
ROTH ED	0.00	2.61	519.97	0.00	7,138.19
DISC/PS	0.00	0.00	0.00	0.00	0.00
TOTAL CONTRIB.	1,973.62	178.46	1,612.49	394.36	82,365.98