Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2	018	and ending 1	2/31/2018	
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a		
		a one-participant plan	a foreign plan			·
B This reti	urn/report is	the first return/report	the final return/report			
•		an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	
Dort II	Pasia Dian Info	special extension (enter descri	· · · ·			
Part II		rmation—enter all requested info	ormation		1h Thron digit	1
1a Name	•	(K) PROFIT SHARING PLAN AND	TRUST		1b Three-digit plan number	
TRICO CON	TIKACTING, INC. 4011	(K) FROTT SHAKING FLAN AND	TRUST		(PN)	001
					1c Effective date of	of plan 11/1999
		yer, if for a single-employer plan) n, apt., suite no. and street, or P.O	. Box)		2b Employer Ident	
•	town, state or province TRACTING, INC.	e, country, and ZIP or foreign posta	al code (if foreign, see ins	structions)	2c Sponsor's telep	ohone number
					2d Business code	
P.O. BOX 40					238	` ,
BURLINGTO	N, WA 98233				200	
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	sor.		3b Administrator's	EIN
		_			3c Administrator's	telephone number
		e plan sponsor or the plan name hansor's name, EIN, the plan name a			4b EIN	
	or's name				4d PN	
C Plan N	lame					
5a Total	number of participants	at the beginning of the plan year			. 5a	39
b Total	number of participants	at the end of the plan year			. 5b	48
		account balances as of the end of t			5c	34
d(1) Tot	al number of active par	rticipants at the beginning of the pla	an year		5d(1)	32
` '	·	rticipants at the end of the plan yea			5d(2)	38
		terminated employment during the			5e	0
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assesse	d unless reasonable ca		
SB or Sche		ner penalties set forth in the instructed actuary, a solute.				
SIGN		valid electronic signature.	06/26/2019	MICHELLE HURTEA	U	
HERE	Signature of plan a	dministrator	Date	Enter name of individ	dual signing as plan ad	ministrator
SIGN		valid electronic signature.	06/26/2019	MICHELLE HURTEA		

Date

HERE

Enter name of individual signing as employer or plan sponsor

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_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepei	ndent qualified public a	account	ant (IQ	PA)		X Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either line 6a or line 6b, the plan cann							X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC in							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the						_	. (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End	of Year
<u>-</u> а	Total plan assets	7a	, , , , ,	24017			(b) Liid	2751893
	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	242	24017				2751893
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) 1	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	1:	26692			, ,	
	(2) Participants	8a(2)	28	83656				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-{	81766				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						328582
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		706				
	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						706
÷	Net income (loss) (subtract line 8h from line 8c)	8i						327876
J	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics			01		0	1 1 1 1	
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	teature co	des from the List of Pla	an Cha	racteris	stic Co	ides in the ins	ructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	ic Cod	les in the instr	uctions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		X		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		X		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)		В		Yes X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?		:		Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t Day		of the lette	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
Part '	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes	X No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)

Form 5500-SF

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Benefit Plan Department of the Treasury Internal Revenue Service

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I		rt Identification Information				
For calend	lar plan year 2018 or	fiscal plan year beginning	01/01/2018	and ending	12/31/	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a		
-		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/repor	t		
_		an amended return/report	a short plan year ret	urn/report (less than 12 r	months)	
C Check	box if filing under:	Form 5558	automatic extension	ı	DFVC program	1
,		special extension (enter desc	ription)			
Part II	Basic Plan Int	ormation—enter all requested in	formation			
1a Name	of plan	i			1b Three-digit	
TRICO	Contracting,	Inc. 401(k) Profit S	haring Plan		plan numbe	1
and Tr	ust		2		(PN)	001
					1c Effective da 01/01/1	
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C) Payl			dentification Number
		nce, country, and ZIP or foreign posi Inc.		structions)	(EIN)91-1	
TRICO	Contracting,	Inc.		•		telephone number 57-2373
			•		2d Business co	ode (see instructions)
P.O. B				•		
Burlin				A 98233	238900	
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administrat	or's EIN
					3c Administrat	or's telephone number
					Jo / tallillistrat	or a rejectione number
		he plan sponsor or the plan name h			4b EIN	manne een
*	lan, enter the plan sp or's name	onsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN	
C Plan N					TO FIN	
• , ,,.,	14.11.0				_	
5a Total i	number of participant	s at the beginning of the plan year.		***************************************		39
b Total	number of participant	ts at the end of the plan year			. 5b	48
		n account balances as of the end of			5c	34
d(1) Tota	al number of active p	articipants at the beginning of the pl	an year	***********	5d(1)	32
		articipants at the end of the plan ye			5d(2)	38
than	100% vested	o terminated employment during the		*************************	5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	d unless reasonable ca	use is establishe	d.
SB or Sche	alties of perjury and dedule MB completed true, correct and cor	other penalties set forth in the instruction and signed by an enrolled actuary, a	ctions, I declare that I have as well as the electronic v	e examined this return/re rersion of this return/repo	eport, including, if a rt, and to the best o	pplicable, a Schedule of my knowledge and
SIGN	1/1/1/20		6/26/14	Michelle Hurt	eau	
HERE	Signature of plan	administrator	Date	Enter name of individ		administrator
SIGN						, ==,(111100340)
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individ	dual signing as emp	oloyer or plan sponsor

P	ao	е	2

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public a	ccount	ant (IC	PA)	***********	
С	If you answered "No" to either line 6a or line 6b, the plan cannul fithe plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes No	Not determined . (See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning				(b) End	of Year
a	Total plan assets	7a	2,	424,	017			2,751,893
<u>b</u>	Total plan liabilities	7b						
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2,	424,	01.7		···	2,751,893
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		126,				
	(2) Participants	8a(2)	·	283,	656			
-	(3) Others (including rollovers)	8a(3)			7.66			
	Other income (loss)	8b		-81 ,	/66			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		ingi santini nga	+			328,582
	to provide benefits)	8d)—————————————————————————————————————		_			
	Certain deemed and/or corrective distributions (see instructions)	8e			706			
	Administrative service providers (salaries, fees, commissions)	8f			706			
	Other expenses	8g					<u> </u>	706
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						327,876
-	Net income (loss) (subtract line 8h from line 8c)	8i						321,010
]		8j	· - !- : : : : : : : : : : : : : : : : : :		L	:		
	t IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for							
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \\ Program)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not i	nclude transactions	10b		Х		
C	Was the plan covered by a fidelity bond?	**********	**********************	10c	Х			200,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X		**************************************
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person: ne or all of	s by an insurance the benefits under	10e		Х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ		
g				10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X		
ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and compl (Form 5500) and line 11a below)				Yes	X No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	or section	1 302 of	······································	Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructi granting the waiver		enter t Day		of the letter rulin Year	ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year		12b			
С	Enter the amount contributed by the employer to the plan for this plan year		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)	fa	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No N	/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	s ⊠ No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought uncontrol of the PBGC?	nder the			Yes 🛚 No	l
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plan(s)	to			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN((s)

Attachment to 2018 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name	TRICO Contr	acting,	Inc.	401(k)	Profit	Sharing	Plan	and	Trust	EIN:	91-1075222
Plan Sponse	or's Name	TRICO (Contra	acting,	Inc.					PN:	001

Name of participating employer	EIN	Percent of Total Contributions
TRICO Companies, LLC	46-1346762	100.0
FRICO Contracting, Inc.	91-1075222	0.0
	<u> </u>	
<u>andra angra ang akini kengili nganalis manan manan kabang an ang ang ang ang ang ang ang ang a</u>		
	titisen til fill det system et	
<u> Paradagan parada da la la</u>		
	E	
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Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information					
For calend	lar plan year 2018 or fis	ear 2018 or fiscal plan year beginning and ending					
A This re	turn/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)				
5		a one-participant plan	a foreign plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report				
		an amended return/report	a short plan year retui	rn/report (less than 12 mo	onths)		
C Check	box if filing under:	Form 5558	automatic extension		DFVC progran	1	
		special extension (enter desc	ription)				
Part II	Basic Plan Info	rmation—enter all requested in	formation				
1a Name	of plan				1b Three-digit plan number (PN) ▶	er	
					1c Effective da	ate of plan	
		yer, if for a single-employer plan)			2b Employer lo	dentification Number	
		n, apt., suite no. and street, or P.C e, country, and ZIP or foreign post		tructions)	(EIN)		
City of	i town, state or province	e, country, and zir or toreigh post	ai code (ii foreign, see insi	iluctions)	2c Sponsor's	telephone number	
					2d Business co	ode (see instructions)	
3a Plan a	administrator's name an	d address Same as Plan Spor	nsor.		3b Administrat	or's EIN	
		_			3c Administrat	or's telephone number	
•							
		plan sponsor or the plan name hasor's name, EIN, the plan name a			4b EIN		
•	sor's name				4d PN		
C Plan N	varrie						
5a Total	number of participants	at the beginning of the plan year.			5a		
b Total	number of participants	at the end of the plan year			5b		
		account balances as of the end of		-	5c		
d(1) Tot	tal number of active par	ticipants at the beginning of the p	lan year		5d(1)		
d(2) Total number of active participants at the end of the plan year				5d(2)			
		terminated employment during the			5e		
Caution: A	A penalty for the late of	or incomplete filing of this return	n/report will be assessed	l unless reasonable cau			
SB or Scho		ner penalties set forth in the instru nd signed by an enrolled actuary, a plete.					
SIGN							
HERE	Signature of plan ac	dministrator	Date	Enter name of individu	ual signing as plai	n administrator	
SIGN							
HERE	Signature of employ	yer/plan sponsor	Date	Enter name of individu	ual signing as em	oloyer or plan sponsor	

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public a	ccount	ant (IC	PA)		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	If the plan is a defined benefit plan, is it covered under the PBGC ir							Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the	ne PBGC p	remium filing for this pl	lan yea	r			(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) En	d of Year
a	Total plan assets	7a						
<u>b</u>	Total plan liabilities	7b						
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	_		(b)	Total
a	Contributions received or receivable from: (1) Employers	8a(1)			_			
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
e	Certain deemed and/or corrective distributions (see instructions) \dots	8e			_			
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)							
	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteri	stic Cod	des in the in	structions:
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b				
С	Was the plan covered by a fidelity bond?			10c				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e				
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

	Form 5500-SF (2018)	Page 3-
Part VI	Pension Funding Compliance	

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

Attachment to 2018 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

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

		Derseit
Name of participating employer	EIN	Percent of Total Contributions
TRICO Companies, LLC	46-1346762	100.00
TRICO Contracting, Inc.	91-1075222	0.00
-		
_		
_		
		