

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2018 or fiscal plan year beginning <u>04/01/2018</u> and ending <u>03/31/2019</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) _____

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>				
<b>1a</b> Name of plan <u>MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>04/01/1967</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>04/01/1967</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>				
<b>1c</b> Effective date of plan <u>04/01/1967</u>					
<b>2a</b> 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>MILES SAND AND GRAVEL COMPANY</u>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>400 VALLEY AVENUE NE</u>  <u>PUYALLUP, WA 98372-2516</u> </div> <div style="width: 45%;"> <u>400 VALLEY AVENUE NE</u>  <u>PUYALLUP, WA 98372-2516</u> </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>91-0815076</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <u>253-833-3705</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>327900</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>91-0815076</u>	<b>2c</b> Plan Sponsor's telephone number <u>253-833-3705</u>	<b>2d</b> Business code (see instructions) <u>327900</u>	
<b>2b</b> Employer Identification Number (EIN) <u>91-0815076</u>					
<b>2c</b> Plan Sponsor's telephone number <u>253-833-3705</u>					
<b>2d</b> Business code (see instructions) <u>327900</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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/15/2020	TIM KITTILSBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	01/15/2020	TIM KITTILSBY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2018)  
v. 171027

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  ADV. COMMITTEE OF PROFIT SHARING TRUST  400 VALLEY AVENUE NE PUYALLUP, WA 98372-2526	<b>3b</b> Administrator's EIN 51-6032461  <b>3c</b> Administrator's telephone number 253-833-3705  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> 416
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 386 <b>6a(2)</b> 388 <b>6b</b> 0 <b>6c</b> 28 <b>6d</b> 416 <b>6e</b> 1 <b>6f</b> 417 <b>6g</b> 417 <b>6h</b> 21
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

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

2E 3D

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) ☐ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

<b>SCHEDULE C</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2018</b>
		<b>This Form is Open to Public Inspection.</b>

For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019		
<b>A</b> Name of plan MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 MILES SAND AND GRAVEL COMPANY	<b>D</b> Employer Identification Number (EIN) 91-0815076	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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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)..... ☒ 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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WELLS FARGO BANK NA
94-1347393

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

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**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 NA

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 51 52	NONE	157969	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019

<b>A</b> Name of plan <u>MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MILES SAND AND GRAVEL COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0815076</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO INTL EQUITY INDEX CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK NA</u>		
<b>c</b> EIN-PN <u>52-2265229-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3820984</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CORE BOND CIT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK NA</u>		
<b>c</b> EIN-PN <u>94-3222878-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15367566</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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  
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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  
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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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2018 or fiscal plan year beginning <u>04/01/2018</u> and ending <u>03/31/2019</u>		
<b>A</b> Name of plan <u>MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST</u>		<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MILES SAND AND GRAVEL COMPANY</u>		<b>D</b> Employer Identification Number (EIN) <u>91-0815076</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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.				
	<b>Assets</b>			
<b>a</b>	Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b>	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions .....	<b>1b(1)</b>	2663874	2836279
	(2) Participant contributions .....	<b>1b(2)</b>		
	(3) Other .....	<b>1b(3)</b>	14060	19924
<b>c</b>	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	916741	1967965
	(2) U.S. Government securities .....	<b>1c(2)</b>		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred .....	<b>1c(3)(A)</b>		
	(B) All other .....	<b>1c(3)(B)</b>		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred .....	<b>1c(4)(A)</b>		
	(B) Common .....	<b>1c(4)(B)</b>	18164069	18936321
	(5) Partnership/joint venture interests .....	<b>1c(5)</b>		
	(6) Real estate (other than employer real property) .....	<b>1c(6)</b>		
	(7) Loans (other than to participants) .....	<b>1c(7)</b>		
	(8) Participant loans .....	<b>1c(8)</b>		
	(9) Value of interest in common/collective trusts .....	<b>1c(9)</b>	19086985	19188550
	(10) Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
	(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
	(12) Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
	(13) Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4230141	3933644
	(14) Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
	(15) Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	45075870	46882683

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	0	0

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	45075870	46882683
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**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	2836279	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		2836279
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	32700	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		32700
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	252615	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		252615
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	12216343	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	10646669	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		1569674
(5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	1019374	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		1019374

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		372556
(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)		-296498
c Other income.....	2c		8135
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		5794835

**Expenses**

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	3830053	
(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)		3830053
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)	157969	
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		157969
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		3988022

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k		1806813
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: PATRICIA A COVENTRY CPA PS

(2) EIN: 83-2730738

**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
<b>c</b> 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.) .....	<b>4c</b>		X	
<b>d</b> 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.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond? .....	<b>4e</b>	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>		X	
<b>g</b> 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? .....	<b>4g</b>		X	
<b>h</b> 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? .....	<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....	<b>4i</b>	X		
<b>j</b> 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.) .....	<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>		X	
<b>n</b> 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. ....	<b>4n</b>			

**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.)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2018 or fiscal plan year beginning 04/01/2018 and ending 03/31/2019

<b>A</b> Name of plan <u>MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MILES SAND AND GRAVEL COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0815076</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....	<b>1</b>	
<b>2</b> 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): <u>41-6257133</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (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.)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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) .....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2018  
v. 171027

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): \_\_\_\_\_

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

**a** The current year.....

**b** The plan year immediately preceding the current plan year.....

**c** The second preceding plan year.....

**14a****14b****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.....

**b** The corresponding number for the second preceding plan year.....

**15a****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.....

**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.....

**16a****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):

FINANCIAL REPORT  
MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN

March 31, 2019 and 2018

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## SUPPLEMENTAL SCHEDULES

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Certified Public Accountant

1.

A Personal Service Corporation

1310 Fryar Avenue  
Sumner, Washington 98390

Local (253) 863-5001  
Fax (253) 891-6936

## INDEPENDENT AUDITORS' REPORT

Trustees, Miles Sand & Gravel Company  
Profit Sharing Retirement Plan  
Puyallup, Washington

### **Report on the Financial Statements**

I was engaged to audit the accompanying financial statements of **Miles Sand & Gravel Company Profit Sharing Retirement Plan**, which comprise the statements of net assets available for benefits as of March 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, 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**

My 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, I was not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 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 me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 9 which was certified by Wells Fargo Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2019 and 2018 that the information provided to the plan administrator by the trustee is complete and accurate.

**Disclaimer of Opinion**

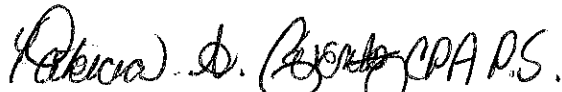
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

**Other Matter**

The supplemental schedules of assets held for investment purposes, and schedule of reportable transactions as of, or for the year ended March 31, 2019 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by myself in accordance with auditing standards generally accepted in the United States of America and, in my 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.

Handwritten signature of Patricia A. Coventry in black ink, followed by the text "CPA P.S.".

Patricia A. Coventry, CPA P.S.  
Certified Public Accountant  
Sumner, WA  
January 15, 2020



MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
March 31, 2019 and 2018

3.

	<u>2019</u>	<u>2018</u>
ASSETS		
Investments at fair value: (Notes 2, 5, 6, and 7)		
Cash equivalents	\$ 1,967,965	\$ 916,741
Common stocks	18,936,321	18,164,069
Mutual funds	3,933,644	4,230,141
Collective investment funds	<u>19,188,550</u>	<u>19,086,985</u>
Total investments	<u>44,026,480</u>	<u>42,397,936</u>
Receivables:		
Accrued interest and dividends	19,924	14,060
Employer contribution	<u>2,836,279</u>	<u>2,663,874</u>
Total receivables	<u>2,856,203</u>	<u>2,677,934</u>
TOTAL ASSETS	<u>\$ 46,882,683</u>	<u>\$ 45,075,870</u>
LIABILITIES		
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 46,882,683</u>	<u>\$ 45,075,870</u>

The accompanying notes are an integral part of these financial statements.

MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the Years ended March 31, 2019 and 2018

4.

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Dividend income	\$ 252,615	\$ 230,429
Interest income	32,700	16,548
Net appreciation in fair value of investments (Note 2)	2,665,106	4,094,781
Miscellaneous income	8,135	15,794
	<u>2,958,556</u>	<u>4,357,552</u>
Contributions:		
Employer	<u>2,836,279</u>	<u>2,663,874</u>
TOTAL ADDITIONS	<u>5,794,835</u>	<u>7,021,426</u>
DEDUCTIONS		
Deductions from net assets attributed to:		
Investment management expenses (Note 4)	157,969	163,535
Benefits paid to participants	<u>3,830,053</u>	<u>3,348,833</u>
TOTAL DEDUCTIONS	<u>3,988,022</u>	<u>3,512,368</u>
NET INCREASE	1,806,813	3,509,058
Net assets available for benefits at the beginning of year	<u>45,075,870</u>	<u>41,566,812</u>
Net assets available for benefits at the end of year	<u>\$ 46,882,683</u>	<u>\$ 45,075,870</u>

The accompanying notes are an integral part of these financial statements.

MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2019 and 2018

5.

NOTE 1 - DESCRIPTION OF PLAN:

The following description of the Miles Sand & Gravel Company Profit Sharing Retirement Plan provides only general information. Participants should refer to the Plan Agreement for a more completed description of the Plan's provisions.

A. General:

The Plan is a defined contribution plan covering all full-time employees of Miles Sand & Gravel Company and Port Orchard Sand & Gravel Company (except employees covered by a Collective Bargaining Agreement) after one year of service, providing they have worked at least 1,000 hours during the Plan year and attained age 18. It is subject to provisions of the Employee Retirement Income Security Act of 1974.

B. Contributions:

Each year, each Company contributes to the Plan the amount determined by the employer at its discretion.

C. Participants Accounts:

Each participant's account is credited with an allocation of each Company's contribution and Plan earnings. Allocations are based on participant compensation, or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

D. Vesting and Forfeitures:

Vesting is based on years of continuous service. A participant is 100 percent vested after six or more years of credited service. Forfeited non vested accounts of terminated participants are used to pay plan expenses first, and then any remaining forfeitures are allocated as additional discretionary nonelective contribution. At March 31, 2019 and 2018 forfeited nonvested accounts totaled \$102,710 and \$48,399 respectively. These forfeitures were used to pay plan expenses.

E. Payment of Benefits:

On termination of service due to death or retirement a participant may elect to receive a lump-sum distribution equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of employment a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

F. Tax Status:

The prototype plan sponsor has obtained an opinion letter dated March 31, 2014 in which the IRS stated that the restated prototype plan document was in compliance with applicable requirements of the Internal Revenue Code (IRC). The plan administrator timely adopted the restated prototype plan. The plan administrator believes that the plan is currently being operated in accordance with the IRC.

GAAP requires plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable authorities. The plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax period in progress.

MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2019 and 2018

6.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES:

Basis of Accounting:

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

Investments Valuation and Income Recognition:

The Plan's investments are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 7 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is accrued when earned. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Payment of Benefits:

Benefits are recorded when paid.

NOTE 3 - PLAN TERMINATION:

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

NOTE 4 - PARTY IN INTEREST TRANSACTIONS AND EXPENSES:

Investment management fees paid by the Plan represent semiannual charges of the Wells Fargo Bank for investment advisory and investment record keeping services and monthly shareholder servicing fees. The Plan has arrangements with service providers. These transactions are exempt from the prohibited transaction rules.

NOTE 5 - RISK AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities 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 statement of net assets available for benefits.

MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2019 and 2018

7.

NOTE 6 - BANK TRUST FUNDS:

Details for the year ended March 31, 2019 including the employer contribution receivable is as follows:

	Wells Fargo Bank	Total
Balance at March 31, 2018	\$ 45,075,870	\$ 45,075,870
Dividend and interest income	285,315	285,315
Unrealized appreciation	1,095,432	1,095,432
Realized gains	1,569,674	1,569,674
Miscellaneous income	8,135	8,135
Employers' contributions	2,836,279	2,836,279
Benefits paid to participants	(3,830,053)	(3,830,053)
Investment management expenses	(157,969)	(157,969)
Balance at March 31, 2019	\$ <u>46,882,683</u>	\$ <u>46,882,683</u>

Details for the year ended March 31, 2018 including the employer contribution receivable is as follows:

	Wells Fargo Bank	Total
Balance at March 31, 2017	\$ 41,566,812	\$ 41,566,812
Dividend and interest income	246,977	246,977
Unrealized appreciation	1,718,834	1,718,834
Realized gains	2,375,947	2,375,947
Miscellaneous income	15,794	15,794
Employers' contributions	2,663,874	2,663,874
Benefits paid to participants	(3,348,833)	(3,348,833)
Investment management expenses	(163,535)	(163,535)
Balance at March 31, 2018	\$ <u>45,075,870</u>	\$ <u>45,075,870</u>

MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2019 and 2018

8.

NOTE 7 - FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1      Inputs to the 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 inactive 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.

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 measurements.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2019 and 2018.

Cash equivalents: Valued at the closing price reported by the fund sponsor from an actively traded exchange.

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

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective trust fund: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

(Continued)

MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2019 and 2018

9.

NOTE 7 - FAIR VALUE MEASUREMENTS: (CONTINUED)

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of March 31, 2019 and 2018:

<u>Assets at Fair Value As of March 31, 2019</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 1,967,965	\$ -	\$ -	\$ 1,967,965
Common stocks	18,936,321	-	-	18,936,321
Mutual funds	3,933,644	-	-	3,933,644
Total assets in the fair value hierarchy	24,837,930	-	-	24,837,930
Investments measured at NAV	-	-	-	19,188,550
Total investments at fair value	\$ 24,837,930	\$ -	\$ -	\$ 44,026,480

<u>Assets at Fair Value As of March 31, 2018</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 916,741	\$ -	\$ -	\$ 916,741
Common stocks	18,164,069	-	-	18,164,069
Mutual funds	4,230,141	-	-	4,230,141
Total assets in the fair value hierarchy	23,310,951	-	-	23,310,951
Investments measured at NAV	-	-	-	19,086,985
Total investments at fair value	\$ 23,310,951	\$ -	\$ -	\$ 42,397,936

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended March 31, 2019 and 2018, are reported in net appreciation in fair value of investments.

NOTE 8 - SUBSEQUENT EVENTS:

The plan has evaluated subsequent events through January 15, 2020, the date the financial statements were available to be issued.

On December 10, 2019 the plan was notified by the Department of Labor that they were auditing the plan for the plan year ending 3/31/18.

MILES SAND & GRAVEL COMPANY  
PROFIT SHARING RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS  
March 31, 2019 and 2018

10.

NOTE 9 - CERTIFIED INVESTMENTS:

The March 31, 2019 and 2018, Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years ended March 31, 2019 and 2018, the accompanying notes to the financial statements and supplemental schedules were prepared in part or entirely from information certified by the Trustee (Wells Fargo Bank) as complete and accurate in accordance with 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 information certified includes total investments of \$44,026,480 and \$42,397,936, and related income less investment expenses of \$2,800,587 and \$4,194,017 at March 31, 2019 and 2018 respectively.



## SUPPLEMENTAL SCHEDULES

MILES SAND & GRAVEL COMPANY  
EIN 91-0815076 - PLAN NUMBER: 001  
PROFIT SHARING RETIREMENT PLAN

11.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Accenture PLC	Common Stock 1,057 shs	\$ 116,329	\$ 186,053
	Aercap Holdings NV	Common Stock 5,100 shs	211,406	237,354
	Alibaba Group Holding Ltd.	Common Stock 590 shs	109,511	107,645
	Anheuser-Busch Inbev SPN	Common Stock 2,262 shs	226,564	189,940
	AON PLC	Common Stock 1,338 shs	185,450	228,397
	APTIV PLC	Common Stock 1,890 shs	158,625	150,236
	Ferrari NV	Common Stock 920 shs	96,694	123,096
	Infineon Technologies AG - ADR	Common Stock 3,240 shs	92,064	64,265
	Meditronic, PLC	Common Stock 4,102 shs	373,453	373,610
	Nestle S.A. Registered Shares	Common Stock 1,795 shs	135,407	171,099
	Nintendo Co., LTD. - ADR	Common Stock 3,230 shs	111,322	115,860
	NXP Semi Conductors NV	Common Stock 2,239 shs	186,393	197,905
	Schlumberger LTD	Common Stock 2,917 shs	203,443	127,094
	Sensata Technologies Hldg.	Common Stock 1,706 shs	73,733	76,804
	Shopify Inc - A W/I	Common Stock 455 shs	68,189	94,012
	Tencent Holdings Limited	Common Stock 3,205 shs	63,217	147,366
	UBS Group AG	Common Stock 11,005 shs	176,608	133,271
	Waste Connections, Inc.	Common Stock 3,990 shs	215,556	353,474
	Air Prods & Chems Inc Com	Common Stock 1,275 shs	217,553	243,474
	Vulcan Materials Company	Common Stock 3,185 shs	386,635	377,104
	Cintas Corp.	Common Stock 995 shs	156,037	201,099
	General Dynamics Corp.	Common Stock 1,411 shs	262,963	238,854
	Honeywell International Inc	Common Stock 1,658 shs	112,563	263,489
	Mercadolibre Inc.	Common Stock 340 shs	97,576	172,628
	Rockwell Automation Inc.	Common Stock 710 shs	116,979	124,577
	Union Pacific Corp.	Common Stock 1,800 shs	236,154	300,960
	United Parcel Service - CL B	Common Stock 1,477 shs	120,666	165,040
	Advance Auto Pts Inc.	Common Stock 1,634 shs	207,792	278,646
	Amazon Com Inc Com	Common Stock 362 shs	223,631	644,632
	Comcast Corp. Class A	Common Stock 7,402 shs	247,185	295,932
	Dollar Tree Inc.	Common Stock 2,741 shs	232,905	287,915
	Home Depot Inc.	Common Stock 1,505 shs	211,985	288,794
	Netflix Inc.	Common Stock 440 shs	87,670	156,886
	Sherwin Williams Co.	Common Stock 515 shs	149,698	221,816
	Walt Disney Co.	Common Stock 1,595 shs	160,842	177,093
	Conagra Brands Inc.	Common Stock 3,551 shs	108,671	98,505
	Mondelez International Inc.	Common Stock 5,826 shs	245,378	290,834
	Chevron Corp.	Common Stock 1,869 shs	202,378	230,223
	Concho Resources Inc.	Common Stock 1,862 shs	224,885	206,608
	Balance forward		\$ 6,814,107	\$ 8,342,590

MILES SAND & GRAVEL COMPANY  
EIN 91-0815076 - PLAN NUMBER: 001  
PROFIT SHARING RETIREMENT PLAN

12.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

March 31, 2019

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d)	(e)
Identity of issue, borrower, lessor or similar party				Cost	Current Value
Balance forward				\$ 6,814,107	\$ 8,342,590
EOG Resources, Inc.	Common Stock	2,210 shs		188,726	210,348
AllState Corp.	Common Stock	2,145 shs		136,572	202,016
American Int'l Group, Inc.	Common Stock	4,721 shs		260,049	203,286
B B & T Corp. Com.	Common Stock	4,763 shs		189,400	221,622
Bank of America Corp.	Common Stock	7,919 shs		202,592	218,485
Cigna Corporation	Common Stock	1,356 shs		179,141	218,072
Cit Group Inc.	Common Stock	4,766 shs		215,275	228,625
Fleetcor Technologies Inc.	Common Stock	770 shs		126,174	189,874
Intercontinental Exchange, Inc.	Common Stock	5,701 shs		354,484	434,074
Raymond James Finl Inc.	Common Stock	2,015 shs		158,479	162,026
S&P Global Inc.	Common Stock	660 shs		71,575	138,963
SBA Communications Corp.	Common Stock	480 shs		61,562	95,837
Synchrony Financial	Common Stock	5,165 shs		153,878	164,764
US Bancorp	Common Stock	4,702 shs		192,707	226,589
Activision Blizzard Inc.	Common Stock	2,015 shs		97,129	91,743
Alphabet Inc. CL A	Common Stock	520 shs		384,814	611,983
Alphabet Inc. CL C	Common Stock	285 shs		217,078	334,393
Apple Inc.	Common Stock	588 shs		25,909	92,696
Autodesk Inc.	Common Stock	945 shs		126,054	147,250
Black Knight Inc.	Common Stock	2,695 shs		128,480	146,878
Cisco Systems Inc.	Common Stock	6,806 shs		203,468	367,456
First Data Corporation	Common Stock	9,585 shs		163,934	251,798
IAC / Interactive Corp.	Common Stock	755 shs		165,423	158,633
Microsoft Corp.	Common Stock	9,439 shs		608,194	1,113,236
Salesforce Com Inc.	Common Stock	1,472 shs		124,448	233,121
Total System Svcs. Inc.	Common Stock	1,985 shs		143,938	188,595
Visa Inc - Class A Shs.	Common Stock	3,265 shs		236,145	509,960
Nextera Energy, Inc.	Common Stock	1,040 shs		59,882	201,053
Abbott Labs	Common Stock	1,867 shs		62,787	149,248
Align Technology Inc	Common Stock	440 shs		88,946	125,105
Boston Scientific Corp. Com.	Common Stock	5,145 shs		110,133	197,465
Celgene Corp. Com.	Common Stock	1,086 shs		112,902	102,453
Edwards Lifesciences Corp.	Common Stock	850 shs		101,087	162,631
Eli Lilly & Co Com.	Common Stock	1,119 shs		83,483	145,201
Exact Sciences Corp.	Common Stock	955 shs		74,270	82,722
Gilead Sciences Inc.	Common Stock	3,204 shs		296,198	208,292
Illumina Inc.	Common Stock	405 shs		98,899	125,829
Balance forward				\$ 13,018,323	\$ 17,004,912

MILES SAND & GRAVEL COMPANY  
EIN 91-0815076 - PLAN NUMBER: 001  
PROFIT SHARING RETIREMENT PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
March 31, 2019

13.

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance forward		\$ 13,018,323	\$ 17,004,912
	Intuitive Surgical Inc.	Common Stock 175 shs	93,215	99,852
	Merck & Co. Inc. New	Common Stock 3,483shs	200,529	289,681
	Unitedhealth Group Inc.	Common Stock 1,830 shs	262,640	452,486
	Motorola Solutions, Inc.	Common Stock 3,273 shs	295,949	459,595
	Verizon Communications	Common Stock 3,966 shs	183,605	234,510
	Paypal Holdings Inc.	Common Stock 2,240 shs	146,447	232,602
	Servicenow Inc.	Common Stock 660 shs	43,885	162,682
	Wells Fargo ST Inv. Fund F	Cash Equiv. 1,995,798.30	1,995,798	1,995,798
	Wells Fargo Int'l Index Cit F	Collective Fund 255,543.217	2,510,147	3,820,984
	Wells Fargo Core Bond Cit F	Collective Fund 1,329,914.942	11,486,745	15,367,566
	Wells Fargo Adv Em Growth Fd	Mutual Fund 111,068.850	1,494,419	1,667,144
	Wells Fargo Intr Small Cap Fd	Mutual Fund 72,342.813	1,557,347	2,266,500
	Net pending trades	Cash Equiv. (27,834)	(27,833)	(27,833)
	TOTAL INVESTMENTS		\$ 33,261,217	\$ 44,026,480

MILES SAND & GRAVEL COMPANY  
EIN 91-0815076 - PLAN NUMBER: 001  
PROFIT SHARING RETIREMENT PLAN  
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
For the Year Ended March 31, 2019

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Number of Purchases</u>
<u>Wells Fargo Bank Trust Funds:</u>		
Short-Term Investment Fund F (5% by issue)	Cash Equivalents	218
Short-Term Investment Fund F (5% by issue)	Cash Equivalents	-
Short Term Investment Fund F (5% by single transaction)	Cash Equivalents	1

<u>Number of Sales</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value on Transaction Date</u>	<u>Net Gain or (Loss)</u>
-	\$ 7,023,849	\$ -	\$ 7,023,849	\$ 7,023,849	\$ -
110	-	5,998,864	5,998,864	-	-
-	2,663,874	-	2,663,874	2,663,874	-

2018

**Multiple Employer Plan Participating Employer Information (5500)**

Name of Plan	Plan Number	Sponsor's EIN
Miles Sand & Gravel Company Profit Sharing Plan & Trust	001	91-0815076

	(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
1	Miles Sand & Gravel Co.	91-0815076	95.07%
2	Port Orchard Sand & Gravel Co., Inc.	91-0540510	4.93%

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Accenture PLC	Common Stock 1,057 shs	116,329	186,053
	Aercap Holdings NV	Common Stock 5,100 shs	211,406	237,354
	Alibaba Group Holding Ltd.	Common Stock 590 shs	109,511	107,645
	Anheuser-Busch Inbev SPN	Common Stock 2,262 shs	226,564	189,940
	AON PLC	Common Stock 1,338 shs	185,450	228,397
	APTIV PLC	Common Stock 1,890 shs	158,625	150,236
	Ferrari NV	Common Stock 920 shs	96,694	123,096
	Infineon Technologies AG - ADR	Common Stock 3,240 shs	92,064	64,265
	Meditronic, PLC	Common Stock 4,102 shs	373,453	373,610
	Nestle S.A. Registered Shares	Common Stock 1,795 shs	135,407	171,099
	Nintendo Co., LTD. - ADR	Common Stock 3,230 shs	111,322	115,860
	NXP Semi Conductors NV	Common Stock 2,239 shs	186,393	197,905
	Schlumberger LTD	Common Stock 2,917 shs	203,443	127,094
	Sensata Technologies Hldg.	Common Stock 1,706 shs	73,733	76,804
	Shopify Inc - A W/I	Common Stock 455 shs	68,189	94,012
	Tencent Holdings Limited	Common Stock 3,205 shs	63,217	147,366
	UBS Group AG	Common Stock 11,005 shs	176,608	133,271
	Waste Connections, Inc.	Common Stock 3,990 shs	215,556	353,474
	Air Prods & Chems Inc Com	Common Stock 1,275 shs	217,553	243,474
	Vulcan Materials Company	Common Stock 3,185 shs	386,635	377,104
	Cintas Corp	Common Stock 995 shs	156,037	201,099
	General Dynamics Corp	Common Stock 1,411 shs	262,963	238,854
	Honeywell International Inc	Common Stock 1,658 shs	112,563	263,489
	Mercadolibre Inc.	Common Stock 340 shs	97,576	172,628
	Rockwell Automation Inc.	Common Stock 710 shs	116,979	124,577
	Union Pacific Corp.	Common Stock 1,800 shs	236,154	300,960
	United Parcel Service - CL B	Common Stock 1,477 shs	120,666	165,040
	Advance Auto Pts Inc.	Common Stock 1,634 shs	207,792	278,646
	Amazon Com Inc Com	Common Stock 362 shs	223,631	644,632
	Comcast Corp. Class A	Common Stock 7,402 shs	247,185	295,932
	Dollar Tree Inc.	Common Stock 2,741 shs	232,905	287,915
	Home Depot Inc.	Common Stock 1,505 shs	211,985	288,794
	Netflix Inc.	Common Stock 440 shs	87,670	156,886
	Sherwin Williams Co.	Common Stock 515 shs	149,698	221,816
	Walt Disney Co.	Common Stock 1,595 shs	160,842	177,093
	Conagra Brands Inc.	Common Stock 3,551 shs	108,671	98,505
	Mondelez International Inc.	Common Stock 5,826 shs	245,378	290,834
	Chevron Corp.	Common Stock 1,869 shs	202,378	230,223
	Concho Resources Inc.	Common Stock 1,862 shs	224,885	206,608
	EOG Resources, Inc.	Common Stock 2,210 shs	188,726	210,348
	AllState Corp.	Common Stock 2,145 shs	136,572	202,016
	American Int'l Group, Inc.	Common Stock 4,721 shs	260,049	203,286
	B B & T Corp. Com.	Common Stock 4,763 shs	189,400	221,622
	Bank of America Corp.	Common Stock 7,919 shs	202,592	218,485
	Cigna Corporation	Common Stock 1,356 shs	179,141	218,072
	Cit Group Inc.	Common Stock 4,766 shs	215,275	228,625
	Balance forward		8,185,862	9,845,045



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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Balance forward from pg. 1		8,185,862	9,845,045
	Fleetcor Technologies Inc.	Common Stock 770 shs	126,174	189,874
	Intercontinental Exchange, Inc.	Common Stock 5,701 shs	354,484	434,074
	Raymond James Finl Inc.	Common Stock 2,015 shs	158,479	162,026
	S&P Global Inc.	Common Stock 660 shs	71,575	138,963
	SBA Communications Corp.	Common Stock 480 shs	61,562	95,837
	Synchrony Financial	Common Stock 5,165 shs	153,878	164,764
	US Bancorp	Common Stock 4,702 shs	192,707	226,589
	Activision Blizzard Inc.	Common Stock 2,015 shs	97,129	91,743
	Alphabet Inc. CL A	Common Stock 520 shs	384,814	611,983
	Alphabet Inc. CL C	Common Stock 285 shs	217,078	334,393
	Apple Inc.	Common Stock 588 shs	25,909	92,696
	Autodesk Inc.	Common Stock 945 shs	126,054	147,250
	Black Knight Inc.	Common Stock 2,695 shs	128,480	146,878
	Cisco Systems Inc.	Common Stock 6,806 shs	203,468	367,456
	First Data Corporation	Common Stock 9,585 shs	163,934	251,798
	IAC / Interactive Corp	Common Stock 755 shs	165,423	158,633
	Microsoft Corp.	Common Stock 9,439 shs	608,194	1,113,236
	Salesforce Com Inc.	Common Stock 1,472 shs	124,448	233,121
	Total System Svcs. Inc.	Common Stock 1,985 shs	143,938	188,595
	Visa Inc - Class A Shs.	Common Stock 3,265 shs	236,145	509,960
	Nextera Energy, Inc.	Common Stock 1,040 shs	59,882	201,053
	Abbott Labs	Common Stock 1,867 shs	62,787	149,248
	Align Technology Inc	Common Stock 440 shs	88,946	125,105
	Boston Scientific Corp. Com.	Common Stock 5,145 shs	110,133	197,465
	Celgene Corp. Com.	Common Stock 1,086 shs	112,902	102,453
	Edwards Lifesciences Corp.	Common Stock 850 shs	101,087	162,631
	Eli Lilly & Co Com.	Common Stock 1,119 shs	83,483	145,201
	Exact Sciences Corp.	Common Stock 955 shs	74,270	82,722
	Gilead Sciences Inc.	Common Stock 3,204 shs	296,198	208,292
	Illumina Inc.	Common Stock 405 shs	98,899	125,829
	Intuitive Surgical Inc.	Common Stock 175 shs	93,215	99,852
	Merck & Co. Inc. New	Common Stock 3,483 shs	200,529	289,681
	Unitedhealth Group Inc.	Common Stock 1,830 shs	262,640	452,486
	Motorola Solutions, Inc.	Common Stock 3,273 shs	295,949	459,595
	Verizon Communications	Common Stock 3,966 shs	183,605	234,510
	Paypal Holdings Inc.	Common Stock 2,240 shs	146,447	232,602
	Servicenow Inc.	Common Stock 660 shs	43,885	162,682
	Wells Fargo ST Inv. Fund F	Cash Equiv. 1,995,798.30	1,995,798	1,995,798
	Wells Fargo Int'l Index Cit F	Collective Fund 255,543.217	2,510,147	3,820,984
	Wells Fargo Core Bond Cit F	Collective Fund 1,329,914.942	11,486,745	15,367,566
	Wells Fargo Adv Em Growth Fd	Mutual Fund 111,068.850	1,494,419	1,667,144
	Wells Fargo Intr Small Cap Fd	Mutual Fund 72,342.813	1,557,347	2,266,500
	Net pending trades	Cash Equiv. (27,834)	(27,833)	(27,833)
	<b>TOTAL ASSETS HELD AT END OF YEAR</b>		<b>33,261,217</b>	<b>44,026,480</b>

## Schedule H, line 4j - Schedule of Reportable Transactions.

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
<b>WELLS FARGO BANK: 5% TRANSACTIONS SERIES BY ISSUE</b>								
<b>ISSUE: Wells Fargo Short Term Investment Fund F</b>								
	WF St Inv. Fd F	5,003			0	5,003	5,003	
	WF St Inv. Fd F	21,841			0	21,841	21,841	
	WF St Inv. Fd F	16,768			0	16,768	16,768	
	WF St Inv. Fd F	538			0	538	538	
	WF St Inv. Fd F	18,444			0	18,444	18,444	
	WF St Inv. Fd F	1,880			0	1,880	1,880	
	WF St Inv. Fd F	1,976			0	1,976	1,976	
	WF St Inv. Fd F	441			0	441	441	
	WF St Inv. Fd F	17,214			0	17,214	17,214	
	WF St Inv. Fd F	41,905			0	41,905	41,905	
	WF St Inv. Fd F	731			0	731	731	
	WF St Inv. Fd F	43,269			0	43,269	43,269	
	WF St Inv. Fd F	1,496			0	1,496	1,496	
	WF St Inv. Fd F	250,107			0	250,107	250,107	
	WF St Inv. Fd F	400,000			0	400,000	400,000	
	WF St Inv. Fd F	538			0	538	538	
	WF St Inv. Fd F	1,733			0	1,733	1,733	
	WF St Inv. Fd F	856			0	856	856	
	WF St Inv. Fd F	227			0	227	227	
	WF St Inv. Fd F	119			0	119	119	
	WF St Inv. Fd F	511			0	511	511	
	WF St Inv. Fd F	345			0	345	345	
	WF St Inv. Fd F	186			0	186	186	
	WF St Inv. Fd F	4,409			0	4,409	4,409	
	WF St Inv. Fd F	534			0	534	534	
	WF St Inv. Fd F	45,298			0	45,298	45,298	
	WF St Inv. Fd F	2,552			0	2,552	2,552	
	WF St Inv. Fd F	1,647			0	1,647	1,647	
	WF St Inv. Fd F	12			0	12	12	
	WF St Inv. Fd F	93			0	93	93	
	WF St Inv. Fd F	4,837			0	4,837	4,837	
	WF St Inv. Fd F	1,286			0	1,286	1,286	
	WF St Inv. Fd F	10,936			0	10,936	10,936	
	WF St Inv. Fd F	16,419			0	16,419	16,419	
	WF St Inv. Fd F	8,663			0	8,663	8,663	
	WF St Inv. Fd F	36,488			0	36,488	36,488	
	WF St Inv. Fd F	28,747			0	28,747	28,747	
	WF St Inv. Fd F	11,755			0	11,755	11,755	
	WF St Inv. Fd F	6,934			0	6,934	6,934	
	WF St Inv. Fd F	1,458			0	1,458	1,458	
	WF St Inv. Fd F	27,663			0	27,663	27,663	
	WF St Inv. Fd F	26,706			0	26,706	26,706	
	WF St Inv. Fd F	14,342			0	14,342	14,342	
<b>Balance forward: Wells Fargo ST Inv. Fund F</b>					<b>0</b>	<b>1,076,907</b>	<b>1,076,907</b>	

## Schedule H, line 4j - Schedule of Reportable Transactions.

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
<b>Balance forward: Wells Fargo ST Inv Fd F fr: pg. 1</b>						<b>0</b>	<b>1,076,907</b>	<b>1,076,907</b>
	WF St Inv. Fd F	6,157			0	6,157	6,157	
	WF St Inv. Fd F	8,905			0	8,905	8,905	
	WF St Inv. Fd F	10,106			0	10,106	10,106	
	WF St Inv. Fd F	1,377			0	1,377	1,377	
	WF St Inv. Fd F	19			0	19	19	
	WF St Inv. Fd F	917			0	917	917	
	WF St Inv. Fd F	497			0	497	497	
	WF St Inv. Fd F	23,459			0	23,459	23,459	
	WF St Inv. Fd F	1,746			0	1,746	1,746	
	WF St Inv. Fd F	2,521			0	2,521	2,521	
	WF St Inv. Fd F	206,384			0	206,384	206,384	
	WF St Inv. Fd F	38,544			0	38,544	38,544	
	WF St Inv. Fd F	14,850			0	14,850	14,850	
	WF St Inv. Fd F	7,502			0	7,502	7,502	
	WF St Inv. Fd F	30,299			0	30,299	30,299	
	WF St Inv. Fd F	64,643			0	64,643	64,643	
	WF St Inv. Fd F	31,712			0	31,712	31,712	
	WF St Inv. Fd F	2,794			0	2,794	2,794	
	WF St Inv. Fd F	200,000			0	200,000	200,000	
	WF St Inv. Fd F	1,407			0	1,407	1,407	
	WF St Inv. Fd F	19			0	19	19	
	WF St Inv. Fd F	17,804			0	17,804	17,804	
	WF St Inv. Fd F	1,403			0	1,403	1,403	
	WF St Inv. Fd F	2,663,874 *			0	2,663,874	2,663,874	
	WF St Inv. Fd F	385			0	385	385	
	WF St Inv. Fd F	677			0	677	677	
	WF St Inv. Fd F	18,323			0	18,323	18,323	
	WF St Inv. Fd F	2,973			0	2,973	2,973	
	WF St Inv. Fd F	866			0	866	866	
	WF St Inv. Fd F	2,847			0	2,847	2,847	
	WF St Inv. Fd F	6,099			0	6,099	6,099	
	WF St Inv. Fd F	352,728			0	352,728	352,728	
	WF St Inv. Fd F	31,203			0	31,203	31,203	
	WF St Inv. Fd F	391			0	391	391	
	WF St Inv. Fd F	68,023			0	68,023	68,023	
	WF St Inv. Fd F	41,730			0	41,730	41,730	
	WF St Inv. Fd F	646			0	646	646	
	WF St Inv. Fd F	5,575			0	5,575	5,575	
	WF St Inv. Fd F	4,244			0	4,244	4,244	
	WF St Inv. Fd F	23,255			0	23,255	23,255	
	WF St Inv. Fd F	26,202			0	26,202	26,202	
	WF St Inv. Fd F	715			0	715	715	
	WF St Inv. Fd F	685			0	685	685	
	WF St Inv. Fd F	44,033			0	44,033	44,033	
<b>Balance forward: Wells Fargo St Inv. Fund F</b>						<b>0</b>	<b>5,045,446</b>	<b>5,045,446</b>

\* Single Transaction is 5% Reportable

**Schedule H, line 4j - Schedule of Reportable Transactions.**

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
<b>Balance forward: Wells Fargo ST Inv Fd F fr: pg. 2</b>					<b>0</b>	<b>5,045,446</b>	<b>5,045,446</b>	
	WF St Inv. Fd F	38,544			0	38,544	38,544	
	WF St Inv. Fd F	765			0	765	765	
	WF St Inv. Fd F	25,898			0	25,898	25,898	
	WF St Inv. Fd F	693			0	693	693	
	WF St Inv. Fd F	112,470			0	112,470	112,470	
	WF St Inv. Fd F	681			0	681	681	
	WF St Inv. Fd F	415			0	415	415	
	WF St Inv. Fd F	7,576			0	7,576	7,576	
	WF St Inv. Fd F	19,751			0	19,751	19,751	
	WF St Inv. Fd F	682			0	682	682	
	WF St Inv. Fd F	581			0	581	581	
	WF St Inv. Fd F	952			0	952	952	
	WF St Inv. Fd F	689			0	689	689	
	WF St Inv. Fd F	376			0	376	376	
	WF St Inv. Fd F	2,933			0	2,933	2,933	
	WF St Inv. Fd F	15,012			0	15,012	15,012	
	WF St Inv. Fd F	13,877			0	13,877	13,877	
	WF St Inv. Fd F	199,153			0	199,153	199,153	
	WF St Inv. Fd F	2,047			0	2,047	2,047	
	WF St Inv. Fd F	2,973			0	2,973	2,973	
	WF St Inv. Fd F	2,606			0	2,606	2,606	
	WF St Inv. Fd F	429			0	429	429	
	WF St Inv. Fd F	2,224			0	2,224	2,224	
	WF St Inv. Fd F	46			0	46	46	
	WF St Inv. Fd F	1,214			0	1,214	1,214	
	WF St Inv. Fd F	1,331			0	1,331	1,331	
	WF St Inv. Fd F	2,995			0	2,995	2,995	
	WF St Inv. Fd F	3,328			0	3,328	3,328	
	WF St Inv. Fd F	394			0	394	394	
	WF St Inv. Fd F	3,130			0	3,130	3,130	
	WF St Inv. Fd F	7,456			0	7,456	7,456	
	WF St Inv. Fd F	846			0	846	846	
	WF St Inv. Fd F	717			0	717	717	
	WF St Inv. Fd F	27,410			0	27,410	27,410	
	WF St Inv. Fd F	738			0	738	738	
	WF St Inv. Fd F	401,635			0	401,635	401,635	
	WF St Inv. Fd F	4,834			0	4,834	4,834	
	WF St Inv. Fd F	2,699			0	2,699	2,699	
	WF St Inv. Fd F	1,402			0	1,402	1,402	
	WF St Inv. Fd F	1,375			0	1,375	1,375	
	WF St Inv. Fd F	3,261			0	3,261	3,261	
	WF St Inv. Fd F	1,736			0	1,736	1,736	
	WF St Inv. Fd F	22,043			0	22,043	22,043	
	WF St Inv. Fd F	1,435			0	1,435	1,435	
	WF St Inv. Fd F	1,154			0	1,154	1,154	
<b>Balance forward: Wells Fargo St Inv. Fund F</b>					<b>0</b>	<b>5,987,952</b>	<b>5,987,952</b>	

**Schedule H, line 4j - Schedule of Reportable Transactions.**

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
<b>Balance forward: Wells Fargo ST Inv Fd F fr: pg. 3</b>					<b>0</b>	<b>5,987,952</b>	<b>5,987,952</b>	
	WF St Inv. Fd F	44,133			0	44,133	44,133	
	WF St Inv. Fd F	36,121			0	36,121	36,121	
	WF St Inv. Fd F	764			0	764	764	
	WF St Inv. Fd F	23,905			0	23,905	23,905	
	WF St Inv. Fd F	60,980			0	60,980	60,980	
	WF St Inv. Fd F	2,609			0	2,609	2,609	
	WF St Inv. Fd F	10,716			0	10,716	10,716	
	WF St Inv. Fd F	15,739			0	15,739	15,739	
	WF St Inv. Fd F	12,201			0	12,201	12,201	
	WF St Inv. Fd F	11,067			0	11,067	11,067	
	WF St Inv. Fd F	5,636			0	5,636	5,636	
	WF St Inv. Fd F	3,442			0	3,442	3,442	
	WF St Inv. Fd F	3,730			0	3,730	3,730	
	WF St Inv. Fd F	376			0	376	376	
	WF St Inv. Fd F	3,110			0	3,110	3,110	
	WF St Inv. Fd F	5,704			0	5,704	5,704	
	WF St Inv. Fd F	14,489			0	14,489	14,489	
	WF St Inv. Fd F	39,735			0	39,735	39,735	
	WF St Inv. Fd F	7,647			0	7,647	7,647	
	WF St Inv. Fd F	20,601			0	20,601	20,601	
	WF St Inv. Fd F	28,553			0	28,553	28,553	
	WF St Inv. Fd F	411			0	411	411	
	WF St Inv. Fd F	1,801			0	1,801	1,801	
	WF St Inv. Fd F	4,177			0	4,177	4,177	
	WF St Inv. Fd F	1,376			0	1,376	1,376	
	WF St Inv. Fd F	1,154			0	1,154	1,154	
	WF St Inv. Fd F	1,450			0	1,450	1,450	
	WF St Inv. Fd F	3,816			0	3,816	3,816	
	WF St Inv. Fd F	1,178			0	1,178	1,178	
	WF St Inv. Fd F	2,271			0	2,271	2,271	
	WF St Inv. Fd F	2,700			0	2,700	2,700	
	WF St Inv. Fd F	1,515			0	1,515	1,515	
	WF St Inv. Fd F	4,475			0	4,475	4,475	
	WF St Inv. Fd F	12			0	12	12	
	WF St Inv. Fd F	26,700			0	26,700	26,700	
	WF St Inv. Fd F	28,828			0	28,828	28,828	
	WF St Inv. Fd F	43,794			0	43,794	43,794	
	WF St Inv. Fd F	3,092			0	3,092	3,092	
	WF St Inv. Fd F	49,187			0	49,187	49,187	
	WF St Inv. Fd F	14,020			0	14,020	14,020	
	WF St Inv. Fd F	37,757			0	37,757	37,757	
	WF St Inv. Fd F	7			0	7	7	
	WF St Inv. Fd F	2,319			0	2,319	2,319	
	WF St Inv. Fd F	14,855			0	14,855	14,855	
	WF St Inv. Fd F	1,192			0	1,192	1,192	
<b>Balance forward: Wells Fargo St Inv. Fund F</b>					<b>0</b>	<b>6,587,297</b>	<b>6,587,297</b>	

## Schedule H, line 4j - Schedule of Reportable Transactions.

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
<b>Balance forward: Wells Fargo ST Inv Fd F fr: pg. 4</b>					<b>0</b>	<b>6,587,297</b>	<b>6,587,297</b>	
	WF St Inv. Fd F	3,912			0	3,912	3,912	
	WF St Inv. Fd F	1,755			0	1,755	1,755	
	WF St Inv. Fd F	1,925			0	1,925	1,925	
	WF St Inv. Fd F	3,107			0	3,107	3,107	
	WF St Inv. Fd F	3,287			0	3,287	3,287	
	WF St Inv. Fd F	6,690			0	6,690	6,690	
	WF St Inv. Fd F	30,893			0	30,893	30,893	
	WF St Inv. Fd F	12,565			0	12,565	12,565	
	WF St Inv. Fd F	2,131			0	2,131	2,131	
	WF St Inv. Fd F	1,340			0	1,340	1,340	
	WF St Inv. Fd F	1,124			0	1,124	1,124	
	WF St Inv. Fd F	32			0	32	32	
	WF St Inv. Fd F	1,369			0	1,369	1,369	
	WF St Inv. Fd F	89			0	89	89	
	WF St Inv. Fd F	2,580			0	2,580	2,580	
	WF St Inv. Fd F	1,404			0	1,404	1,404	
	WF St Inv. Fd F	2,973			0	2,973	2,973	
	WF St Inv. Fd F	2,953			0	2,953	2,953	
	WF St Inv. Fd F	5,462			0	5,462	5,462	
	WF St Inv. Fd F	3,652			0	3,652	3,652	
	WF St Inv. Fd F	20,360			0	20,360	20,360	
	WF St Inv. Fd F	24,723			0	24,723	24,723	
	WF St Inv. Fd F	3,837			0	3,837	3,837	
	WF St Inv. Fd F	18,399			0	18,399	18,399	
	WF St Inv. Fd F	20,624			0	20,624	20,624	
	WF St Inv. Fd F	23,619			0	23,619	23,619	
	WF St Inv. Fd F	22,587			0	22,587	22,587	
	WF St Inv. Fd F	40,513			0	40,513	40,513	
	WF St Inv. Fd F	785			0	785	785	
	WF St Inv. Fd F	592			0	592	592	
	WF St Inv. Fd F	24,003			0	24,003	24,003	
	WF St Inv. Fd F	1,192			0	1,192	1,192	
	WF St Inv. Fd F	78,693			0	78,693	78,693	
	WF St Inv. Fd F	30,287			0	30,287	30,287	
	WF St Inv. Fd F	3,148			0	3,148	3,148	
	WF St Inv. Fd F	2,224			0	2,224	2,224	
	WF St Inv. Fd F	1,122			0	1,122	1,122	
	WF St Inv. Fd F	1,300			0	1,300	1,300	
	WF St Inv. Fd F	23,887			0	23,887	23,887	
	WF St Inv. Fd F	2,019			0	2,019	2,019	
	WF St Inv. Fd F	3,395			0	3,395	3,395	
	WF St Inv. Fd F		58,884		0	58,884	58,884	
	WF St Inv. Fd F		52,551		0	52,551	52,551	
	WF St Inv. Fd F		59,596		0	59,596	59,596	
	WF St Inv. Fd F		37,608		0	37,608	37,608	
<b>Balance forward: Wells Fargo St Inv. Fund F</b>					<b>0</b>	<b>7,232,488</b>	<b>7,232,488</b>	

**Schedule H, line 4j - Schedule of Reportable Transactions.**

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
<b>Balance forward: Wells Fargo ST Inv Fd F fr: pg. 5</b>						<b>0</b>	<b>7,232,488</b>	<b>7,232,488</b>
	WF St Inv. Fd F		15,000		0	15,000	15,000	
	WF St Inv. Fd F		723,852		0	723,852	723,852	
	WF St Inv. Fd F		32,797		0	32,797	32,797	
	WF St Inv. Fd F		23,960		0	23,960	23,960	
	WF St Inv. Fd F		76,834		0	76,834	76,834	
	WF St Inv. Fd F		3,728		0	3,728	3,728	
	WF St Inv. Fd F		11,785		0	11,785	11,785	
	WF St Inv. Fd F		148,049		0	148,049	148,049	
	WF St Inv. Fd F		4,518		0	4,518	4,518	
	WF St Inv. Fd F		125,430		0	125,430	125,430	
	WF St Inv. Fd F		10,087		0	10,087	10,087	
	WF St Inv. Fd F		65,481		0	65,481	65,481	
	WF St Inv. Fd F		84,118		0	84,118	84,118	
	WF St Inv. Fd F		8,415		0	8,415	8,415	
	WF St Inv. Fd F		118,708		0	118,708	118,708	
	WF St Inv. Fd F		59,623		0	59,623	59,623	
	WF St Inv. Fd F		54,518		0	54,518	54,518	
	WF St Inv. Fd F		39,057		0	39,057	39,057	
	WF St Inv. Fd F		3,835		0	3,835	3,835	
	WF St Inv. Fd F		38,620		0	38,620	38,620	
	WF St Inv. Fd F		54,786		0	54,786	54,786	
	WF St Inv. Fd F		23,296		0	23,296	23,296	
	WF St Inv. Fd F		13,497		0	13,497	13,497	
	WF St Inv. Fd F		9,503		0	9,503	9,503	
	WF St Inv. Fd F		7,408		0	7,408	7,408	
	WF St Inv. Fd F		19,161		0	19,161	19,161	
	WF St Inv. Fd F		3,334		0	3,334	3,334	
	WF St Inv. Fd F		46,718		0	46,718	46,718	
	WF St Inv. Fd F		49,098		0	49,098	49,098	
	WF St Inv. Fd F		10,364		0	10,364	10,364	
	WF St Inv. Fd F		12,459		0	12,459	12,459	
	WF St Inv. Fd F		48,484		0	48,484	48,484	
	WF St Inv. Fd F		36,397		0	36,397	36,397	
	WF St Inv. Fd F		24,161		0	24,161	24,161	
	WF St Inv. Fd F		73,169		0	73,169	73,169	
	WF St Inv. Fd F		49,758		0	49,758	49,758	
	WF St Inv. Fd F		30,193		0	30,193	30,193	
	WF St Inv. Fd F		35,222		0	35,222	35,222	
	WF St Inv. Fd F		12,294		0	12,294	12,294	
	WF St Inv. Fd F		500		0	500	500	
	WF St Inv. Fd F		12,537		0	12,537	12,537	
	WF St Inv. Fd F		495,631		0	495,631	495,631	
	WF St Inv. Fd F		226,977		0	226,977	226,977	
	WF St Inv. Fd F		13,874		0	13,874	13,874	
	WF St Inv. Fd F		37,753		0	37,753	37,753	
<b>Balance forward: Wells Fargo St Inv. Fund F</b>						<b>0</b>	<b>10,227,477</b>	<b>10,227,477</b>

**Schedule H, line 4j - Schedule of Reportable Transactions.**

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
<b>Balance forward: Wells Fargo ST Inv Fd F fr: pg. 6</b>					<b>0</b>	<b>10,227,477</b>	<b>10,227,477</b>	
	WF St Inv. Fd F		45,310		0	45,310	45,310	
	WF St Inv. Fd F		26,216		0	26,216	26,216	
	WF St Inv. Fd F		38,544		0	38,544	38,544	
	WF St Inv. Fd F		2,798		0	2,798	2,798	
	WF St Inv. Fd F		56,468		0	56,468	56,468	
	WF St Inv. Fd F		43,498		0	43,498	43,498	
	WF St Inv. Fd F		162,988		0	162,988	162,988	
	WF St Inv. Fd F		74,554		0	74,554	74,554	
	WF St Inv. Fd F		392,033		0	392,033	392,033	
	WF St Inv. Fd F		91,634		0	91,634	91,634	
	WF St Inv. Fd F		170,651		0	170,651	170,651	
	WF St Inv. Fd F		21,125		0	21,125	21,125	
	WF St Inv. Fd F		40,545		0	40,545	40,545	
	WF St Inv. Fd F		64,731		0	64,731	64,731	
	WF St Inv. Fd F		27,180		0	27,180	27,180	
	WF St Inv. Fd F		32,068		0	32,068	32,068	
	WF St Inv. Fd F		48,739		0	48,739	48,739	
	WF St Inv. Fd F		38,970		0	38,970	38,970	
	WF St Inv. Fd F		21,392		0	21,392	21,392	
	WF St Inv. Fd F		6,522		0	6,522	6,522	
	WF St Inv. Fd F		24,775		0	24,775	24,775	
	WF St Inv. Fd F		11,655		0	11,655	11,655	
	WF St Inv. Fd F		400,000		0	400,000	400,000	
	WF St Inv. Fd F		28,496		0	28,496	28,496	
	WF St Inv. Fd F		3,683		0	3,683	3,683	
	WF St Inv. Fd F		1,935		0	1,935	1,935	
	WF St Inv. Fd F		34,312		0	34,312	34,312	
	WF St Inv. Fd F		33,719		0	33,719	33,719	
	WF St Inv. Fd F		27,241		0	27,241	27,241	
	WF St Inv. Fd F		39,375		0	39,375	39,375	
	WF St Inv. Fd F		12,270		0	12,270	12,270	
	WF St Inv. Fd F		46,793		0	46,793	46,793	
	WF St Inv. Fd F		14,668		0	14,668	14,668	
	WF St Inv. Fd F		44,179		0	44,179	44,179	
	WF St Inv. Fd F		13,936		0	13,936	13,936	
	WF St Inv. Fd F		37,585		0	37,585	37,585	
	WF St Inv. Fd F		48,476		0	48,476	48,476	
	WF St Inv. Fd F		20,865		0	20,865	20,865	
	WF St Inv. Fd F		3,275		0	3,275	3,275	
	WF St Inv. Fd F		40,190		0	40,190	40,190	
	WF St Inv. Fd F		16,460		0	16,460	16,460	
	WF St Inv. Fd F		19,223		0	19,223	19,223	
	WF St Inv. Fd F		7,118		0	7,118	7,118	
	WF St Inv. Fd F		45,477		0	45,477	45,477	
	WF St Inv. Fd F		180		0	180	180	
<b>Balance forward: Wells Fargo St Inv. Fund F</b>					<b>0</b>	<b>12,609,329</b>	<b>12,609,329</b>	



**Schedule H, line 4j - Schedule of Reportable Transactions.**

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