# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

**2019**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 04/01/1977

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PACIFIC COAST BUILDING PRODUCTS, INC.

10600 WHITE ROCK ROAD, SUITE 100
RANCHO CORDOVA, CA 95741-9074

**2b** Employer Identification Number (EIN) 94-6103555

**2c** Plan Sponsor's telephone number 916-631-6500

**2d** Business code (see instructions) 327900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 12/23/2020 | JOSHUA KIMERER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **4** | If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: | **4b** | EIN |
| **a** | Sponsor's name | **4d** | PN |
| **c** | Plan Name | | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 6967 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 3809 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 3034 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 3102 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 6136 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 133 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 6269 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 5238 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 66 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

2E 3H 3D

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

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** [X] | Insurance | **(1)** [X] | Insurance |
| **(2)** [ ] | Code section 412(e)(3) insurance contracts | **(2)** [ ] | Code section 412(e)(3) insurance contracts |
| **(3)** [X] | Trust | **(3)** [X] | Trust |
| **(4)** [ ] | General assets of the sponsor | **(4)** [ ] | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 4 **A** (Insurance Information)
- **(4)** [X] **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

**D** Employer Identification Number (EIN)
94-6103555

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
ATHENE ANNUITY & LIFE ASSURANCE CO.

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 44-0188050 | 61492 | 8002043 ETC | 8 | 09/01/2018 | 08/31/2019 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ UNISEX; ORIGINAL AGE AT ISSUE

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | 2795 |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

**e** Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | | | |
| | (4) Transferred from separate account | 7c(4) | | | |
| | (5) Other (specify below) ▶ | 7c(5) | | | |
| | (6) Total additions | | | 7c(6) | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | | | |
| | (2) Administration charge made by carrier | 7e(2) | | | |
| | (3) Transferred to separate account | 7e(3) | | | |
| | (4) Other (specify below) ▶ | 7e(4) | | | |
| | (5) Total deductions | | | 7e(5) | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

**D** Employer Identification Number (EIN)
94-6103555

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
C.M. LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 06-1041383 | 93432 | 70703720 ETC | 6 | 09/01/2018 | 08/31/2019 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | **6b** | 3689 |
| **c** | Premiums due but unpaid at the end of the year | **6c** | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | **6d** | |

Specify nature of costs ▶

**e** Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity

(3) [ ] other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee

(3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | |
|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | |
| | (2) Dividends and credits | **7c(2)** | | |
| | (3) Interest credited during the year | **7c(3)** | | |
| | (4) Transferred from separate account | **7c(4)** | | |
| | (5) Other (specify below) | **7c(5)** | | |
| | ▶ | | | |
| | (6) Total additions | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | **7d** | |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | |
| | (2) Administration charge made by carrier | **7e(2)** | | |
| | (3) Transferred to separate account | **7e(3)** | | |
| | (4) Other (specify below) | **7e(4)** | | |
| | ▶ | | | |
| | (5) Total deductions | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | **7f** | |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

**D** Employer Identification Number (EIN)
94-6103555

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 04-1590850 | 65935 | 3904270 ETC | 90 | 09/01/2018 | 08/31/2019 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ UNISEX: ORIGINAL AGE AT ISSUE

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | **6b** | 20735 |
| **c** | Premiums due but unpaid at the end of the year | **6c** | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | **6d** | |

**e** Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | |
|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | |
| | (2) Dividends and credits | **7c(2)** | | |
| | (3) Interest credited during the year | **7c(3)** | | |
| | (4) Transferred from separate account | **7c(4)** | | |
| | (5) Other (specify below) ▶ | **7c(5)** | | |
| | (6) Total additions | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | **7d** | |
| **e** | Deductions: | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | |
| | (2) Administration charge made by carrier | **7e(2)** | | |
| | (3) Transferred to separate account | **7e(3)** | | |
| | (4) Other (specify below) ▶ | **7e(4)** | | |
| | (5) Total deductions | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | **7f** | |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2019**

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For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

**D** Employer Identification Number (EIN)
94-6103555

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
LAFAYETTE LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 35-0457540 | 65242 | C3881 | 63 | 09/01/2018 | 08/31/2019 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 0 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| **4** | Current value of plan's interest under this contract in the general account at year end | **4** | |
| **5** | Current value of plan's interest under this contract in separate accounts at year end | **5** | |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ UNISEX; ORIGINAL AGE AT ISSUE

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | **6b** | 42728 |
| **c** | Premiums due but unpaid at the end of the year | **6c** | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | **6d** | |

**e** Type of contract: (1) [X] individual policies (2) [ ] group deferred annuity (3) [ ] other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ [ ]

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | **7b** | |
| **c** | Additions: (1) Contributions deposited during the year | **7c(1)** | | | |
| | (2) Dividends and credits | **7c(2)** | | | |
| | (3) Interest credited during the year | **7c(3)** | | | |
| | (4) Transferred from separate account | **7c(4)** | | | |
| | (5) Other (specify below) ▶ | **7c(5)** | | | |
| | (6) Total additions | | | **7c(6)** | |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**) | | | **7d** | |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | **7e(1)** | | | |
| | (2) Administration charge made by carrier | **7e(2)** | | | |
| | (3) Transferred to separate account | **7e(3)** | | | |
| | (4) Other (specify below) ▶ | **7e(4)** | | | |
| | (5) Total deductions | | | **7e(5)** | |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | **7f** | |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Service Provider Information

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

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

OMB No. 1210-0110

**2019**

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**A** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

**D** Employer Identification Number (EIN)
94-6103555

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

ARTISAN

39-1811840

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

DFA SECURITIES, INC.

36-3147118

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

DODGE & COX

94-1441976

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

FRANKLIN TEMPLETON INVESTMENTS

94-3167260

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

HARBOR

04-2679462

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

HARDING LOEVNER

27-0684167

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

HARTFORD MUTUAL FUNDS

13-3317783

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

CONESTOGA CAPITAL ADVISORS

23-3072906

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

PIMCO

95-2632339

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

PRINCIPAL FUNDS

42-1520346

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

TOUCHSTONE

31-0487145

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

VANGUARD

23-1945930

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

NATIONWIDE FUND ADVISORS

52-6969857

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

EATON VANCE

20-4571006

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

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

**(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

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

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

94-1347393

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 50 62 64 | SERVICE PROVIDER | 334281 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

LAZARD ASSET MANAGEMENT

05-0530199

| (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? |
|---|---|---|---|---|---|---|
| 50 51 | SERVICE PROVIDER | 270350 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

ADVISORY GROUP OF SAN FRANCISCO

94-3339091

| (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? |
|---|---|---|---|---|---|---|
| 27 50 | SERVICE PROVIDER | 171668 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

CLIFTONLARSONALLEN LLP

41-0746749

| (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? |
|---|---|---|---|---|---|---|
| 10 50 | SERVICE PROVIDER | 17500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

DAVID JOSEPH ZUERCHER

45-5729777

| (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? |
|---|---|---|---|---|---|---|
| 28 50 | SERVICE PROVIDER | 10000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

MIKE STODDEN

51-7626711

| (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? |
|---|---|---|---|---|---|---|
| 28 50 | SERVICE PROVIDER | 10000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

RICH SIMPSON

94-2455733

| (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? |
|---|---|---|---|---|---|---|
| 28 50 | SERVICE PROVIDER | 8000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

SKY BLUE SERVICES INC.

81-0942530

| (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? |
|---|---|---|---|---|---|---|
| 28 50 | SERVICE PROVIDER | 8000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

LEN MCCANDLISS

55-4520548

| (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? |
|---|---|---|---|---|---|---|
| 28 50 | SERVICE PROVIDER | 7500 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

## Part I Service Provider Information (continued)

**3.** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2019**

**This Form is Open to Public Inspection**

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

**D** Employer Identification Number (EIN)
94-6103555

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 10205820 | 10896829 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 54239 | 69058 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | 22609949 | 19758351 |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 184604310 | 163830507 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 1826252 | 1854998 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 219300570 | 196409743 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 97428 | 29638 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 97428 | 29638 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 219203142 | 196380105 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 10896829 | |
| | **(B)** Participants | 2a(1)(B) | | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 10896829 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 0 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 11826 | |
| | **(B)** Common stock | 2b(2)(B) | 573534 | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 4105879 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 4691239 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 15781229 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 16298552 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -517323 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | -4173908 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -4173908 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -23065201 |
| **c** Other income | 2c | | 302301 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | -11866063 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 10093431 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | 69946 | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 10163377 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | 793597 | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 793597 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 10956974 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | -22823037 |
| **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)** [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: CLIFTONLARSONALLAN, LLP **(2)** EIN: 41-0746749

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 5000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2019**

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

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

**A** Name of plan
PACIFIC COAST BLDG. PRODUCTS, INC. PS RETIRE. PLAN & TRUST AGREEMENT

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC COAST BUILDING PRODUCTS, INC.

**D** Employer Identification Number (EIN)
94-6103555

## Part I Distributions

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

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

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

EIN(s): 41-6257133

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**20** **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

# Pacific Coast Building Products, Inc.
# Profit Sharing/Retirement Plan and Trust

**Financial Statements and Supplemental Schedule**

**March 31, 2020 and 2019**

## Pacific Coast Building Products, Inc.
### Profit Sharing/Retirement Plan and Trust

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# INDEPENDENT AUDITORS' REPORT

Administrative Committee
Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust
Rancho Cordova, California

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of March 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended March 31, 2020, 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.

### *Auditors' Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the March 31, 2020 and 2019 financial statements. We 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 year ended March 31, 2020, and as of March 31, 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental Schedule H, Line 4i – schedule of assets (held at end of year) as of March 31, 2020, is 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 is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

CliftonLarsonAllen LLP

**CliftonLarsonAllen LLP**

Roseville, California
December 21, 2020

## Pacific Coast Building Products, Inc.
## Profit Sharing/Retirement Plan and Trust
### Statements of Net Assets Available for Benefits

| | March 31, 2020 | March 31, 2019 |
|---|---|---|
| Assets: | | |
| Investments at fair value: | | |
| Money market funds | $ 69,000 | $ 54,000 |
| Equity securities | 19,758,000 | 22,610,000 |
| Mutual funds | 146,970,000 | 165,696,000 |
| Real estate investment trusts | 16,861,000 | 18,908,000 |
| Total investments at fair value | 183,658,000 | 207,268,000 |
| Life insurance policies at contract value | 1,855,000 | 1,826,000 |
| Employer contribution receivable | 10,897,000 | 10,206,000 |
| Total assets | 196,410,000 | 219,300,000 |
| Liabilities: | | |
| Administrative fees payable | 30,000 | 97,000 |
| Net assets available for benefits | $ 196,380,000 | $ 219,203,000 |

See accompanying notes to financial statements.

## Pacific Coast Building Products, Inc.
## Profit Sharing/Retirement Plan and Trust
### Statement of Changes in Net Assets Available for Benefits
### for the Year Ended March 31, 2020

| | | |
|---|---|---|
| Increase (decrease) in net assets attributed to: | | |
| Investment income (loss): | | |
| Dividends | $ | 4,691,000 |
| Net depreciation in fair value of investments | | (27,756,000) |
| Increase in cash surrender value of life insurance policies | | 180,000 |
| Other income | | 122,000 |
| Total investment income (loss) | | (22,763,000) |
| Employer contribution | | 10,897,000 |
| Distributions to participants | | (10,094,000) |
| Life insurance premiums | | (70,000) |
| Investment and administrative expenses | | (793,000) |
| Net decrease in net assets | | (22,823,000) |
| Net assets available for benefits, beginning of year | | 219,203,000 |
| Net assets available for benefits, end of year | $ | 196,380,000 |

See accompanying notes to financial statements.

## (1) Description of Plan

The following description of the Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *(a) General*

The Plan is sponsored by Pacific Coast Building Products, Inc. (Employer) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan which provides for retirement, disability and death benefits for substantially all nonunion employees of the Employer. Employees, other than certain employees hired as a result of an asset acquisition, who have worked 1,000 hours or more within a consecutive twelve month period commencing on their anniversary hiring date or, thereafter, commencing on the first day of each plan year, are eligible to participate in the Plan.

### *(b) Contributions*

The Employer has agreed to make a minimum annual contribution equal to 5% of the eligible compensation as defined in the Plan document of all participants. Participants may direct his or her account balance into participant directed accounts which may be invested in mutual funds, real estate investment trusts, money market funds, and equity securities currently offered under the Plan and may change their investment options at any time.

### *(c) Participant Accounts*

Individual accounts are maintained for each of the Plan's participants as well as the participant's share of the Plan's income (loss) and any related administrative expenses. Allocations are based on participant compensation or account balances, as defined. Life insurance policies purchased on behalf of participants are held by the Plan and the increase in the cash surrender value of the policies and the premium expenses are allocated to the respective participants' accounts. As of April 1, 2013, the Plan no longer allows participants to purchase life insurance policies to be held in the Plan. Policies held as of April 1, 2013 by the plan will be maintained in the Plan, subject to the provisions of the Plan document. Participants with life insurance policies held in their individual account and who have terminated or otherwise become excluded participants can elect to maintain a policy, subject to the provisions of the plan document, or surrender a policy for its cash surrender value. If a participant does not make an election, the policy will be surrendered for the cash surrender value on the policy premium due date following the date the participant was terminated or became an excluded employee.

### *(d) Vesting and Forfeitures*

A participant is 100% vested after three years of credited service or upon death, total disability or attainment of normal retirement age, as defined. Forfeitures of terminated participants' nonvested amounts are used to offset employer contributions. There were $195,000 of forfeitures for the year ended March 31, 2020. The full amount of available forfeitures was used to reduce the Employer's contribution. There were no unallocated forfeitures as of March 31, 2020 and 2019.

### *(e) Distributions to Participants*

The benefit to which a participant is entitled is the participant's account valued as of the date of distribution. Upon retirement, as defined, or total and permanent disability, a participant may generally elect to receive a lump sum distribution, an annuity, or a combination of these options. In the event of a participant's death, his or her designated beneficiary will be paid in accordance with the terms of the beneficiary designation form.

***(f) Plan Administration***

The Plan is administered by the Administrative Committee and each member of this Committee was appointed by the Board of Directors of the Employer.

**(2) Significant Accounting Policies**

***(a) Method of Accounting***

The Plan's financial statements are prepared on the accrual basis of accounting.

***(b) Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

***(c) Risks and Uncertainties***

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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

***(d) Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value except for its investments in life insurance policies which are stated at contract value (cash surrender value) as provided by the insurance companies. Money market funds, bonds, notes and equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds and real estate investment trusts are valued at the net asset value (NAV) of shares held by the Plan at year end.

Purchases and sales of investments are reported on a trade date basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year. Interest income is recognized on the accrual basis.

***(e) Fair Value Hierarchy***

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10, *Fair Value Measurement* provides guidance for measuring the fair value of assets and liabilities. The objective of a fair value measurement is to determine the price that would be received when selling an asset or paid when transferring a liability. The guidance outlines a fair value hierarchy that gives the highest priority to 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 are described below:

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

- Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

- Level 3 - Prices or valuations that require inputs that are both significant to their fair value measurement and unobservable.

***(f) Benefits***

Benefits paid to participants are recorded as deductions from net assets available for benefits when approved and paid by the Plan.

***(g) Administrative Expenses***

Administrative expenses incurred by the Plan are allocated to each participant account based on participant account balances.

***(h) Date of Evaluation – Subsequent Events***

Prior to year end, the World Health Organization declared the spread of Coronavirus Disease (COVID-19) a worldwide pandemic. The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses, and communities. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic. This could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Because of the uncertainty, Plan management is unable to estimate the total impact the pandemic will have.

Management has evaluated subsequent events through December 21, 2020 the date on which the financial statements were available to be issued. No subsequent events requiring disclosure existed as of this date.

**(3) Investments**

Wells Fargo Bank, N.A. the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of March 31, 2020 and 2019, the statement of changes in net assets available for benefits for the year ended March 31, 2020, and the supplemental schedule of assets (held at end of year) as of March 31, 2020.

The following table sets forth by level, within the fair value hierarchy, the fair value of Plan investments:

| | Fair value | Hierarchy level 1 | Hierarchy level 2 | Hierarchy level 3 |
|---|---|---|---|---|
| At March 31, 2020: | | | | |
| Money market funds | $ 69,000 | $ 69,000 | $ — | $ — |
| Equity securities | 19,758,000 | 19,758,000 | — | — |
| Mutual funds | 146,970,000 | 146,970,000 | — | — |
| Real estate investment trusts | 16,861,000 | 16,861,000 | — | — |
| | $ 183,658,000 | $ 183,658,000 | $ — | $ - |
| At March 31, 2019: | | | | |
| Money market funds | $ 54,000 | $ 54,000 | $ — | $ — |
| Equity securities | 22,610,000 | 22,610,000 | — | — |
| Mutual funds | 165,696,000 | 165,696,000 | — | — |
| Real estate investment trusts | 18,908,000 | 18,908,000 | — | — |
| | $ 207,268,000 | $ 207,268,000 | $ — | $ - |

**(4) Party-In-Interest Transactions**

Money market funds held by the Plan are managed by Wells Fargo Bank, N.A., and the Principal Diversified Real Asset fund is managed by Principal Financial Services, Inc. and, as such, transactions in these funds qualify as party-in-interest transactions. Any purchase or sale of these funds are open market transactions at fair market value, and as such, are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

The Company provides certain accounting and administrative services for which no fees are charged.

**(5) Plan Termination**

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

**(6) Income Tax Status**

The Internal Revenue Service issued its latest opinion letter in March of 2014 which stated that the Plan and its underlying trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, management believes that the Plan's current design and operation is in compliance with the applicable requirements of the Internal Revenue Code and ERISA, and the trust which forms a part of the Plan, is exempt from income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan was restated as of April 1, 2015, and the Plan administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2020, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Pacific Coast Building Products, Inc.**
**Profit Sharing/Retirement Plan and Trust**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**As of March 31, 2020**

| (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 |
|---|---|---|---|---|
| * | Wells Fargo Advantage Heritage | Money Market Fund | | $ 69,000 |
| | Lazard International Equity | Equity | | 19,758,000 |
| | Artisan Mid Cap Value Fund | Mutual Fund | | 5,214,000 |
| | Conestoga Small Cap Fund | Mutual Fund | | 6,200,000 |
| | DFA International Small Company Portfolio | Mutual Fund | | 5,389,000 |
| | DFA U.S. Targeted Value Fund | Mutual Fund | | 6,204,000 |
| | DFA USA Large Cap | Mutual Fund | | 7,425,000 |
| | Dodge & Cox Stock Fund | Mutual Fund | | 7,519,000 |
| | Harbor Capital Appreciation Fund | Mutual Fund | | 7,918,000 |
| | Harding Loevner International Equity Fund | Mutual Fund | | 14,376,000 |
| | Nationwide Geneva MidCap Growth Fund | Mutual Fund | | 5,169,000 |
| | Parametric Emerging Markets Tax Managed | Mutual Fund | | 9,567,000 |
| | PIMCO International Bond Unhedged Instl Fund | Mutual Fund | | 7,294,000 |
| | PIMCO Total Return Fund | Mutual Fund | | 13,785,000 |
| | Templeton Global Total Return Fund | Mutual Fund | | 2,655,000 |
| | Touchstone High Yield Fund | Mutual Fund | | 5,270,000 |
| | Vanguard Short Term Investment Fund | Mutual Fund | | 9,730,000 |
| | Vanguard Institutional Index Fund | Mutual Fund | | 20,373,000 |
| | Vanguard Total Bond Fund | Mutual Fund | | 12,882,000 |
| | DFA International Real Estate Fund | Real Estate Investment Trust | | 4,425,000 |
| | DFA Real Estate Securities | Real Estate Investment Trust | | 4,292,000 |
| | Hartford Global Real Asset | Real Estate Investment Trust | | 4,075,000 |
| * | Principal Diversified Real Asset | Real Estate Investment Trust | | 4,069,000 |
| | | | | $ 183,658,000 |
| Life insurance policies: | | | | |
| | Mass Mutual | Graded premium life insurance policies | | 1,155,000 |
| | Mass Mutual UL | Level premium universal life insurance policies | | 140,000 |
| | Protective | Level premium universal life insurance policies | | 32,000 |
| | Lafayette Life | Level premium universal life insurance policies | | 528,000 |
| | Total life insurance policies | | | $ 1,855,000 |
| | | | | $ 185,513,000 |

* Indicates a party-in-interest.
** Cost omitted for participant-directed accounts

See accompanying independent auditors' report.

# Pacific Coast Building Products, Inc.
# Profit Sharing/Retirement Plan and Trust

**Financial Statements and Supplemental Schedule**

**March 31, 2020 and 2019**

## Pacific Coast Building Products, Inc.
### Profit Sharing/Retirement Plan and Trust

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# INDEPENDENT AUDITORS' REPORT

Administrative Committee
Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust
Rancho Cordova, California

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of March 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended March 31, 2020, 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.

### *Auditors' Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the March 31, 2020 and 2019 financial statements. We 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 year ended March 31, 2020, and as of March 31, 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental Schedule H, Line 4i – schedule of assets (held at end of year) as of March 31, 2020, is 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 is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

CliftonLarsonAllen LLP

**CliftonLarsonAllen LLP**

Roseville, California
December 21, 2020

## Pacific Coast Building Products, Inc.
## Profit Sharing/Retirement Plan and Trust
### Statements of Net Assets Available for Benefits

| | March 31, 2020 | March 31, 2019 |
|---|---|---|
| Assets: | | |
| Investments at fair value: | | |
| Money market funds | $ 69,000 | $ 54,000 |
| Equity securities | 19,758,000 | 22,610,000 |
| Mutual funds | 146,970,000 | 165,696,000 |
| Real estate investment trusts | 16,861,000 | 18,908,000 |
| Total investments at fair value | 183,658,000 | 207,268,000 |
| Life insurance policies at contract value | 1,855,000 | 1,826,000 |
| Employer contribution receivable | 10,897,000 | 10,206,000 |
| Total assets | 196,410,000 | 219,300,000 |
| Liabilities: | | |
| Administrative fees payable | 30,000 | 97,000 |
| Net assets available for benefits | $ 196,380,000 | $ 219,203,000 |

See accompanying notes to financial statements.

## Pacific Coast Building Products, Inc.
## Profit Sharing/Retirement Plan and Trust
### Statement of Changes in Net Assets Available for Benefits
### for the Year Ended March 31, 2020

| | | |
|---|---|---|
| Increase (decrease) in net assets attributed to: | | |
| Investment income (loss): | | |
| Dividends | $ | 4,691,000 |
| Net depreciation in fair value of investments | | (27,756,000) |
| Increase in cash surrender value of life insurance policies | | 180,000 |
| Other income | | 122,000 |
| Total investment income (loss) | | (22,763,000) |
| Employer contribution | | 10,897,000 |
| Distributions to participants | | (10,094,000) |
| Life insurance premiums | | (70,000) |
| Investment and administrative expenses | | (793,000) |
| Net decrease in net assets | | (22,823,000) |
| Net assets available for benefits, beginning of year | | 219,203,000 |
| Net assets available for benefits, end of year | $ | 196,380,000 |

See accompanying notes to financial statements.

## (1) Description of Plan

The following description of the Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *(a) General*

The Plan is sponsored by Pacific Coast Building Products, Inc. (Employer) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan which provides for retirement, disability and death benefits for substantially all nonunion employees of the Employer. Employees, other than certain employees hired as a result of an asset acquisition, who have worked 1,000 hours or more within a consecutive twelve month period commencing on their anniversary hiring date or, thereafter, commencing on the first day of each plan year, are eligible to participate in the Plan.

### *(b) Contributions*

The Employer has agreed to make a minimum annual contribution equal to 5% of the eligible compensation as defined in the Plan document of all participants. Participants may direct his or her account balance into participant directed accounts which may be invested in mutual funds, real estate investment trusts, money market funds, and equity securities currently offered under the Plan and may change their investment options at any time.

### *(c) Participant Accounts*

Individual accounts are maintained for each of the Plan's participants as well as the participant's share of the Plan's income (loss) and any related administrative expenses. Allocations are based on participant compensation or account balances, as defined. Life insurance policies purchased on behalf of participants are held by the Plan and the increase in the cash surrender value of the policies and the premium expenses are allocated to the respective participants' accounts. As of April 1, 2013, the Plan no longer allows participants to purchase life insurance policies to be held in the Plan. Policies held as of April 1, 2013 by the plan will be maintained in the Plan, subject to the provisions of the Plan document. Participants with life insurance policies held in their individual account and who have terminated or otherwise become excluded participants can elect to maintain a policy, subject to the provisions of the plan document, or surrender a policy for its cash surrender value. If a participant does not make an election, the policy will be surrendered for the cash surrender value on the policy premium due date following the date the participant was terminated or became an excluded employee.

### *(d) Vesting and Forfeitures*

A participant is 100% vested after three years of credited service or upon death, total disability or attainment of normal retirement age, as defined. Forfeitures of terminated participants' nonvested amounts are used to offset employer contributions. There were $195,000 of forfeitures for the year ended March 31, 2020. The full amount of available forfeitures was used to reduce the Employer's contribution. There were no unallocated forfeitures as of March 31, 2020 and 2019.

### *(e) Distributions to Participants*

The benefit to which a participant is entitled is the participant's account valued as of the date of distribution. Upon retirement, as defined, or total and permanent disability, a participant may generally elect to receive a lump sum distribution, an annuity, or a combination of these options. In the event of a participant's death, his or her designated beneficiary will be paid in accordance with the terms of the beneficiary designation form.

***(f) Plan Administration***

The Plan is administered by the Administrative Committee and each member of this Committee was appointed by the Board of Directors of the Employer.

**(2) Significant Accounting Policies**

***(a) Method of Accounting***

The Plan's financial statements are prepared on the accrual basis of accounting.

***(b) Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

***(c) Risks and Uncertainties***

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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

***(d) Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value except for its investments in life insurance policies which are stated at contract value (cash surrender value) as provided by the insurance companies. Money market funds, bonds, notes and equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds and real estate investment trusts are valued at the net asset value (NAV) of shares held by the Plan at year end.

Purchases and sales of investments are reported on a trade date basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year. Interest income is recognized on the accrual basis.

***(e) Fair Value Hierarchy***

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10, *Fair Value Measurement* provides guidance for measuring the fair value of assets and liabilities. The objective of a fair value measurement is to determine the price that would be received when selling an asset or paid when transferring a liability. The guidance outlines a fair value hierarchy that gives the highest priority to 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 are described below:

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

- Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

- Level 3 - Prices or valuations that require inputs that are both significant to their fair value measurement and unobservable.

***(f) Benefits***

Benefits paid to participants are recorded as deductions from net assets available for benefits when approved and paid by the Plan.

***(g) Administrative Expenses***

Administrative expenses incurred by the Plan are allocated to each participant account based on participant account balances.

***(h) Date of Evaluation – Subsequent Events***

Prior to year end, the World Health Organization declared the spread of Coronavirus Disease (COVID-19) a worldwide pandemic. The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses, and communities. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic. This could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Because of the uncertainty, Plan management is unable to estimate the total impact the pandemic will have.

Management has evaluated subsequent events through December 21, 2020 the date on which the financial statements were available to be issued. No subsequent events requiring disclosure existed as of this date.

**(3) Investments**

Wells Fargo Bank, N.A. the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of March 31, 2020 and 2019, the statement of changes in net assets available for benefits for the year ended March 31, 2020, and the supplemental schedule of assets (held at end of year) as of March 31, 2020.

The following table sets forth by level, within the fair value hierarchy, the fair value of Plan investments:

| | Fair value | Hierarchy level 1 | Hierarchy level 2 | Hierarchy level 3 |
|---|---|---|---|---|
| At March 31, 2020: | | | | |
| Money market funds | $ 69,000 | $ 69,000 | $ — | $ — |
| Equity securities | 19,758,000 | 19,758,000 | — | — |
| Mutual funds | 146,970,000 | 146,970,000 | — | — |
| Real estate investment trusts | 16,861,000 | 16,861,000 | — | — |
| | $ 183,658,000 | $ 183,658,000 | $ — | $ - |
| At March 31, 2019: | | | | |
| Money market funds | $ 54,000 | $ 54,000 | $ — | $ — |
| Equity securities | 22,610,000 | 22,610,000 | — | — |
| Mutual funds | 165,696,000 | 165,696,000 | — | — |
| Real estate investment trusts | 18,908,000 | 18,908,000 | — | — |
| | $ 207,268,000 | $ 207,268,000 | $ — | $ - |

**(4) Party-In-Interest Transactions**

Money market funds held by the Plan are managed by Wells Fargo Bank, N.A., and the Principal Diversified Real Asset fund is managed by Principal Financial Services, Inc. and, as such, transactions in these funds qualify as party-in-interest transactions. Any purchase or sale of these funds are open market transactions at fair market value, and as such, are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

The Company provides certain accounting and administrative services for which no fees are charged.

**(5) Plan Termination**

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

**(6) Income Tax Status**

The Internal Revenue Service issued its latest opinion letter in March of 2014 which stated that the Plan and its underlying trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, management believes that the Plan's current design and operation is in compliance with the applicable requirements of the Internal Revenue Code and ERISA, and the trust which forms a part of the Plan, is exempt from income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan was restated as of April 1, 2015, and the Plan administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2020, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Pacific Coast Building Products, Inc.**
**Profit Sharing/Retirement Plan and Trust**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**As of March 31, 2020**

| (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 |
|---|---|---|---|---|
| * | Wells Fargo Advantage Heritage | Money Market Fund | | $ 69,000 |
| | Lazard International Equity | Equity | | 19,758,000 |
| | Artisan Mid Cap Value Fund | Mutual Fund | | 5,214,000 |
| | Conestoga Small Cap Fund | Mutual Fund | | 6,200,000 |
| | DFA International Small Company Portfolio | Mutual Fund | | 5,389,000 |
| | DFA U.S. Targeted Value Fund | Mutual Fund | | 6,204,000 |
| | DFA USA Large Cap | Mutual Fund | | 7,425,000 |
| | Dodge & Cox Stock Fund | Mutual Fund | | 7,519,000 |
| | Harbor Capital Appreciation Fund | Mutual Fund | | 7,918,000 |
| | Harding Loevner International Equity Fund | Mutual Fund | | 14,376,000 |
| | Nationwide Geneva MidCap Growth Fund | Mutual Fund | | 5,169,000 |
| | Parametric Emerging Markets Tax Managed | Mutual Fund | | 9,567,000 |
| | PIMCO International Bond Unhedged Instl Fund | Mutual Fund | | 7,294,000 |
| | PIMCO Total Return Fund | Mutual Fund | | 13,785,000 |
| | Templeton Global Total Return Fund | Mutual Fund | | 2,655,000 |
| | Touchstone High Yield Fund | Mutual Fund | | 5,270,000 |
| | Vanguard Short Term Investment Fund | Mutual Fund | | 9,730,000 |
| | Vanguard Institutional Index Fund | Mutual Fund | | 20,373,000 |
| | Vanguard Total Bond Fund | Mutual Fund | | 12,882,000 |
| | DFA International Real Estate Fund | Real Estate Investment Trust | | 4,425,000 |
| | DFA Real Estate Securities | Real Estate Investment Trust | | 4,292,000 |
| | Hartford Global Real Asset | Real Estate Investment Trust | | 4,075,000 |
| * | Principal Diversified Real Asset | Real Estate Investment Trust | | 4,069,000 |
| | | | | $ 183,658,000 |
| Life insurance policies: | | | | |
| | Mass Mutual | Graded premium life insurance policies | | 1,155,000 |
| | Mass Mutual UL | Level premium universal life insurance policies | | 140,000 |
| | Protective | Level premium universal life insurance policies | | 32,000 |
| | Lafayette Life | Level premium universal life insurance policies | | 528,000 |
| | Total life insurance policies | | | $ 1,855,000 |
| | | | | $ 185,513,000 |

* Indicates a party-in-interest.
** Cost omitted for participant-directed accounts

See accompanying independent auditors' report.

# Pacific Coast Building Products, Inc.
# Profit Sharing/Retirement Plan and Trust

**Financial Statements and Supplemental Schedule**

**March 31, 2020 and 2019**

## Pacific Coast Building Products, Inc.
### Profit Sharing/Retirement Plan and Trust

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# INDEPENDENT AUDITORS' REPORT

Administrative Committee
Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust
Rancho Cordova, California

## Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of March 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended March 31, 2020, 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.

### *Auditors' Responsibility*

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

### *Basis for Disclaimer of Opinion*

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the March 31, 2020 and 2019 financial statements. We 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 year ended March 31, 2020, and as of March 31, 2019, that the information provided to the Plan administrator by the trustee is complete and accurate.

***Disclaimer of Opinion***

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

***Other Matter***

The supplemental Schedule H, Line 4i – schedule of assets (held at end of year) as of March 31, 2020, is 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 is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedule.

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

CliftonLarsonAllen LLP

**CliftonLarsonAllen LLP**

Roseville, California
December 21, 2020

## Pacific Coast Building Products, Inc.
## Profit Sharing/Retirement Plan and Trust
### Statements of Net Assets Available for Benefits

| | March 31, 2020 | March 31, 2019 |
|---|---|---|
| Assets: | | |
| Investments at fair value: | | |
| Money market funds | $ 69,000 | $ 54,000 |
| Equity securities | 19,758,000 | 22,610,000 |
| Mutual funds | 146,970,000 | 165,696,000 |
| Real estate investment trusts | 16,861,000 | 18,908,000 |
| Total investments at fair value | 183,658,000 | 207,268,000 |
| Life insurance policies at contract value | 1,855,000 | 1,826,000 |
| Employer contribution receivable | 10,897,000 | 10,206,000 |
| Total assets | 196,410,000 | 219,300,000 |
| Liabilities: | | |
| Administrative fees payable | 30,000 | 97,000 |
| Net assets available for benefits | $ 196,380,000 | $ 219,203,000 |

See accompanying notes to financial statements.

## Pacific Coast Building Products, Inc.
## Profit Sharing/Retirement Plan and Trust
### Statement of Changes in Net Assets Available for Benefits
### for the Year Ended March 31, 2020

| | | |
|---|---|---|
| Increase (decrease) in net assets attributed to: | | |
| Investment income (loss): | | |
| Dividends | $ | 4,691,000 |
| Net depreciation in fair value of investments | | (27,756,000) |
| Increase in cash surrender value of life insurance policies | | 180,000 |
| Other income | | 122,000 |
| Total investment income (loss) | | (22,763,000) |
| Employer contribution | | 10,897,000 |
| Distributions to participants | | (10,094,000) |
| Life insurance premiums | | (70,000) |
| Investment and administrative expenses | | (793,000) |
| Net decrease in net assets | | (22,823,000) |
| Net assets available for benefits, beginning of year | | 219,203,000 |
| Net assets available for benefits, end of year | $ | 196,380,000 |

See accompanying notes to financial statements.

## (1) Description of Plan

The following description of the Pacific Coast Building Products, Inc. Profit Sharing/Retirement Plan and Trust (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### *(a) General*

The Plan is sponsored by Pacific Coast Building Products, Inc. (Employer) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is a defined contribution plan which provides for retirement, disability and death benefits for substantially all nonunion employees of the Employer. Employees, other than certain employees hired as a result of an asset acquisition, who have worked 1,000 hours or more within a consecutive twelve month period commencing on their anniversary hiring date or, thereafter, commencing on the first day of each plan year, are eligible to participate in the Plan.

### *(b) Contributions*

The Employer has agreed to make a minimum annual contribution equal to 5% of the eligible compensation as defined in the Plan document of all participants. Participants may direct his or her account balance into participant directed accounts which may be invested in mutual funds, real estate investment trusts, money market funds, and equity securities currently offered under the Plan and may change their investment options at any time.

### *(c) Participant Accounts*

Individual accounts are maintained for each of the Plan's participants as well as the participant's share of the Plan's income (loss) and any related administrative expenses. Allocations are based on participant compensation or account balances, as defined. Life insurance policies purchased on behalf of participants are held by the Plan and the increase in the cash surrender value of the policies and the premium expenses are allocated to the respective participants' accounts. As of April 1, 2013, the Plan no longer allows participants to purchase life insurance policies to be held in the Plan. Policies held as of April 1, 2013 by the plan will be maintained in the Plan, subject to the provisions of the Plan document. Participants with life insurance policies held in their individual account and who have terminated or otherwise become excluded participants can elect to maintain a policy, subject to the provisions of the plan document, or surrender a policy for its cash surrender value. If a participant does not make an election, the policy will be surrendered for the cash surrender value on the policy premium due date following the date the participant was terminated or became an excluded employee.

### *(d) Vesting and Forfeitures*

A participant is 100% vested after three years of credited service or upon death, total disability or attainment of normal retirement age, as defined. Forfeitures of terminated participants' nonvested amounts are used to offset employer contributions. There were $195,000 of forfeitures for the year ended March 31, 2020. The full amount of available forfeitures was used to reduce the Employer's contribution. There were no unallocated forfeitures as of March 31, 2020 and 2019.

### *(e) Distributions to Participants*

The benefit to which a participant is entitled is the participant's account valued as of the date of distribution. Upon retirement, as defined, or total and permanent disability, a participant may generally elect to receive a lump sum distribution, an annuity, or a combination of these options. In the event of a participant's death, his or her designated beneficiary will be paid in accordance with the terms of the beneficiary designation form.

***(f) Plan Administration***

The Plan is administered by the Administrative Committee and each member of this Committee was appointed by the Board of Directors of the Employer.

**(2) Significant Accounting Policies**

***(a) Method of Accounting***

The Plan's financial statements are prepared on the accrual basis of accounting.

***(b) Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

***(c) Risks and Uncertainties***

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 the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

***(d) Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value except for its investments in life insurance policies which are stated at contract value (cash surrender value) as provided by the insurance companies. Money market funds, bonds, notes and equity securities are valued at the closing price reported on the active market on which the individual securities are traded. Mutual funds and real estate investment trusts are valued at the net asset value (NAV) of shares held by the Plan at year end.

Purchases and sales of investments are reported on a trade date basis. Dividend income is recorded on the ex-dividend date. Net appreciation (depreciation) includes gains and losses on investments bought and sold, as well as held during the year. Interest income is recognized on the accrual basis.

***(e) Fair Value Hierarchy***

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10, *Fair Value Measurement* provides guidance for measuring the fair value of assets and liabilities. The objective of a fair value measurement is to determine the price that would be received when selling an asset or paid when transferring a liability. The guidance outlines a fair value hierarchy that gives the highest priority to 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 are described below:

- Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

- Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

- Level 3 - Prices or valuations that require inputs that are both significant to their fair value measurement and unobservable.

***(f) Benefits***

Benefits paid to participants are recorded as deductions from net assets available for benefits when approved and paid by the Plan.

***(g) Administrative Expenses***

Administrative expenses incurred by the Plan are allocated to each participant account based on participant account balances.

***(h) Date of Evaluation – Subsequent Events***

Prior to year end, the World Health Organization declared the spread of Coronavirus Disease (COVID-19) a worldwide pandemic. The COVID-19 pandemic is having significant effects on global markets, supply chains, businesses, and communities. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic. This could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Because of the uncertainty, Plan management is unable to estimate the total impact the pandemic will have.

Management has evaluated subsequent events through December 21, 2020 the date on which the financial statements were available to be issued. No subsequent events requiring disclosure existed as of this date.

**(3) Investments**

Wells Fargo Bank, N.A. the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of March 31, 2020 and 2019, the statement of changes in net assets available for benefits for the year ended March 31, 2020, and the supplemental schedule of assets (held at end of year) as of March 31, 2020.

The following table sets forth by level, within the fair value hierarchy, the fair value of Plan investments:

| | Fair value | Hierarchy level 1 | Hierarchy level 2 | Hierarchy level 3 |
|---|---|---|---|---|
| At March 31, 2020: | | | | |
| Money market funds | $ 69,000 | $ 69,000 | $ — | $ — |
| Equity securities | 19,758,000 | 19,758,000 | — | — |
| Mutual funds | 146,970,000 | 146,970,000 | — | — |
| Real estate investment trusts | 16,861,000 | 16,861,000 | — | — |
| | $ 183,658,000 | $ 183,658,000 | $ — | $ - |
| At March 31, 2019: | | | | |
| Money market funds | $ 54,000 | $ 54,000 | $ — | $ — |
| Equity securities | 22,610,000 | 22,610,000 | — | — |
| Mutual funds | 165,696,000 | 165,696,000 | — | — |
| Real estate investment trusts | 18,908,000 | 18,908,000 | — | — |
| | $ 207,268,000 | $ 207,268,000 | $ — | $ - |

**(4) Party-In-Interest Transactions**

Money market funds held by the Plan are managed by Wells Fargo Bank, N.A., and the Principal Diversified Real Asset fund is managed by Principal Financial Services, Inc. and, as such, transactions in these funds qualify as party-in-interest transactions. Any purchase or sale of these funds are open market transactions at fair market value, and as such, are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

The Company provides certain accounting and administrative services for which no fees are charged.

**(5) Plan Termination**

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

**(6) Income Tax Status**

The Internal Revenue Service issued its latest opinion letter in March of 2014 which stated that the Plan and its underlying trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, management believes that the Plan's current design and operation is in compliance with the applicable requirements of the Internal Revenue Code and ERISA, and the trust which forms a part of the Plan, is exempt from income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan was restated as of April 1, 2015, and the Plan administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2020, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Pacific Coast Building Products, Inc.**
**Profit Sharing/Retirement Plan and Trust**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**
**As of March 31, 2020**

| (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 |
|---|---|---|---|---|
| * | Wells Fargo Advantage Heritage | Money Market Fund | | $ 69,000 |
| | Lazard International Equity | Equity | | 19,758,000 |
| | Artisan Mid Cap Value Fund | Mutual Fund | | 5,214,000 |
| | Conestoga Small Cap Fund | Mutual Fund | | 6,200,000 |
| | DFA International Small Company Portfolio | Mutual Fund | | 5,389,000 |
| | DFA U.S. Targeted Value Fund | Mutual Fund | | 6,204,000 |
| | DFA USA Large Cap | Mutual Fund | | 7,425,000 |
| | Dodge & Cox Stock Fund | Mutual Fund | | 7,519,000 |
| | Harbor Capital Appreciation Fund | Mutual Fund | | 7,918,000 |
| | Harding Loevner International Equity Fund | Mutual Fund | | 14,376,000 |
| | Nationwide Geneva MidCap Growth Fund | Mutual Fund | | 5,169,000 |
| | Parametric Emerging Markets Tax Managed | Mutual Fund | | 9,567,000 |
| | PIMCO International Bond Unhedged Instl Fund | Mutual Fund | | 7,294,000 |
| | PIMCO Total Return Fund | Mutual Fund | | 13,785,000 |
| | Templeton Global Total Return Fund | Mutual Fund | | 2,655,000 |
| | Touchstone High Yield Fund | Mutual Fund | | 5,270,000 |
| | Vanguard Short Term Investment Fund | Mutual Fund | | 9,730,000 |
| | Vanguard Institutional Index Fund | Mutual Fund | | 20,373,000 |
| | Vanguard Total Bond Fund | Mutual Fund | | 12,882,000 |
| | DFA International Real Estate Fund | Real Estate Investment Trust | | 4,425,000 |
| | DFA Real Estate Securities | Real Estate Investment Trust | | 4,292,000 |
| | Hartford Global Real Asset | Real Estate Investment Trust | | 4,075,000 |
| * | Principal Diversified Real Asset | Real Estate Investment Trust | | 4,069,000 |
| | | | | $ 183,658,000 |
| Life insurance policies: | | | | |
| | Mass Mutual | Graded premium life insurance policies | | 1,155,000 |
| | Mass Mutual UL | Level premium universal life insurance policies | | 140,000 |
| | Protective | Level premium universal life insurance policies | | 32,000 |
| | Lafayette Life | Level premium universal life insurance policies | | 528,000 |
| | Total life insurance policies | | | $ 1,855,000 |
| | | | | $ 185,513,000 |

* Indicates a party-in-interest.
** Cost omitted for participant-directed accounts

See accompanying independent auditors' report.