

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>04/01/2019</u> and ending <u>03/31/2020</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1967</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1967</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1967</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MILES SAND AND GRAVEL COMPANY</u> <div style="display: flex; justify-content: space-between;"> <div><u>400 VALLEY AVENUE NE</u> <u>PUYALLUP, WA 98372-2516</u></div> <div><u>400 VALLEY AVENUE NE</u> <u>PUYALLUP, WA 98372-2516</u></div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0815076</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>253-833-3705</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0815076</u>	2c Plan Sponsor's telephone number <u>253-833-3705</u>	2d Business code (see instructions) <u>327900</u>	
2b Employer Identification Number (EIN) <u>91-0815076</u>					
2c Plan Sponsor's telephone number <u>253-833-3705</u>					
2d Business code (see instructions) <u>327900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/12/2021	TIM KITTILSBY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/12/2021	TIM KITTILSBY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ADV. COMMITTEE OF PROFIT SHARING TRUST 400 VALLEY AVENUE NE PUYALLUP, WA 98372-2526	3b Administrator's EIN 51-6032461 3c Administrator's telephone number 253-833-3705
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 417
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 388 6a(2) 402 6b 0 6c 20 6d 422 6e 2 6f 424 6g 424 6h 19
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 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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 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
		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 MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MILES SAND AND GRAVEL COMPANY	D Employer Identification Number (EIN) 91-0815076	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WELLS FARGO BANK NA
94-1347393

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

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

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

WELLS FARGO BANK NA

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 51 52	NONE	166867	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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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 <u>MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MILES SAND AND GRAVEL COMPANY</u>	D Employer Identification Number (EIN) <u>91-0815076</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO SMALL CAP VALUE CIT N</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK NA</u>		
c EIN-PN <u>83-6834374-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1208631</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO INTL EQUITY INDEX CIT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK NA</u>		
c EIN-PN <u>52-2265229-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2568279</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CORE BOND CIT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK NA</u>		
c EIN-PN <u>94-3222878-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11816033</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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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 MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MILES SAND AND GRAVEL COMPANY	D Employer Identification Number (EIN) 91-0815076	

Part I	Asset and Liability Statement
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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)	2836279	3049938
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	19924	21204
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1967965	4020714
(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)	18936321	14758396
(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)	19188550	15592943
(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)	3933644	1199271
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	46882683 38642466
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	46882683 38642466

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	3049938
	(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)	3049938
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	36010
	(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)	36010
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	280887
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	280887
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	28025282
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23929145
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	4096137
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-3029495
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-3029495

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-2034469
(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)		-1044081
c Other income	2c		5731
d Total income. Add all income amounts in column (b) and enter total	2d		1360658

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9434008	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		9434008
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)	166867	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		166867
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9600875

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8240217
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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **PATRICIA A COVENTRY CPA PS**

(2) EIN: **83-2730738**

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.
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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 <u>MILES SAND AND GRAVEL COMPANY PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MILES SAND AND GRAVEL COMPANY</u>	D Employer Identification Number (EIN) <u>91-0815076</u>

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	
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): <u>41-6257133</u>		
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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current year.....

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

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year.....

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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.....

FINANCIAL REPORT

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN

March 31, 2020 and 2019

INDEX

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INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of **Miles Sand & Gravel Company Profit Sharing Retirement Plan**, which comprise the statements of net assets available for benefits as of March 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 8 which was certified by Wells Fargo Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2020 and 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, I have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held for investment purposes, and reportable transactions as of or for the year ended March 31, 2020, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on these supplemental schedules.

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

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

Handwritten signature of Patricia A. Coventry in cursive, followed by the text "CPA P.S." in a sans-serif font.

Patricia A. Coventry, CPA P.S.
Certified Public Accountant
Sumner, WA
January 12, 2021

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
March 31, 2020 and 2019

3.

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments at fair value: (Notes 2, 5, 6, and 7)		
Cash equivalents	\$ 4,020,714	\$ 1,967,965
Common stocks	14,758,396	18,936,321
Mutual funds	1,199,271	3,933,644
Collective investment funds	15,592,943	19,188,550
Total investments	<u>35,571,324</u>	<u>44,026,480</u>
Receivables:		
Accrued interest and dividends	21,204	19,924
Employer contribution	3,049,938	2,836,279
Total receivables	<u>3,071,142</u>	<u>2,856,203</u>
TOTAL ASSETS	<u>\$ 38,642,466</u>	<u>\$ 46,882,683</u>
LIABILITIES		
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 38,642,466</u>	<u>\$ 46,882,683</u>

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

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years ended March 31, 2020 and 2019

4.

	<u>2020</u>	<u>2019</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Dividend income	\$ 280,887	\$ 252,615
Interest income	36,010	32,700
Net appreciation (depreciation) in fair value of investments (Note 2)	(2,011,908)	2,665,106
Miscellaneous income	5,731	8,135
	<u>(1,689,280)</u>	<u>2,958,556</u>
Contributions:		
Employer	<u>3,049,938</u>	<u>2,836,279</u>
TOTAL ADDITIONS	<u>1,360,658</u>	<u>5,794,835</u>
DEDUCTIONS		
Deductions from net assets attributed to:		
Investment management expenses (Note 4)	166,867	157,969
Benefits paid to participants	<u>9,434,008</u>	<u>3,830,053</u>
TOTAL DEDUCTIONS	<u>9,600,875</u>	<u>3,988,022</u>
NET INCREASE (DECREASE)	<u>(8,240,217)</u>	<u>1,806,813</u>
Net assets available for benefits at the beginning of year	<u>46,882,683</u>	<u>45,075,870</u>
NET ASSETS AVAILABLE FOR BENEFITS AT THE END OF YEAR	\$ <u>38,642,466</u>	\$ <u>46,882,683</u>

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

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2020 and 2019

5.

NOTE 1 - DESCRIPTION OF PLAN:

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

A. General:

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

B. Contributions:

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

C. Participants Accounts:

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

D. Vesting and Forfeitures:

Vesting is based on years of continuous service. A participant is 100 percent vested after six or more years of credited service. Forfeited non vested accounts of terminated participants are used to pay plan expenses first, and then any remaining forfeitures are allocated as additional discretionary nonelective contribution. At March 31, 2020 and 2019 forfeited nonvested accounts totaled \$91,217 and \$102,710 respectively. These forfeitures were used to pay plan expenses.

E. Payment of Benefits:

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

F. Tax Status:

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable authorities. The plan is subject to routine audits by taxing jurisdictions; however there are currently no audits for any tax periods in progress.

(Continued)

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2020 and 2019

6.

NOTE 1 - DESCRIPTION OF PLAN: (CONTINUED)

The Plan's audit workpapers were audited by the Department of Labor for the plan year ending 3/31/18 in January 2020. On January 15, 2020 the plan administrator was notified no material audit or reporting deficiencies were noted.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES:

Basis of Accounting:

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

Investments Valuation and Income Recognition:

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

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

Use of Estimates:

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

Payment of Benefits:

Benefits are recorded when paid.

NOTE 3 - PLAN TERMINATION:

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

NOTE 4 - PARTY IN INTEREST TRANSACTIONS AND EXPENSES:

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

NOTE 5 - RISK AND UNCERTAINTIES:

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

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2020 and 2019

7.

NOTE 6 - BANK TRUST FUNDS:

Details for the year ended March 31, 2020 including the employer contribution receivable is as follows:

	Wells Fargo Bank	Total
Balance at March 31, 2019	\$ 46,882,683	\$ 46,882,683
Dividend and interest income	316,897	316,897
Unrealized (depreciation)	(6,108,045)	(6,108,045)
Realized gains	4,096,137	4,096,137
Miscellaneous income	5,731	5,731
Employers' contributions	3,049,938	3,049,938
Benefits paid to participants	(9,434,007)	(9,434,007)
Investment management expenses	(166,868)	(166,868)
Balance at March 31, 2020	\$ <u>38,642,466</u>	\$ <u>38,642,466</u>

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

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

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2020 and 2019

8.

NOTE 7 - FAIR VALUE MEASUREMENTS:

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - *Quoted prices for similar assets or liabilities in active markets;
 - *Quoted prices for identical or similar assets or liabilities in inactive markets;
 - *Inputs other than quoted prices that are observable for the asset or liability;
 - *Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2020 and 2019.

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

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

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

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

(Continued)

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2020 and 2019

9.

NOTE 7 - FAIR VALUE MEASUREMENTS: (CONTINUED)

The following tables set forth by level within the fair value hierarchy, the Plan's investments at fair value as of March 31, 2020 and 2019:

<u>Assets at Fair Value As of March 31, 2020</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 4,020,714	\$ -	\$ -	\$ 4,020,714
Common stocks	14,758,396	-	-	14,758,396
Mutual funds	1,199,271	-	-	1,199,271
Total	19,978,381	-	-	19,978,381
Investments measured at (NAV) per share (common / collective trusts)	-	-	-	15,592,943
Total investments at fair value	\$ 19,978,381	-	-	\$ 35,571,324

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

Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair hierarchy to the amounts presented in the statements of net assets available for benefits.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended March 31, 2020 and 2019, are reported in net appreciation (depreciation) in fair value of investments.

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2020 and 2019

10.

NOTE 8 - CERTIFIED INVESTMENTS:

The March 31, 2020 and 2019, Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the years ended March 31, 2020 and 2019, the accompanying notes to the financial statements and supplemental schedules were prepared in part or entirely from information certified by the Trustee (Wells Fargo Bank) as complete and accurate in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The information certified includes total investments of \$35,571,324 and \$44,026,480, and related income less investment expenses of \$(1,856,147) and \$2,800,587 at March 31, 2020 and 2019 respectively.

NOTE 9 - SUBSEQUENT EVENTS:

The plan has evaluated subsequent events through January 12, 2021, the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES

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

11.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2020

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d)	(e) Current Value	
Identity of issue, borrower, lessor or similar party				Cost		
Accenture PLC		Common Stock	687	\$ 82,255	\$	112,160
Aercap Holdings NV		Common Stock	3,936	163,898		89,701
Alcon, Inc		Common Stock	2,900	172,137		147,378
Anheuser-Busch Inbev SPN		Common Stock	2,483	233,133		109,550
APTIV, PLC		Common Stock	1,450	124,357		71,398
Ferrari NV		Common Stock	755	88,183		115,190
Medtronic, PLC		Common Stock	2,613	230,698		235,640
Nestle S.A. Registered Shares		Common Stock	828	64,521		85,276
Nintendo Co., LTD. - ADR		Common Stock	2,230	80,399		107,664
NXP Semi Conductors NV		Common Stock	2,061	171,642		170,919
Tencent Holdings Limited		Common Stock	3,595	107,578		176,479
Waste Connections, Inc.		Common Stock	2,525	155,689		195,688
Air Prods & Chems Inc Com		Common Stock	755	128,671		150,706
Vulcan Materials Company		Common Stock	2,889	357,270		312,214
Cintas Corp.		Common Stock	685	111,921		118,656
General Dynamics Corp.		Common Stock	1,425	264,711		188,542
Honeywell International Inc.		Common Stock	1,530	104,085		204,699
Mercadolibre Inc.		Common Stock	210	72,126		102,602
Union Pacific Corp.		Common Stock	1,320	177,415		186,173
United Parcel Service - CI B		Common Stock	1,820	164,346		170,024
Advance Auto Parts Inc.		Common Stock	1,603	206,047		149,592
Amazon Com Inc. Com		Common Stock	521	713,263		1,015,804
Comcast Corp. Class A		Common Stock	6,828	228,027		234,747
Dollar Tree Inc.		Common Stock	2,231	185,532		163,912
Home Depot Inc.		Common Stock	1,090	171,368		203,514
Netflix Inc.		Common Stock	365	90,102		137,058
Sherwin Williams Co.		Common Stock	415	160,329		190,701
Walt Disney Co.		Common Stock	2,032	217,611		196,291
Kroger Co.		Common Stock	4,873	115,115		146,775
Mondelez International Inc.		Common Stock	4,924	206,183		246,594
Pepsico Inc.		Common Stock	769	86,430		92,357
Chevron Corp.		Common Stock	1,475	161,437		106,879
Concho Resources Inc.		Common Stock	1,329	158,674		56,948
Conocophillips		Common Stock	1,519	92,026		46,785
EOG Resources, Inc.		Common Stock	1,430	116,120		51,366
Allstate Corp.		Common Stock	1,804	114,946		165,481
American International Group, Inc.		Common Stock	5,228	285,475		126,779
Bank of America Corp.		Common Stock	9,099	249,104		193,172
Cigna Corporation		Common Stock	1,489	228,424		263,821
Balance forward				\$ 6,841,246	\$	6,839,230

MILES SAND & GRAVEL COMPANY
 EIN 91-0815076 - PLAN NUMBER: 001
 PROFIT SHARING RETIREMENT PLAN
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 March 31, 2020

12.

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance forward		\$ 6,841,246	\$ 6,839,230
	Fleetcor Technologies Inc.	Common Stock 435	88,862	81,145
	Goldman Sachs Group Inc.	Common Stock 825	164,751	127,537
	Intercontinental Exchange, Inc.	Common Stock 5,109	358,395	412,552
	JPMorgan Chase & Co.	Common Stock 1,732	159,342	155,932
	Marsh & McLennan Cos. Inc.	Common Stock 1,178	104,339	101,850
	S&P Global Inc.	Common Stock 630	117,636	154,382
	SBA Communications Corp.	Common Stock 555	110,419	149,833
	Trust Financial Corporation	Common Stock 5,338	226,582	164,624
	US Bancorp	Common Stock 3,943	162,665	135,836
	Alphabet Inc. Cl A	Common Stock 362	277,392	420,626
	Alphabet Inc. Cl C	Common Stock 332	283,985	386,053
	Apple Inc.	Common Stock 371	20,033	94,342
	Autodesk Inc.	Common Stock 840	121,891	131,124
	Cisco Systems Inc.	Common Stock 5,119	162,492	201,228
	Fiserv Inc.	Common Stock 1,735	100,675	164,808
	Global PMTS Inc. W/I	Common Stock 1,304	164,178	188,076
	I AC / Interactive Corp.	Common Stock 550	121,241	98,577
	Microsoft Corp.	Common Stock 6,191	462,205	976,383
	On Semiconductor Corp.	Common Stock 7,223	140,959	89,854
	Visa Inc - Class A Shrs.	Common Stock 3,793	449,577	611,128
	Nextera Energy, Inc.	Common Stock 1,047	80,941	251,929
	Abbott Labs	Common Stock 1,363	46,275	107,554
	Boston Scientific Corp. Com.	Common Stock 4,755	143,416	155,156
	Dexcom Inc.	Common Stock 580	86,458	156,177
	Edwards Lifesciences Corp.	Common Stock 590	81,994	111,286
	Eli Lilly & Co. Com.	Common Stock 898	84,559	124,571
	Exact Sciences Corp.	Common Stock 1,790	167,274	103,820
	Intuitive Surgical Inc.	Common Stock 325	176,828	160,943
	Merck & Co. Inc. New	Common Stock 6,046	440,043	465,179
	Stryker Corp.	Common Stock 944	171,080	157,167
	Unitedhealth Group Inc.	Common Stock 1,185	184,458	295,515
	Motorola Solutions, Inc.	Common Stock 2,688	278,305	357,289
	Verizon Communications	Common Stock 4,429	213,609	237,970
	Paypal Holdings Inc.	Common Stock 1,905	165,809	182,385
	Servicenow Inc.	Common Stock 720	136,251	206,338
	WF Emerging Growth Fund	Mutual Fund 100,424.590	1,361,474	1,199,270
	WF Blackrock ST Inv Fund F	Cash Equiv. 4,066,873.040	4,066,873	4,066,873
	Balance forward		\$ 18,524,512	\$ 20,024,539

MILES SAND & GRAVEL COMPANY
EIN 91-0815076 - PLAN NUMBER: 001
PROFIT SHARING RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
March 31, 2020

13.

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Balance forward		\$ 18,524,512	\$ 20,024,539
	WF Blackrock Int'l Eq In CIT F	Collective Fund 199,349.514	2,000,795	2,568,279
	WF Core Bond CIT F	Collective Fund 948,340.064	8,653,287	11,816,033
	WF Sp Small Cap Value CIT N	Collective Fund 173,312.707	1,781,672	1,208,631
	Net Pending Trades	Cash Equiv. (46,159)	(46,159)	(46,159)
	TOTAL ASSETS AT END OF YEAR		\$ 30,914,107	\$ 35,571,323

MILES SAND & GRAVEL COMPANY
EIN 91-0815076 - PLAN NUMBER: 001
PROFIT SHARING RETIREMENT PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended March 31, 2020

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Number of Purchases</u>	<u>Purchase Price</u>
<u>Wells Fargo Bank Trust Funds:</u>			
Short-Term Invt. Fund F (5% by issue)	Cash Equivalents	207	\$ 13,383,996
Short-Term Invt. Fund F (5% by issue)	Cash Equivalents	-	-
Short Term Invt. Fund F (5% by single trans.)	Cash Equivalents	1	2,425,086
Short Term Invt. Fund F (5% by single trans.)	Cash Equivalents	1	2,836,279
Short Term Invt. Fund F (5% by single trans.)	Cash Equivalents	1	2,698,289
Short Term Invt. Fund F (5% by single trans.)	Cash Equivalents	-	-
Special Small Cap CIT N (5% by issue) *	Collective Fund	1	2,400,000
Special Small Cap CIT N (5% by issue)	Collective Fund	-	-
Core Bond CIT F (5% by issue)	Collective Fund	-	-
Core Bond CIT F (5% by single trans.)	Collective Fund	-	-
Intrins S/C Value (5% by issue)	Mutual Fund	-	-

* Also reportable as 5% by single transaction

<u>Number of Sales</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expense Incurred With Transaction</u>	<u>Cost of Asset</u>	<u>Current Value on Transaction Date</u>	<u>Net Gain or (Loss)</u>
-	\$ -	-	-	\$ 13,383,996	\$ 13,383,996	\$ -
111	11,286,724	-	-	11,286,724	11,286,724	-
-	-	-	-	2,425,086	2,425,086	-
-	-	-	-	2,836,279	2,836,279	-
-	-	-	-	2,698,289	2,698,289	-
1	2,400,000	-	-	2,400,000	2,400,000	-
-	-	-	-	2,400,000	2,400,000	-
1	390,000	-	-	618,328	390,000	(228,328)
2	4,560,000	-	-	2,833,459	4,560,000	1,726,541
1	3,000,000	-	-	1,873,693	3,000,000	1,126,307
1	2,432,165	-	-	1,557,347	2,432,165	874,818

Multiple Employer Plan Participating Employer Information (5500)

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

	(a) Name of participating employer	(b) EIN	(c) Percent of Total Contributions
1	Miles Sand & Gravel Company	91-0815076	94.89%
2	Port Orchard Sand & Gravel Co., Inc.	91-0540510	5.11%

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Accenture PLC	Common Stock 687 shs	82,255	112,160
	Aercap Holdings NV	Common Stock 3,936 shs	163,898	89,701
	Alcon, Inc	Common Stock 2,900 shs	172,137	147,378
	Anheuser-Busch Inbev SPN	Common Stock 2,483 shs	233,133	109,550
	APTIV, PLC	Common Stock 1,450 shs	124,357	71,398
	Ferrari NV	Common Stock 755 shs	88,183	115,190
	Medtronic, PLC	Common Stock 2,613 shs	230,698	235,640
	Nestle S.A. Registered Shares	Common Stock 828 shs	64,521	85,276
	Nintendo Co., LTD. - ADR	Common Stock 2,230 shs	80,399	107,664
	NXP Semi Conductors NV	Common Stock 2,061 shs	171,642	170,919
	Tencent Holdings Limited	Common Stock 3,595 shs	107,578	176,479
	Waste Connections, Inc.	Common Stock 2,525 shs	155,689	195,688
	Air Prods & Chems Inc Com	Common Stock 755 shs	128,671	150,706
	Vulcan Materials Company	Common Stock 2,889 shs	357,270	312,214
	Cintas Corp.	Common Stock 685 shs	111,921	118,656
	General Dynamics Corp.	Common Stock 1,425 shs	264,711	188,542
	Honeywell International Inc.	Common Stock 1,530 shs	104,085	204,699
	Mercadolibre Inc.	Common Stock 210 shs	72,126	102,602
	Union Pacific Corp.	Common Stock 1,320 shs	177,415	186,173
	United Parcel Service - Cl B	Common Stock 1,820 shs	164,346	170,024
	Advance Auto Parts Inc.	Common Stock 1,603 shs	206,047	149,592
	Amazon Com Inc. Com	Common Stock 521 shs	713,263	1,015,804
	Comcast Corp. Class A	Common Stock 6,828 shs	228,027	234,747
	Dollar Tree Inc.	Common Stock 2,231 shs	185,532	163,912
	Home Depot Inc.	Common Stock 1,090 shs	171,368	203,514
	Netflix Inc.	Common Stock 365 shs	90,102	137,058
	Sherwin Williams Co.	Common Stock 415 shs	160,329	190,701
	Walt Disney Co.	Common Stock 2,032 shs	217,611	196,291
	Kroger Co.	Common Stock 4,873 shs	115,115	146,775
	Mondelez International Inc.	Common Stock 4,924 shs	206,183	246,594
	Pepsico Inc.	Common Stock 769 shs	86,430	92,357
	Chevron Corp.	Common Stock 1,475 shs	161,437	106,879
	Concho Resources Inc.	Common Stock 1,329 shs	158,674	56,948
	Conocophillips	Common Stock 1,519 shs	92,026	46,785
	EOG Resources, Inc.	Common Stock 1,430 shs	116,120	51,366
	Allstate Corp.	Common Stock 1,804 shs	114,946	165,481
	American Int'l Group, Inc.	Common Stock 5,228 shs	285,475	126,779
	Bank of America Corp.	Common Stock 9,099 shs	249,104	193,172
	Cigna Corporation	Common Stock 1,489 shs	228,424	263,821
	Fleetcor Technologies Inc.	Common Stock 435 shs	88,862	81,145
	Goldman Sachs Group Inc.	Common Stock 825 shs	164,751	127,537
	Intercontinental Exchange, Inc.	Common Stock 5,109 shs	358,395	412,552
	JPMorgan Chase & Co.	Common Stock 1,732 shs	159,342	155,932
	Marsh & McLennan Cos. Inc.	Common Stock 1,178 shs	104,339	101,850
	S&P Global Inc.	Common Stock 630 shs	117,636	154,382
	SBA Communications Corp.	Common Stock 555 shs	110,419	149,833
	Balance forward		7,944,991	8,022,460

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

[illegible]

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
WELLS FARGO BANK: 5% TRANSACTIONS SERIES BY ISSUE								
ISSUE: Wells Fargo Short Term Investment Fund F								
	WF St Inv. Fd F	4,365			0	4,365	4,365	
	WF St Inv. Fd F	17,946			0	17,946	17,946	
	WF St Inv. Fd F	35			0	35	35	
	WF St Inv. Fd F	92,517			0	92,517	92,517	
	WF St Inv. Fd F	2,299			0	2,299	2,299	
	WF St Inv. Fd F	7,220			0	7,220	7,220	
	WF St Inv. Fd F	3,877			0	3,877	3,877	
	WF St Inv. Fd F	632			0	632	632	
	WF St Inv. Fd F	1,479			0	1,479	1,479	
	WF St Inv. Fd F	74,525			0	74,525	74,525	
	WF St Inv. Fd F	1,054			0	1,054	1,054	
	WF St Inv. Fd F	49,922			0	49,922	49,922	
	WF St Inv. Fd F	582			0	582	582	
	WF St Inv. Fd F	3,057			0	3,057	3,057	
	WF St Inv. Fd F	8			0	8	8	
	WF St Inv. Fd F	20,704			0	20,704	20,704	
	WF St Inv. Fd F	361			0	361	361	
	WF St Inv. Fd F	689			0	689	689	
	WF St Inv. Fd F	22,820			0	22,820	22,820	
	WF St Inv. Fd F	2,652			0	2,652	2,652	
	WF St Inv. Fd F	10,377			0	10,377	10,377	
	WF St Inv. Fd F	9,536			0	9,536	9,536	
	WF St Inv. Fd F	6,375			0	6,375	6,375	
	WF St Inv. Fd F	8,961			0	8,961	8,961	
	WF St Inv. Fd F	7,045			0	7,045	7,045	
	WF St Inv. Fd F	3,113			0	3,113	3,113	
	WF St Inv. Fd F	2,324			0	2,324	2,324	
	WF St Inv. Fd F	3,090			0	3,090	3,090	
	WF St Inv. Fd F	130,123			0	130,123	130,123	
	WF St Inv. Fd F	11,999			0	11,999	11,999	
	WF St Inv. Fd F	269			0	269	269	
	WF St Inv. Fd F	78			0	78	78	
	WF St Inv. Fd F	35,421			0	35,421	35,421	
	WF St Inv. Fd F	11,108			0	11,108	11,108	
	WF St Inv. Fd F	37			0	37	37	
	WF St Inv. Fd F	44,718			0	44,718	44,718	
	WF St Inv. Fd F	943			0	943	943	
	WF St Inv. Fd F	525			0	525	525	
	WF St Inv. Fd F	163			0	163	163	
	WF St Inv. Fd F	99,293			0	99,293	99,293	
	WF St Inv. Fd F	2,047			0	2,047	2,047	
	WF St Inv. Fd F	237			0	237	237	
	WF St Inv. Fd F	2,604			0	2,604	2,604	
Balance forward: Wells Fargo ST Inv. Fund F					0	697,130	697,130	

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

(a) Identity of party Inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Wells Fargo ST Inv Fd F fr: pg. 1					0	697,130	697,130	
	WF St Inv. Fd F	61			0	61	61	
	WF St Inv. Fd F	2,021			0	2,021	2,021	
	WF St Inv. Fd F	22,327			0	22,327	22,327	
	WF St Inv. Fd F	1,498			0	1,498	1,498	
	WF St Inv. Fd F	7,080			0	7,080	7,080	
	WF St Inv. Fd F	7,080			0	7,080	7,080	
	WF St Inv. Fd F	28,413			0	28,413	28,413	
	WF St Inv. Fd F	2,425,086	*		0	2,425,086	2,425,086	
	WF St Inv. Fd F	132,680			0	132,680	132,680	
	WF St Inv. Fd F	421			0	421	421	
	WF St Inv. Fd F	2,836,279	*		0	2,836,279	2,836,279	
	WF St Inv. Fd F	681			0	681	681	
	WF St Inv. Fd F	957			0	957	957	
	WF St Inv. Fd F	417			0	417	417	
	WF St Inv. Fd F	3,183			0	3,183	3,183	
	WF St Inv. Fd F	584			0	584	584	
	WF St Inv. Fd F	3,682			0	3,682	3,682	
	WF St Inv. Fd F	11,682			0	11,682	11,682	
	WF St Inv. Fd F	103,731			0	103,731	103,731	
	WF St Inv. Fd F	859			0	859	859	
	WF St Inv. Fd F	2,462			0	2,462	2,462	
	WF St Inv. Fd F	332			0	332	332	
	WF St Inv. Fd F	1,862			0	1,862	1,862	
	WF St Inv. Fd F	858			0	858	858	
	WF St Inv. Fd F	4,236			0	4,236	4,236	
	WF St Inv. Fd F	37,658			0	37,658	37,658	
	WF St Inv. Fd F	771			0	771	771	
	WF St Inv. Fd F	17,394			0	17,394	17,394	
	WF St Inv. Fd F	15,942			0	15,942	15,942	
	WF St Inv. Fd F	3,594			0	3,594	3,594	
	WF St Inv. Fd F	37,877			0	37,877	37,877	
	WF St Inv. Fd F	11,682			0	11,682	11,682	
	WF St Inv. Fd F	1,276			0	1,276	1,276	
	WF St Inv. Fd F	28,682			0	28,682	28,682	
	WF St Inv. Fd F	16,810			0	16,810	16,810	
	WF St Inv. Fd F	29,758			0	29,758	29,758	
	WF St Inv. Fd F	3,208			0	3,208	3,208	
	WF St Inv. Fd F	908			0	908	908	
	WF St Inv. Fd F	109,094			0	109,094	109,094	
	WF St Inv. Fd F	3,320			0	3,320	3,320	
	WF St Inv. Fd F	56,071			0	56,071	56,071	
	WF St Inv. Fd F	26,097			0	26,097	26,097	
	WF St Inv. Fd F	1,431			0	1,431	1,431	
	WF St Inv. Fd F	2,698,289	*		0	2,698,289	2,698,289	
Balance forward: Wells Fargo St Inv. Fund F					0	9,395,464	9,395,464	

* Single Transaction is 5% Reportable

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Wells Fargo ST Inv Fd F fr: pg. 2					0	9,395,464	9,395,464	
	WF St Inv. Fd F	1,868			0	1,868	1,868	
	WF St Inv. Fd F	1,660,994			0	1,660,994	1,660,994	
	WF St Inv. Fd F	630,000			0	630,000	630,000	
	WF St Inv. Fd F	370			0	370	370	
	WF St Inv. Fd F	2,014			0	2,014	2,014	
	WF St Inv. Fd F	344			0	344	344	
	WF St Inv. Fd F	54			0	54	54	
	WF St Inv. Fd F	1,515			0	1,515	1,515	
	WF St Inv. Fd F	5,501			0	5,501	5,501	
	WF St Inv. Fd F	3,937			0	3,937	3,937	
	WF St Inv. Fd F	486			0	486	486	
	WF St Inv. Fd F	2,788			0	2,788	2,788	
	WF St Inv. Fd F	7,579			0	7,579	7,579	
	WF St Inv. Fd F	1,439			0	1,439	1,439	
	WF St Inv. Fd F	24,474			0	24,474	24,474	
	WF St Inv. Fd F	597			0	597	597	
	WF St Inv. Fd F	3,592			0	3,592	3,592	
	WF St Inv. Fd F	36,781			0	36,781	36,781	
	WF St Inv. Fd F	4,301			0	4,301	4,301	
	WF St Inv. Fd F	755			0	755	755	
	WF St Inv. Fd F	2,377			0	2,377	2,377	
	WF St Inv. Fd F	1,418			0	1,418	1,418	
	WF St Inv. Fd F	2,893			0	2,893	2,893	
	WF St Inv. Fd F	2,946			0	2,946	2,946	
	WF St Inv. Fd F	1,122			0	1,122	1,122	
	WF St Inv. Fd F	25,731			0	25,731	25,731	
	WF St Inv. Fd F	1,300			0	1,300	1,300	
	WF St Inv. Fd F	343			0	343	343	
	WF St Inv. Fd F	32,705			0	32,705	32,705	
	WF St Inv. Fd F	25,520			0	25,520	25,520	
	WF St Inv. Fd F	36,326			0	36,326	36,326	
	WF St Inv. Fd F	2,019			0	2,019	2,019	
	WF St Inv. Fd F	3,759			0	3,759	3,759	
	WF St Inv. Fd F	1,641			0	1,641	1,641	
	WF St Inv. Fd F	108			0	108	108	
	WF St Inv. Fd F	1,756			0	1,756	1,756	
	WF St Inv. Fd F	551			0	551	551	
	WF St Inv. Fd F	32,371			0	32,371	32,371	
	WF St Inv. Fd F	32,450			0	32,450	32,450	
	WF St Inv. Fd F	4,240			0	4,240	4,240	
	WF St Inv. Fd F	5,687			0	5,687	5,687	
	WF St Inv. Fd F	24,665			0	24,665	24,665	
	WF St Inv. Fd F	3,937			0	3,937	3,937	
	WF St Inv. Fd F	1,404			0	1,404	1,404	
	WF St Inv. Fd F	38,492			0	38,492	38,492	
Balance forward: Wells Fargo St Inv. Fund F					0	12,070,614	12,070,614	

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Wells Fargo ST Inv Fd F fr: pg. 3					0	12,070,614	12,070,614	
	WF St Inv. Fd F	15,118			0	15,118	15,118	
	WF St Inv. Fd F	635			0	635	635	
	WF St Inv. Fd F	3,283			0	3,283	3,283	
	WF St Inv. Fd F	41,875			0	41,875	41,875	
	WF St Inv. Fd F	32,696			0	32,696	32,696	
	WF St Inv. Fd F	1,611			0	1,611	1,611	
	WF St Inv. Fd F	513			0	513	513	
	WF St Inv. Fd F	1,668			0	1,668	1,668	
	WF St Inv. Fd F	755			0	755	755	
	WF St Inv. Fd F	4,106			0	4,106	4,106	
	WF St Inv. Fd F	1,658			0	1,658	1,658	
	WF St Inv. Fd F	1,986			0	1,986	1,986	
	WF St Inv. Fd F	22,723			0	22,723	22,723	
	WF St Inv. Fd F	2,972			0	2,972	2,972	
	WF St Inv. Fd F	1,001			0	1,001	1,001	
	WF St Inv. Fd F	1,300			0	1,300	1,300	
	WF St Inv. Fd F	2,334			0	2,334	2,334	
	WF St Inv. Fd F	4,008			0	4,008	4,008	
	WF St Inv. Fd F	2,431			0	2,431	2,431	
	WF St Inv. Fd F	1,637			0	1,637	1,637	
	WF St Inv. Fd F	118			0	118	118	
	WF St Inv. Fd F	2,410			0	2,410	2,410	
	WF St Inv. Fd F	5,783			0	5,783	5,783	
	WF St Inv. Fd F	581			0	581	581	
	WF St Inv. Fd F	1,533			0	1,533	1,533	
	WF St Inv. Fd F	3,395			0	3,395	3,395	
	WF St Inv. Fd F	635			0	635	635	
	WF St Inv. Fd F	3,524			0	3,524	3,524	
	WF St Inv. Fd F	7,983			0	7,983	7,983	
	WF St Inv. Fd F	1,071			0	1,071	1,071	
	WF St Inv. Fd F	2,061			0	2,061	2,061	
	WF St Inv. Fd F	1,359			0	1,359	1,359	
	WF St Inv. Fd F	1,668			0	1,668	1,668	
	WF St Inv. Fd F	4,373			0	4,373	4,373	
	WF St Inv. Fd F	755			0	755	755	
	WF St Inv. Fd F	1,658			0	1,658	1,658	
	WF St Inv. Fd F	626			0	626	626	
	WF St Inv. Fd F	1,492			0	1,492	1,492	
	WF St Inv. Fd F	34,093			0	34,093	34,093	
	WF St Inv. Fd F	1,109			0	1,109	1,109	
	WF St Inv. Fd F	1,300			0	1,300	1,300	
	WF St Inv. Fd F	26,474			0	26,474	26,474	
	WF St Inv. Fd F	1,581			0	1,581	1,581	
	WF St Inv. Fd F	233			0	233	233	
	WF St Inv. Fd F	1,824			0	1,824	1,824	
Balance forward: Wells Fargo St Inv. Fund F					0	12,322,563	12,322,563	

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Wells Fargo ST Inv Fd F fr: pg. 4						0	12,322,563	12,322,563
	WF St Inv. Fd F	1,425			0	1,425	1,425	
	WF St Inv. Fd F	2,583			0	2,583	2,583	
	WF St Inv. Fd F	688			0	688	688	
	WF St Inv. Fd F	1,547			0	1,547	1,547	
	WF St Inv. Fd F	118			0	118	118	
	WF St Inv. Fd F	830			0	830	830	
	WF St Inv. Fd F	1,752			0	1,752	1,752	
	WF St Inv. Fd F	1,860			0	1,860	1,860	
	WF St Inv. Fd F	1,529			0	1,529	1,529	
	WF St Inv. Fd F	2,859			0	2,859	2,859	
	WF St Inv. Fd F	1,743			0	1,743	1,743	
	WF St Inv. Fd F	1,533			0	1,533	1,533	
	WF St Inv. Fd F	1,953			0	1,953	1,953	
	WF St Inv. Fd F	31,043			0	31,043	31,043	
	WF St Inv. Fd F	5,105			0	5,105	5,105	
	WF St Inv. Fd F	1,585			0	1,585	1,585	
	WF St Inv. Fd F	1,221			0	1,221	1,221	
	WF St Inv. Fd F	50,936			0	50,936	50,936	
	WF St Inv. Fd F	54,182			0	54,182	54,182	
	WF St Inv. Fd F	13,345			0	13,345	13,345	
	WF St Inv. Fd F	169,608			0	169,608	169,608	
	WF St Inv. Fd F	30,161			0	30,161	30,161	
	WF St Inv. Fd F	24,604			0	24,604	24,604	
	WF St Inv. Fd F	5,769			0	5,769	5,769	
	WF St Inv. Fd F	1,109			0	1,109	1,109	
	WF St Inv. Fd F	18,877			0	18,877	18,877	
	WF St Inv. Fd F	631,108			0	631,108	631,108	
	WF St Inv. Fd F	1,055			0	1,055	1,055	
	WF St Inv. Fd F	375			0	375	375	
	WF St Inv. Fd F	930			0	930	930	
	WF St Inv. Fd F		19,035		0	19,035	19,035	
	WF St Inv. Fd F		15,000		0	15,000	15,000	
	WF St Inv. Fd F		14,152		0	14,152	14,152	
	WF St Inv. Fd F		65,995		0	65,995	65,995	
	WF St Inv. Fd F		10,148		0	10,148	10,148	
	WF St Inv. Fd F		380,367		0	380,367	380,367	
	WF St Inv. Fd F		15,844		0	15,844	15,844	
	WF St Inv. Fd F		12		0	12	12	
	WF St Inv. Fd F		102,890		0	102,890	102,890	
	WF St Inv. Fd F		8		0	8	8	
	WF St Inv. Fd F		1,666		0	1,666	1,666	
	WF St Inv. Fd F		52,525		0	52,525	52,525	
	WF St Inv. Fd F		173,860		0	173,860	173,860	
	WF St Inv. Fd F		33,935		0	33,935	33,935	
	WF St Inv. Fd F		48,169		0	48,169	48,169	
Balance forward: Wells Fargo St Inv. Fund F						0	14,317,602	14,317,602

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Wells Fargo ST Inv Fd F fr: pg. 5					0	14,317,602	14,317,602	
	WF St Inv. Fd F		208,438		0	208,438	208,438	
	WF St Inv. Fd F		30,071		0	30,071	30,071	
	WF St Inv. Fd F		43,874		0	43,874	43,874	
	WF St Inv. Fd F		31,981		0	31,981	31,981	
	WF St Inv. Fd F		11,816		0	11,816	11,816	
	WF St Inv. Fd F		17,474		0	17,474	17,474	
	WF St Inv. Fd F		28,834		0	28,834	28,834	
	WF St Inv. Fd F		60,240		0	60,240	60,240	
	WF St Inv. Fd F		1,339		0	1,339	1,339	
	WF St Inv. Fd F		103,760		0	103,760	103,760	
	WF St Inv. Fd F		139,881		0	139,881	139,881	
	WF St Inv. Fd F		1,821		0	1,821	1,821	
	WF St Inv. Fd F		6,844		0	6,844	6,844	
	WF St Inv. Fd F		40,384		0	40,384	40,384	
	WF St Inv. Fd F		112,191		0	112,191	112,191	
	WF St Inv. Fd F		20,488		0	20,488	20,488	
	WF St Inv. Fd F		3,687		0	3,687	3,687	
	WF St Inv. Fd F		42,047		0	42,047	42,047	
	WF St Inv. Fd F		2,148		0	2,148	2,148	
	WF St Inv. Fd F		167,591		0	167,591	167,591	
	WF St Inv. Fd F		32,904		0	32,904	32,904	
	WF St Inv. Fd F		11,304		0	11,304	11,304	
	WF St Inv. Fd F		81,320		0	81,320	81,320	
	WF St Inv. Fd F		20,076		0	20,076	20,076	
	WF St Inv. Fd F		5,139		0	5,139	5,139	
	WF St Inv. Fd F		13,817		0	13,817	13,817	
	WF St Inv. Fd F		24,680		0	24,680	24,680	
	WF St Inv. Fd F		8,849		0	8,849	8,849	
	WF St Inv. Fd F		7,080		0	7,080	7,080	
	WF St Inv. Fd F		15,564		0	15,564	15,564	
	WF St Inv. Fd F		76,873		0	76,873	76,873	
	WF St Inv. Fd F		38,638		0	38,638	38,638	
	WF St Inv. Fd F		2,400,000 *		0	2,400,000	2,400,000	
	WF St Inv. Fd F		219,174		0	219,174	219,174	
	WF St Inv. Fd F		38,737		0	38,737	38,737	
	WF St Inv. Fd F		7,186		0	7,186	7,186	
	WF St Inv. Fd F		174,307		0	174,307	174,307	
	WF St Inv. Fd F		181,491		0	181,491	181,491	
	WF St Inv. Fd F		907		0	907	907	
	WF St Inv. Fd F		202,660		0	202,660	202,660	
	WF St Inv. Fd F		122,243		0	122,243	122,243	
	WF St Inv. Fd F		135,719		0	135,719	135,719	
	WF St Inv. Fd F		17,394		0	17,394	17,394	
	WF St Inv. Fd F		651		0	651	651	
Balance forward: Wells Fargo St Inv. Fund F					0	19,229,224	19,229,224	

* Single Transaction is 5% Reportable

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Wells Fargo ST Inv Fd F fr: pg. 6					0	19,229,224	19,229,224	
	WF St Inv. Fd F		2,703		0	2,703	2,703	
	WF St Inv. Fd F		30,763		0	30,763	30,763	
	WF St Inv. Fd F		5,189		0	5,189	5,189	
	WF St Inv. Fd F		15,931		0	15,931	15,931	
	WF St Inv. Fd F		97,536		0	97,536	97,536	
	WF St Inv. Fd F		128,241		0	128,241	128,241	
	WF St Inv. Fd F		48,002		0	48,002	48,002	
	WF St Inv. Fd F		114,127		0	114,127	114,127	
	WF St Inv. Fd F		908		0	908	908	
	WF St Inv. Fd F		5,000		0	5,000	5,000	
	WF St Inv. Fd F		216,941		0	216,941	216,941	
	WF St Inv. Fd F		114,264		0	114,264	114,264	
	WF St Inv. Fd F		99,105		0	99,105	99,105	
	WF St Inv. Fd F		11,700		0	11,700	11,700	
	WF St Inv. Fd F		79,259		0	79,259	79,259	
	WF St Inv. Fd F		1,410,417		0	1,410,417	1,410,417	
	WF St Inv. Fd F		677,208		0	677,208	677,208	
	WF St Inv. Fd F		540,372		0	540,372	540,372	
	WF St Inv. Fd F		26,232		0	26,232	26,232	
	WF St Inv. Fd F		27,048		0	27,048	27,048	
	WF St Inv. Fd F		23,114		0	23,114	23,114	
	WF St Inv. Fd F		67,511		0	67,511	67,511	
	WF St Inv. Fd F		23,194		0	23,194	23,194	
	WF St Inv. Fd F		12,304		0	12,304	12,304	
	WF St Inv. Fd F		37,031		0	37,031	37,031	
	WF St Inv. Fd F		24,898		0	24,898	24,898	
	WF St Inv. Fd F		39,645		0	39,645	39,645	
	WF St Inv. Fd F		124,881		0	124,881	124,881	
	WF St Inv. Fd F		8,482		0	8,482	8,482	
	WF St Inv. Fd F		654		0	654	654	
	WF St Inv. Fd F		15,973		0	15,973	15,973	
	WF St Inv. Fd F		26,444		0	26,444	26,444	
	WF St Inv. Fd F		29,491		0	29,491	29,491	
	WF St Inv. Fd F		25,964		0	25,964	25,964	
	WF St Inv. Fd F		15,419		0	15,419	15,419	
	WF St Inv. Fd F		15,738		0	15,738	15,738	
	WF St Inv. Fd F		8,828		0	8,828	8,828	
	WF St Inv. Fd F		27,546		0	27,546	27,546	
	WF St Inv. Fd F		308		0	308	308	
	WF St Inv. Fd F		2,550		0	2,550	2,550	
	WF St Inv. Fd F		52,759		0	52,759	52,759	
	WF St Inv. Fd F		81,932		0	81,932	81,932	
	WF St Inv. Fd F		1,959		0	1,959	1,959	
	WF St Inv. Fd F		1,662		0	1,662	1,662	
	WF St Inv. Fd F		166,981		0	166,981	166,981	
	WF St Inv. Fd F		29,711		0	29,711	29,711	
Balance forward: Wells Fargo St Inv. Fund F					0	23,745,149	23,745,149	

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Wells Fargo ST Inv Fd F fr: pg. 7					0	23,745,149	23,745,149	
	WF St Inv. Fd F		49,141		0	49,141	49,141	
	WF St Inv. Fd F		68,107		0	68,107	68,107	
	WF St Inv. Fd F		174,489		0	174,489	174,489	
	WF St Inv. Fd F		25		0	25	25	
	WF St Inv. Fd F		3,809		0	3,809	3,809	
	WF St Inv. Fd F		630,000		0	630,000	630,000	
TOTAL WF ST INV. FUND F SERIES BY ISSUE					0	24,670,720	24,670,720	
ISSUE: Wells Fargo Small Cap Value CIT N								
	WF Small Cap N	2,400,000 *			0	2,400,000	2,400,000	
	WF Small Cap N		390,000		0	618,328	390,000	(228,328)
TOTAL WF SMALL CAP CIT N SERIES BY ISSUE					0	3,018,328	2,790,000	(228,328)
ISSUE: Wells Fargo Core Bond CIT F								
	WF Core Bond F		3,000,000 *		0	1,873,693	3,000,000	1,126,307
	WF Core Bond F		1,560,000		0	959,766	1,560,000	600,234
TOTAL WF CORE BOND CIT F SERIES BY ISSUE					0	2,833,459	4,560,000	1,726,541
ISSUE: WF Intrins S/C Val-I #3143								
	WF Intrins S/C		2,432,165 *		0	1,557,347	2,432,165	874,818
TOTAL WF INTRINS S/C VAL-I #3143					0	1,557,347	2,432,165	874,818
GRAND TOTAL WELLS FARGO: SERIES BY ISSUE					0	32,079,854	34,452,885	2,373,031
WELLS FARGO BANK: 5% SERIES BY BROKER								
Broker: Instinet								
	Amazon Com Inc	18,200			0	18,200	18,200	
	Microsoft Corp	27,014			2	27,014	27,014	
	Air Prods & Chem		2,126		0	1,685	2,126	441
	Amazon Com Inc	9,122			0	9,122	9,122	
	Autodesk Inc	18,985			1	18,985	18,985	
	Cintas Corp	1,236			0	1,236	1,236	
	Fiserv Inc		3,049		0	1,623	3,049	1,426
	Home Depot Inc	19,806			1	19,806	19,806	
	Microsoft Corp	3,380			0	3,380	3,380	
	Raymond James	5,925			1	5,925	5,925	
	Sherwin Williams	15,804			0	15,804	15,804	
	Union Pacific Corp	20,007			1	20,007	20,007	
	Aptiv PLC	2,253			0	2,253	2,253	
Balance forward: Broker Instinet					6	142,787	144,654	1,867

* Single Transaction is 5% Reportable

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on transaction date	(i) Net gain or loss
Balance forward: Broker Instinet fr: pg. 8					6	145,040	146,907	1,867
	Nintendo Co Ltd	1,193				1,193	1,193	
	Edwards Lifescie.	11,902			1	11,902	11,902	
	Unitedhealth Gr		5,759		0	3,047	5,759	2,712
	Illumina Inc.		126,722		7	112,016	126,722	14,706
	Align Tech. Inc.		89,367		7	100,698	89,367	(11,331)
	Exact Sciences		104,298		12	74,270	104,298	30,028
	Shopify Inc.		115,707		6	50,955	115,707	64,752
	Paypal Holdings	23,761			2	23,761	23,761	
	Netflix Inc.		1,454		0	962	1,454	492
	Alphabet Inc. C	60,919			1	60,919	60,919	
	Ferrari NV-W/I	27,441			2	27,441	27,441	
	S&P Global Inc	59,917			2	59,917	59,917	
	Waste Connect.	25,265			3	25,265	25,265	
	Fleetcor Tech Inc.	31,384			1	31,384	31,384	
	Motorola Sol. Inc.	24,849			2	24,849	24,849	
	SBA Comm.Corp	79,618			3	79,618	79,618	
	Dexcom Inc.	25,511			2	25,511	25,511	
	Black Knight Inc.		166,623		30	128,480	166,623	38,143
	Mercadolibre Inc.		2,817		0	1,394	2,817	1,423
	Visa Inc - CI A		7,872		1	1,900	7,872	5,972
	Activision Bliz Inc.	21,894			4	21,894	21,894	
	Int'l Exchange	38,626			4	38,626	38,626	
	I AC/Interactive .		2,297		0	2,172	2,297	125
	Alcon Inc.		51,099		13	69,548	51,099	(18,449)
	Air Prods & Chem		58,117		4	51,498	58,117	6,619
	Amazon Com		230,864		6	46,035	230,864	184,829
	Autodesk Inc.		48,030		4	41,710	48,030	6,320
	Boston Sci.Corp.		51,196		20	31,973	51,196	19,223
	Cintas Corp.		46,934		4	38,881	46,934	8,053
	Fiserv Inc.		58,853		8	37,330	58,853	21,523
	Home Depot Inc.		79,304		6	51,587	79,304	27,717
	Microsoft Corp.		243,153		22	95,676	243,153	147,477
	Sherwin Williams		69,425		3	39,669	69,425	29,756
	Union Pac. Corp.		65,539		7	68,252	65,539	(2,713)
	Vulcan Materials		34,426		5	47,592	34,426	(13,166)
	APTIV PLC		27,830		6	47,381	27,830	(19,551)
	Nintendo Co. Ltd		39,514		10	27,748	39,514	11,766
	Edwards Lifescie.		43,087		3	23,125	43,087	19,962
	Unitedhealth Gr		101,868		7	56,971	101,868	44,897
	Global Pmts Inc.		71,572		7	37,704	71,572	33,868
	Exact Sciences		37,851		8	70,621	37,851	(32,770)
	Tencent Holdings		42,142		10	18,198	42,142	23,944
	Merck & Co Inc.		75,355		13	95,896	75,355	(20,541)
	Paypal Holdings		72,870		9	31,209	72,870	41,661
	Netflix Inc.		51,780		3	27,988	51,780	23,792
	Alphabet Inc.		153,966		5	93,421	153,966	60,545
Balance forward: Broker Instinet					279	2,203,227	2,956,878	753,651

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

(a) Identity of party inv.	(b) Description of asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred	(g) Cost of asset	(h) Current value on	(i) Net gain or loss
Balance forward: Broker Instinet fr: pg. 9					283	2,203,227	2,956,878	753,651
	Ferrari NV				4	31,246	43,511	12,265
	Intuitive Surgical		53,222		2	66,282	53,222	(13,060)
	S&P Global Inc.		54,224		4	27,366	54,224	26,858
	Waste Conn. Inc.		74,328		11	48,606	74,328	25,722
	Fleetcor Tech. Inc		32,016		2	26,218	32,016	5,798
	Motorola Sol. Inc.		59,734		6	59,397	59,734	337
	SBA Comm Corp		51,156		3	25,970	51,156	25,186
	Dexcom Inc.		54,201		3	34,579	54,201	19,622
	Servicenow Inc.		77,579		4	17,218	77,579	60,361
	Mercadolibre Inc.		39,302		2	22,304	39,302	16,998
	Visa - Inc. CI A		124,950		10	41,271	124,950	83,679
	Int'l Exchange		64,931		9	46,108	64,931	18,823
	I AC/Interactive		32,512		3	45,653	32,512	(13,141)
	Alcon Inc.		9,128		2	10,931	9,128	(1,803)
	Air Prods & Ch.		9,355		1	7,826	9,355	1,529
	Autodesk Inc.		7,803		1	6,588	7,803	1,215
	Boston Sci. Corp		9,219		3	4,962	9,219	4,257
	Cintas Corp		8,142		1	6,470	8,142	1,672
	Fiserv Inc.		10,282		1	5,681	10,282	4,601
	Home Depot Inc		13,791		1	8,834	13,791	4,957
	Microsoft Corp.		41,688		4	15,045	41,688	26,643
	Sherwin Williams		12,008		1	6,718	12,008	5,290
	Union Pac. Corp.		11,174		1	10,494	11,174	680
	Vulcan Mat. Com		6,529		1	8,042	6,529	(1,513)
	APTIV PLC		4,547		1	7,416	4,547	(2,869)
	Nintendo Co. Ltd		6,711		2	4,367	6,711	2,344
	Edwards Lifescie.		6,910		1	3,436	6,910	3,474
	Unitedhealth Gr		18,688		1	9,022	18,688	9,666
	Global Pmts Inc.		11,934		1	5,853	11,934	6,081
	Exact Sciences		6,489		1	11,198	6,489	(4,709)
	Merck & Co. Inc.		13,558		2	15,194	13,558	(1,636)
	Paypal Holdings		11,600		1	5,162	11,600	6,438
	Netflix Inc.		9,335		0	4,862	9,335	4,473
	Alphabet Inc. C		5,713		0	6,092	5,713	(379)
	Alphabet Inc. A		22,860		1	14,001	22,860	8,859
	Ferrari NV - W/I		6,879		1	4,706	6,879	2,173
	Intuitive Surgical		10,007		0	10,666	10,007	(659)
	S&P Global Inc.		9,831		1	4,421	9,831	5,410
	Waste Conn. Inc.		11,995		2	7,590	11,995	4,405
	Fleetcor Tech.		4,926		0	3,854	4,926	1,072
	Motorola Sol. Inc.		9,954		1	9,699	9,954	255
	SBA Comm. Corp		9,748		1	4,791	9,748	4,957
	Dexcom Inc.		9,613		1	5,257	9,613	4,356
	Servicenow Inc.		13,072		1	3,254	13,072	9,818
	Mercadolibre Inc.		4,799		0	2,788	4,799	2,011
	Int'l Exchange		11,730		2	7,257	11,730	4,473
Balance forward: Broker Instinet					384	2,937,922	4,078,562	1,140,640

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