

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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>04/01/2020</u> and ending <u>03/31/2021</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.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> the first return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the final 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>	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 style="width: 45%;"> <u>400 VALLEY AVENUE NE</u> <u>PUYALLUP, WA 98372-2516</u> </div> <div style="width: 45%;"> <u>400 VALLEY AVENUE NE</u> <u>PUYALLUP, WA 98372-2516</u> </div> </div>			
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.	<u>01/15/2022</u>	<u>TIM KITTILSBY</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	<u>01/15/2022</u>	<u>TIM KITTILSBY</u>
	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 (2020)
v. 200204

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		5 424
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) 402 6a(2) 407 6b 0 6c 32 6d 439 6e 4 6f 443 6g 443 6h 29
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	
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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 04/01/2020 and ending 03/31/2021		
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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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

WELLS FARGO BANK 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	125179	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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 04/01/2020 and ending 03/31/2021

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 EMERGING GROWTH CIT</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK NA</u>		
c EIN-PN <u>84-7084399-001</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>2521434</u>
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>2213030</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>3729351</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO CORE BOND CIT N</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>16024265</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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>04/01/2020</u> and ending <u>03/31/2021</u>		
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	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	30499382911495
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	2120412903
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	40207141633551
(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)	1475839623800501
(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)	1559294324488080
(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)	1199271
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	38642466	52846530

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	38642466	52846530
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2911495	
(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)		2911495
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5624	
(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)		5624
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	247101	
(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)		247101
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	18919057	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	16939020	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1980037
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6403149	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6403149

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3695138
(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)		162204
c Other income	2c		2293
d Total income. Add all income amounts in column (b) and enter total.....	2d		15407041

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1077798	
(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)		1077798
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)	125179	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		125179
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1202977

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14204064
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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 04/01/2020 and ending 03/31/2021

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

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): 41-6257133		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<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
---	---	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

FINANCIAL REPORT

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN

March 31, 2021 and 2020

INDEX

	<u>Page</u>
Auditors' Report	1-2
Statements of Net Assets Available For Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-10

SUPPLEMENTAL SCHEDULES

Schedule of Assets Held for Investment Purposes	11-13
Schedule of Reportable Transactions	14

Certified Public Accountant

A Personal Service Corporation

1310 Fryar Avenue
Sumner, Washington 98390

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

INDEPENDENT AUDITORS' REPORT

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

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of **Miles Sand & Gravel Company Profit Sharing Retirement Plan**, which comprise the statements of net assets available for benefits as of March 31, 2021 and 2020, 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, 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, 2021 and 2020 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

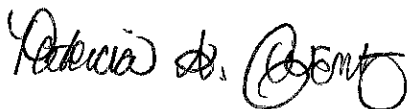
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, I do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held for investment purposes, and reportable transactions as of or for the year ended March 31, 2021, 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 a 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.



Patricia A. Coventry, CPA P.S.
Certified Public Accountant
Sumner, WA
January 14, 2022

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
March 31, 2021 and 2020

3.

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments at fair value: (Notes 2, 5, 6, and 7)		
Cash equivalents	\$ 1,633,551	\$ 4,020,714
Common stocks	23,800,501	14,758,396
Mutual funds	-	1,199,271
Collective investment funds	<u>24,488,080</u>	<u>15,592,943</u>
Total investments	<u>49,922,132</u>	<u>35,571,324</u>
Receivables:		
Accrued interest and dividends	12,903	21,204
Employer contribution	<u>2,911,495</u>	<u>3,049,938</u>
Total receivables	<u>2,924,398</u>	<u>3,071,142</u>
TOTAL ASSETS	<u>\$ 52,846,530</u>	<u>\$ 38,642,466</u>
LIABILITIES		
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 52,846,530</u>	<u>\$ 38,642,466</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, 2021 and 2020

4.

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Dividend income	\$ 247,101	\$ 280,887
Interest income	5,624	36,010
Net appreciation (depreciation) in fair value of investments (Note 2)	12,240,528	(2,011,908)
Miscellaneous income	2,293	5,731
	<u>12,495,546</u>	<u>(1,689,280)</u>
Contributions:		
Employer	<u>2,911,495</u>	<u>3,049,938</u>
TOTAL ADDITIONS	<u>15,407,041</u>	<u>1,360,658</u>
DEDUCTIONS		
Deductions from net assets attributed to:		
Investment management expenses (Note 4)	125,179	166,867
Benefits paid to participants	<u>1,077,798</u>	<u>9,434,008</u>
TOTAL DEDUCTIONS	<u>1,202,977</u>	<u>9,600,875</u>
NET INCREASE (DECREASE)	14,204,064	(8,240,217)
Net assets available for benefits at the beginning of year	<u>38,642,466</u>	<u>46,882,683</u>
NET ASSETS AVAILABLE FOR BENEFITS AT THE END OF YEAR	\$ <u>52,846,530</u>	\$ <u>38,642,466</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, 2021 and 2020

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 employees of Miles Sand & Gravel Company and Port Orchard Sand & Gravel Company (except employees covered by a collective bargaining agreement, non resident aliens, leased and reclassified employees) 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, 2021 and 2020 forfeited nonvested accounts totaled \$108,050 and \$91,217 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, 2021 and 2020

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.

The change in net unrealized appreciation/depreciation of investments held from the beginning of the plan year to the end of the plan year is included with realized gains/losses as net appreciation (depreciation) reported in the accompanying statements of changes in net assets available for benefits.

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:

The Plan invests in common/collective trusts and registered investment companies sponsored by Wells Fargo Bank, the Plan's Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Certain expenses in maintaining the Plan are paid by the Companies and are therefore excluded from these financial statements. 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.

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2021 and 2020

7.

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.

NOTE 6 - BANK TRUST FUNDS:

Details for the year ended March 31, 2021 including the employer contribution receivable is as follows:

	Wells Fargo Bank	Total
Balance at March 31, 2020	\$ 38,642,466	\$ 38,642,466
Dividend and interest income	252,725	252,725
Unrealized (depreciation)	10,260,491	10,260,491
Realized gains	1,980,037	1,980,037
Miscellaneous income	2,293	2,293
Employers' contributions	2,911,495	2,911,495
Benefits paid to participants	(1,077,798)	(1,077,798)
Investment management expenses	(125,179)	(125,179)
Balance at March 31, 2021	\$ <u>52,846,530</u>	\$ <u>52,846,530</u>

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>

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2021 and 2020

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, 2021 and 2020.

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 is based on the fair value of the underlying investments held by the fund less its liabilities. The funds investments that are invested directly in marketable securities are valued at current market prices daily. Securities that are not traded primarily on an exchange, are valued using the latest independent quoted bid prices.

(Continued)

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2021 and 2020

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, 2021 and 2020:

<u>Assets at Fair Value As of March 31, 2021</u>				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash equivalents	\$ 1,633,551	\$ -	\$ -	\$ 1,633,551
Common stocks	23,800,501	-	-	23,800,501
Common Collective Trusts	-	24,488,080	-	24,488,080
Total investments at fair value	<u>\$ 25,434,052</u>	<u>24,488,080</u>	<u>-</u>	<u>\$ 49,922,132</u>

<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
Common Collective Trusts	-	15,592,943	-	15,592,943
Mutual funds	1,199,271	-	-	1,199,271
Total investments at fair value	<u>\$ 19,978,381</u>	<u>15,592,943</u>	<u>-</u>	<u>\$ 35,571,324</u>

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended March 31, 2021 and 2020, are reported in net appreciation (depreciation) in fair value of investments.

NOTE 8 - CERTIFIED INVESTMENTS:

The March 31, 2021 and 2020, 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, 2021 and 2020, 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 \$49,922,132 and \$35,571,324, and related income less investment expenses of \$12,370,367 and \$(1,856,147) at March 31, 2021 and 2020 respectively.

MILES SAND & GRAVEL COMPANY
PROFIT SHARING RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
March 31, 2021 and 2020

10.

NOTE 9 - CORONAVIRUS (COVID-19) PANDEMIC

On March 11, 2020, the World Health Organization announced that it had made the assessment that coronavirus disease 2019 ("COVID-19") is a pandemic. The impacts of COVID-19 are affecting the entire global economy, individual companies and investment products, the funds and the market in general. There is significant uncertainty around the extent and duration of business disruptions related to COVID-19 and the impacts may be short term or may last for an extended period of time. The risk of further spreading of COVID-19 has led to significant uncertainty and volatility in the financial markets.

NOTE 10 - SUBSEQUENT EVENTS:

The plan has evaluated subsequent events through January 14, 2022, the date the financial statements were available to be issued.

Due to the purchase of Wells Fargo Institutional Retirement and Trust division by the Principal Financial Group, the Plan will be changing its trustee to Principal Financial Group effective January 1, 2022. Wells Fargo Asset Management Holdings, LLC is being purchased by GTCR, LLC and Reverence Capital Partners, L.P. Wells Fargo will own a 9.9% equity interest. The purchase is expected to take place in the second half of 2021. Wells Fargo Asset Management Holdings, LLC will continue to be the investment manager for the Plan after the purchase.

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, 2021

(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	330 shs.	\$	46,200	\$	91,163
Alcon, Inc.	Common Stock	3,735 shs.		222,695		262,122
APTIV, PLC	Common Stock	1,615 shs.		134,455		222,709
Atlassian Corporation PLC	Common Stock	1,180 shs.		208,578		248,697
Ferrari NV	Common Stock	840 shs.		100,620		175,795
Medtronic, PLC	Common Stock	2,773 shs.		246,117		327,574
NXP Semi Conductors NV	Common Stock	1,476 shs.		123,783		297,178
Spotify Technology S.A.	Common Stock	870 shs.		274,319		233,117
Waste Connections, Inc.	Common Stock	2,870 shs.		199,672		309,903
Air Prods & Chems Inc Com	Common Stock	840 shs.		145,768		236,326
Boeing Co	Common Stock	807 shs.		182,765		205,559
General Dynamics Corp.	Common Stock	895 shs.		162,488		162,496
Honeywell International Inc.	Common Stock	1,829 shs.		153,530		397,021
Mercadolibre Inc.	Common Stock	230 shs.		82,546		338,592
Northrop Grumman Corp	Common Stock	584 shs.		180,954		189,006
Raytheon Technologies Corp	Common Stock	3,944 shs.		292,922		304,753
Union Pacific Corp.	Common Stock	1,470 shs.		199,238		324,003
United Parcel Service - Cl B	Common Stock	1,345 shs.		214,652		228,637
Waste Management Inc.	Common Stock	2,457 shs.		238,957		317,002
Advance Auto Parts Inc.	Common Stock	1,316 shs.		166,248		241,473
Amazon Com Inc. Com	Common Stock	362 shs.		610,110		1,120,057
Chipotle Mexican Grill Inc	Common Stock	200 shs.		239,153		284,164
Comcast Corp. Class A	Common Stock	5,620 shs.		188,699		304,098
DR Horton Inc Com	Common Stock	3,037 shs.		244,720		270,657
Dollar Tree Inc.	Common Stock	2,368 shs.		195,827		271,041
Expedia Inc.	Common Stock	1,593 shs.		263,738		274,187
Home Depot Inc.	Common Stock	1,275 shs.		211,141		389,194
Netflix Inc.	Common Stock	580 shs.		189,673		302,563
Sherwin Williams Co.	Common Stock	475 shs.		193,330		350,555
Stanley Black & Decker, Inc.	Common Stock	1,418 shs.		262,460		283,132
Coca Cola Co.	Common Stock	5,073 shs.		238,906		267,398
Mondelez International Inc.	Common Stock	4,570 shs.		193,858		267,482
Pepsico Inc.	Common Stock	1,500 shs.		188,977		212,175
Procter & Gamble Co.	Common Stock	1,077 shs.		142,093		145,858
Chevron Corp.	Common Stock	1,565 shs.		169,289		163,996
Conocophillips	Common Stock	3,728 shs.		179,325		197,472
EOG Resources, Inc.	Common Stock	1,517 shs.		119,981		110,028
Allstate Corp.	Common Stock	2,142 shs.		151,533		246,116

Balance forward

\$ 7,559,320 \$ 10,573,299

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

12.

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

March 31, 2021

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value		(d) Cost	(e) Current Value
Identity of issue, borrower, lessor or similar party					
Balance forward				\$ 7,559,320	\$ 10,573,299
American International Group, Inc.	Common Stock	6,224 shs.		319,701	287,611
Bank of America Corp.	Common Stock	12,176 shs.		328,436	471,089
Cigna Corporation	Common Stock	1,597 shs.		266,426	386,059
Goldman Sachs Group Inc.	Common Stock	895 shs.		167,557	292,665
Intercontinental Exchange, Inc.	Common Stock	5,707 shs.		419,279	637,358
JPMorgan Chase & Co.	Common Stock	2,511 shs.		230,914	382,250
S&P Global Inc.	Common Stock	665 shs.		140,961	234,659
SBA Communications Corp.	Common Stock	725 shs.		160,241	201,224
Truist Financial Corporation	Common Stock	6,415 shs.		273,737	374,123
Alphabet Inc. Cl A	Common Stock	352 shs.		283,764	726,007
Alphabet Inc. Cl C	Common Stock	273 shs.		313,604	564,736
Autodesk Inc.	Common Stock	930 shs.		135,834	257,750
Cadence Design Systems Inc.	Common Stock	2,140 shs.		286,373	293,159
Cisco Systems Inc.	Common Stock	4,903 shs.		160,634	253,534
Fiserv Inc.	Common Stock	5,405 shs.		469,683	643,411
Match Group Inc New	Common Stock	1,696 shs.		119,857	232,996
Microsoft Corp.	Common Stock	6,719 shs.		709,153	1,584,139
Mongodb Inc.	Common Stock	895 shs.		195,768	239,350
Paypal Holdings Inc.	Common Stock	2,120 shs.		187,697	514,821
PTC Inc.	Common Stock	1,447 shs.		125,911	199,180
Salesforce Com Inc.	Common Stock	1,258 shs.		266,798	266,532
Unity Software Inc.	Common Stock	1,472 shs.		113,576	147,656
Visa Inc - Class A Shrs.	Common Stock	3,703 shs.		508,386	784,036
Nextera Energy, Inc.	Common Stock	4,812 shs.		117,262	363,835
WEC Energy Group Inc.	Common Stock	2,609 shs.		236,254	244,176
Abbott Labs	Common Stock	1,447 shs.		54,295	173,408
Dexcom Inc.	Common Stock	755 shs		180,500	271,339
Edwards Lifesciences Corp.	Common Stock	2,205 shs.		111,370	184,426
Intuitive Surgical Inc.	Common Stock	380 shs.		204,824	280,797
Merck & Co. Inc. New	Common Stock	3,439 shs.		218,808	265,113
Stryker Corp.	Common Stock	996 shs.		180,708	242,606
Unitedhealth Group Inc.	Common Stock	1,095 shs.		193,190	407,417
Motorola Solutions, Inc.	Common Stock	1,085 shs.		154,571	204,034
Verizon Communications	Common Stock	3,708 shs.		181,747	215,619
Servicenow Inc.	Common Stock	800 shs		157,982	400,087
Wells Fargo Blackrock ST Fd	Cash Equiv.	1,570,982.210		1,570,982	1,570,982
Wells Fargo Em. Grw CIT E2	Collective Fund	122,299.992		1,300,000	2,521,434
Balance forward				\$ 18,606,103	\$ 27,892,917

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, 2021

13.

(a)	(b)	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
Identity of issue, borrower, lessor or similar party				
Balance forward			\$ 18,606,103	\$ 27,892,917
WF Blackrock Int'l CIT F	Collective Fund	199,349.514	2,000,795	3,729,351
Wells Fargo Core Bond CIT F	Collective Fund	1,246,500.697	12,553,287	16,024,265
WF Spec Sm Cap Value CIT N	Collective Fund	173,312.707	1,781,672	2,213,030
Net Pending Trades	Cash Equiv.	-	62,569	62,569
TOTAL ASSETS AT END OF YEAR			\$ <u>35,004,426</u>	\$ <u>49,922,132</u>

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, 2021

(a) Identity of Party Involved	(b) Description of Asset	Number of Purchases	(c) Purchase Price
<u>Wells Fargo Bank Trust Funds:</u>			
Short-Term Invt. Fund F (5% by issue)	Cash Equivalents	143	5,253,804
Short-Term Invt. Fund F (5% by issue)	Cash Equivalents	-	-
Short Term Invt. Fund S1 (5% by issue)	Cash Equivalents	44	3,003,117
Short Term Invt. Fund S1 (5% by issue)	Cash Equivalents	-	-
Short Term Invt. Fund F (5% by single trans.)	Cash Equivalents	1	3,049,938
Short Term Invt. Fund F (5% by single trans.)	Cash Equivalents	-	-
Core Bond CIT F (5% by issue)	Collective Fund	2	3,900,000
Core Bond CIT F (5% by single trans.)	Collective Fund	1	2,400,000
Goldman Sachs (5% by broker)	Common Stocks	30	1,083,043
Goldman Sachs (5% by broker)	Common Stocks	-	-

<u>Number of Sales</u>	<u>(d) Selling Price</u>	<u>(e) Lease Rental</u>	<u>(f) Expense Incurred With Transaction</u>	<u>(g) Cost of Asset</u>	<u>(h) Current Value on Transaction Date</u>	<u>(i) Net Gain or (Loss)</u>
-	-	-	-	5,253,804	5,253,804	-
77	9,346,874	-	-	9,346,874	9,346,874	-
-	-	-	-	3,003,117	3,003,117	-
21	1,432,133	-	-	1,432,133	1,432,133	-
-	-	-	-	3,049,938	3,049,938	-
1	2,400,000	-	-	2,400,000	2,400,000	-
-	-	-	-	3,900,000	3,900,000	-
1	-	-	-	2,400,000	2,400,000	-
-	-	-	300	1,083,043	1,083,043	-
27	1,036,617	-	318	710,004	1,036,617	326,613

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	94.03%
2	Port Orchard Sand & Gravel Co., Inc.	91-0540510	5.97%

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 Blackrock Short Term Investment Fund S1								
WF St Inv. Fd S1		1,240,569			0	1,240,569	1,240,569	
WF St Inv. Fd S1		770			0	770	770	
WF St Inv. Fd S1		16,968			0	16,968	16,968	
WF St Inv. Fd S1		124,657			0	124,657	124,657	
WF St Inv. Fd S1		56,438			0	56,438	56,438	
WF St Inv. Fd S1		1,126			0	1,126	1,126	
WF St Inv. Fd S1		856			0	856	856	
WF St Inv. Fd S1		1,546			0	1,546	1,546	
WF St Inv. Fd S1		5,001			0	5,001	5,001	
WF St Inv. Fd S1		784			0	784	784	
WF St Inv. Fd S1		23,758			0	23,758	23,758	
WF St Inv. Fd S1		32,203			0	32,203	32,203	
WF St Inv. Fd S1		34,328			0	34,328	34,328	
WF St Inv. Fd S1		92,414			0	92,414	92,414	
WF St Inv. Fd S1		2,104			0	2,104	2,104	
WF St Inv. Fd S1		421			0	421	421	
WF St Inv. Fd S1		2,317			0	2,317	2,317	
WF St Inv. Fd S1		194,937			0	194,937	194,937	
WF St Inv. Fd S1		884			0	884	884	
WF St Inv. Fd S1		1,869			0	1,869	1,869	
WF St Inv. Fd S1		112			0	112	112	
WF St Inv. Fd S1		66,216			0	66,216	66,216	
WF St Inv. Fd S1		1,440			0	1,440	1,440	
WF St Inv. Fd S1		1,765			0	1,765	1,765	
WF St Inv. Fd S1		5,225			0	5,225	5,225	
WF St Inv. Fd S1		24,791			0	24,791	24,791	
WF St Inv. Fd S1		1,293			0	1,293	1,293	
WF St Inv. Fd S1		1,196			0	1,196	1,196	
WF St Inv. Fd S1		296,449			0	296,449	296,449	
WF St Inv. Fd S1		985			0	985	985	
WF St Inv. Fd S1		790			0	790	790	
WF St Inv. Fd S1		1,991			0	1,991	1,991	
WF St Inv. Fd S1		5,578			0	5,578	5,578	
WF St Inv. Fd S1		329			0	329	329	
WF St Inv. Fd S1		232,973			0	232,973	232,973	
WF St Inv. Fd S1		67,228			0	67,228	67,228	
WF St Inv. Fd S1		116,305			0	116,305	116,305	
WF St Inv. Fd S1		201,779			0	201,779	201,779	
WF St Inv. Fd S1		21,542			0	21,542	21,542	
WF St Inv. Fd S1		847			0	847	847	
WF St Inv. Fd S1		673			0	673	673	
WF St Inv. Fd S1		3,604			0	3,604	3,604	
WF St Inv. Fd S1		113,530			0	113,530	113,530	
Balance forward: Wells Fargo ST Inv. Fund F					0	3,000,591	3,000,591	

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 Blkrck ST Inv Fd S1					0	3,000,591	3,000,591	
	WF St Inv. Fd S1	2,526			0	2,526	2,526	
	WF St Inv. Fd S1		44,097		0	44,097	44,097	
	WF St Inv. Fd S1		49,254		0	49,254	49,254	
	WF St Inv. Fd S1		79,316		0	79,316	79,316	
	WF St Inv. Fd S1		216,597		0	216,597	216,597	
	WF St Inv. Fd S1		85,826		0	85,826	85,826	
	WF St Inv. Fd S1		24,944		0	24,944	24,944	
	WF St Inv. Fd S1		33,949		0	33,949	33,949	
	WF St Inv. Fd S1		27,046		0	27,046	27,046	
	WF St Inv. Fd S1		28,748		0	28,748	28,748	
	WF St Inv. Fd S1		74,321		0	74,321	74,321	
	WF St Inv. Fd S1		87,107		0	87,107	87,107	
	WF St Inv. Fd S1		31,180		0	31,180	31,180	
	WF St Inv. Fd S1		31,596		0	31,596	31,596	
	WF St Inv. Fd S1		14,704		0	14,704	14,704	
	WF St Inv. Fd S1		131,989		0	131,989	131,989	
	WF St Inv. Fd S1		24,275		0	24,275	24,275	
	WF St Inv. Fd S1		121,018		0	121,018	121,018	
	WF St Inv. Fd S1		171,259		0	171,259	171,259	
	WF St Inv. Fd S1		2,374		0	2,374	2,374	
	WF St Inv. Fd S1		124,138		0	124,138	124,138	
	WF St Inv. Fd S1		28,395		0	28,395	28,395	
TOTAL WF BLKRCK ST INV. FUND S1 SERIES BY ISSUE						4,435,250	4,435,250	
ISSUE: Wells Fargo Short Term Investment Fd F								
	WF St Inv. Fd F	4,687			0	4,687	4,687	
	WF St Inv. Fd F	1,098			0	1,098	1,098	
	WF St Inv. Fd F	2,041			0	2,041	2,041	
	WF St Inv. Fd F	826			0	826	826	
	WF St Inv. Fd F	61,892			0	61,892	61,892	
	WF St Inv. Fd F	11			0	11	11	
	WF St Inv. Fd F	27,075			0	27,075	27,075	
	WF St Inv. Fd F	1,253			0	1,253	1,253	
	WF St Inv. Fd F	716			0	716	716	
	WF St Inv. Fd F	1,310			0	1,310	1,310	
	WF St Inv. Fd F	472			0	472	472	
	WF St Inv. Fd F	2,445			0	2,445	2,445	
	WF St Inv. Fd F	379			0	379	379	
	WF St Inv. Fd F	2,111			0	2,111	2,111	
	WF St Inv. Fd F	27,970			0	27,970	27,970	
	WF St Inv. Fd F	52,178			0	52,178	52,178	
	WF St Inv. Fd F	50,678			0	50,678	50,678	
	WF St Inv. Fd F	178,431			0	178,431	178,431	
Balance forward: Wells Fargo St Inv. Fd F					0	415,573	415,573	

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	415,573	415,573	
	WF St Inv. Fd F	530			0	530	530	
	WF St Inv. Fd F	12,708			0	12,708	12,708	
	WF St Inv. Fd F	74,727			0	74,727	74,727	
	WF St Inv. Fd F	2,812			0	2,812	2,812	
	WF St Inv. Fd F	362			0	362	362	
	WF St Inv. Fd F	12,708			0	12,708	12,708	
	WF St Inv. Fd F	2,342			0	2,342	2,342	
	WF St Inv. Fd F	72			0	72	72	
	WF St Inv. Fd F	477			0	477	477	
	WF St Inv. Fd F	31,368			0	31,368	31,368	
	WF St Inv. Fd F	979			0	979	979	
	WF St Inv. Fd F	3,082			0	3,082	3,082	
	WF St Inv. Fd F	1,913			0	1,913	1,913	
	WF St Inv. Fd F	30,726			0	30,726	30,726	
	WF St Inv. Fd F	284			0	284	284	
	WF St Inv. Fd F	2,285			0	2,285	2,285	
	WF St Inv. Fd F	63,036			0	63,036	63,036	
	WF St Inv. Fd F	1,903			0	1,903	1,903	
	WF St Inv. Fd F	6,915			0	6,915	6,915	
	WF St Inv. Fd F	694			0	694	694	
	WF St Inv. Fd F	16,804			0	16,804	16,804	
	WF St Inv. Fd F	1,126			0	1,126	1,126	
	WF St Inv. Fd F	26,682			0	26,682	26,682	
	WF St Inv. Fd F	87			0	87	87	
	WF St Inv. Fd F	550			0	550	550	
	WF St Inv. Fd F	64			0	64	64	
	WF St Inv. Fd F	808			0	808	808	
	WF St Inv. Fd F	1,358			0	1,358	1,358	
	WF St Inv. Fd F	31,473			0	31,473	31,473	
	WF St Inv. Fd F	107,000			0	107,000	107,000	
	WF St Inv. Fd F	3,049,938 *			0	3,049,938	3,049,938	
	WF St Inv. Fd F	1,650			0	1,650	1,650	
	WF St Inv. Fd F	2,250			0	2,250	2,250	
	WF St Inv. Fd F	441			0	441	441	
	WF St Inv. Fd F	1,426			0	1,426	1,426	
	WF St Inv. Fd F	1,094			0	1,094	1,094	
	WF St Inv. Fd F	71,417			0	71,417	71,417	
	WF St Inv. Fd F	9,963			0	9,963	9,963	
	WF St Inv. Fd F	59,366			0	59,366	59,366	
	WF St Inv. Fd F	22,147			0	22,147	22,147	
	WF St Inv. Fd F	2,878			0	2,878	2,878	
	WF St Inv. Fd F	17,755			0	17,755	17,755	
	WF St Inv. Fd F	2,709			0	2,709	2,709	
	WF St Inv. Fd F	1,411			0	1,411	1,411	
	WF St Inv. Fd F	3,413			0	3,413	3,413	
Balance forward: Wells Fargo St Inv. Fund F					0	4,099,306	4,099,306	

*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. 3					0	4,099,306	4,099,306	
	WF St Inv. Fd F	450,000			0	450,000	450,000	
	WF St Inv. Fd F	1,820			0	1,820	1,820	
	WF St Inv. Fd F	2,638			0	2,638	2,638	
	WF St Inv. Fd F	2,355			0	2,355	2,355	
	WF St Inv. Fd F	443			0	443	443	
	WF St Inv. Fd F	34,610			0	34,610	34,610	
	WF St Inv. Fd F	1,027			0	1,027	1,027	
	WF St Inv. Fd F	550			0	550	550	
	WF St Inv. Fd F	328			0	328	328	
	WF St Inv. Fd F	308			0	308	308	
	WF St Inv. Fd F	33			0	33	33	
	WF St Inv. Fd F	2,170			0	2,170	2,170	
	WF St Inv. Fd F	2,408			0	2,408	2,408	
	WF St Inv. Fd F	45,852			0	45,852	45,852	
	WF St Inv. Fd F	2,723			0	2,723	2,723	
	WF St Inv. Fd F	1,080			0	1,080	1,080	
	WF St Inv. Fd F	129			0	129	129	
	WF St Inv. Fd F	1,684			0	1,684	1,684	
	WF St Inv. Fd F	592			0	592	592	
	WF St Inv. Fd F	1,212			0	1,212	1,212	
	WF St Inv. Fd F	2,197			0	2,197	2,197	
	WF St Inv. Fd F	3,153			0	3,153	3,153	
	WF St Inv. Fd F	1,735			0	1,735	1,735	
	WF St Inv. Fd F	2,266			0	2,266	2,266	
	WF St Inv. Fd F	425			0	425	425	
	WF St Inv. Fd F	2,795			0	2,795	2,795	
	WF St Inv. Fd F	1,489			0	1,489	1,489	
	WF St Inv. Fd F	1,024			0	1,024	1,024	
	WF St Inv. Fd F	1,608			0	1,608	1,608	
	WF St Inv. Fd F	3,621			0	3,621	3,621	
	WF St Inv. Fd F	3,401			0	3,401	3,401	
	WF St Inv. Fd F	2,300			0	2,300	2,300	
	WF St Inv. Fd F	1,340			0	1,340	1,340	
	WF St Inv. Fd F	323			0	323	323	
	WF St Inv. Fd F	790			0	790	790	
	WF St Inv. Fd F	1,101			0	1,101	1,101	
	WF St Inv. Fd F	3,790			0	3,790	3,790	
	WF St Inv. Fd F	4,358			0	4,358	4,358	
	WF St Inv. Fd F	2,170			0	2,170	2,170	
	WF St Inv. Fd F	117			0	117	117	
	WF St Inv. Fd F	3,803			0	3,803	3,803	
	WF St Inv. Fd F	1,684			0	1,684	1,684	
	WF St Inv. Fd F	806			0	806	806	
	WF St Inv. Fd F	26,008			0	26,008	26,008	
	WF St Inv. Fd F	1,212			0	1,212	1,212	
Balance forward: Wells Fargo St Inv. Fund F					0	4,724,784	4,724,784	

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	4,724,784	4,724,784
	WF St Inv. Fd F	1,915			0	1,915	1,915	
	WF St Inv. Fd F	282			0	282	282	
	WF St Inv. Fd F	1,119			0	1,119	1,119	
	WF St Inv. Fd F	3,510			0	3,510	3,510	
	WF St Inv. Fd F	2,704			0	2,704	2,704	
	WF St Inv. Fd F	425			0	425	425	
	WF St Inv. Fd F	697			0	697	697	
	WF St Inv. Fd F	25,364			0	25,364	25,364	
	WF St Inv. Fd F	1,646			0	1,646	1,646	
	WF St Inv. Fd F	1,024			0	1,024	1,024	
	WF St Inv. Fd F	1,608			0	1,608	1,608	
	WF St Inv. Fd F	100,686			0	100,686	100,686	
	WF St Inv. Fd F	1,477			0	1,477	1,477	
	WF St Inv. Fd F	1,142			0	1,142	1,142	
	WF St Inv. Fd F	4,602			0	4,602	4,602	
	WF St Inv. Fd F	282			0	282	282	
	WF St Inv. Fd F	5,194			0	5,194	5,194	
	WF St Inv. Fd F	815			0	815	815	
	WF St Inv. Fd F	41,788			0	41,788	41,788	
	WF St Inv. Fd F	4,062			0	4,062	4,062	
	WF St Inv. Fd F	329			0	329	329	
	WF St Inv. Fd F	291			0	291	291	
	WF St Inv. Fd F	90,429			0	90,429	90,429	
	WF St Inv. Fd F	72,677			0	72,677	72,677	
	WF St Inv. Fd F	54,123			0	54,123	54,123	
	WF St Inv. Fd F	3,837			0	3,837	3,837	
	WF St Inv. Fd F	41,992			0	41,992	41,992	
	WF St Inv. Fd F	3,764			0	3,764	3,764	
	WF St Inv. Fd F	24,873			0	24,873	24,873	
	WF St Inv. Fd F	1,621			0	1,621	1,621	
	WF St Inv. Fd F	29,234			0	29,234	29,234	
	WF St Inv. Fd F	1,992			0	1,992	1,992	
	WF St Inv. Fd F	1,119			0	1,119	1,119	
	WF St Inv. Fd F	902			0	902	902	
	WF St Inv. Fd F	1,495			0	1,495	1,495	
	WF St Inv. Fd F		33,334		0	33,334	33,334	
	WF St Inv. Fd F		36,207		0	36,207	36,207	
	WF St Inv. Fd F		24,608		0	24,608	24,608	
	WF St Inv. Fd F		450,000		0	450,000	450,000	
	WF St Inv. Fd F		385,808		0	385,808	385,808	
	WF St Inv. Fd F		1,500,000		0	1,500,000	1,500,000	
	WF St Inv. Fd F		48,674		0	48,674	48,674	
	WF St Inv. Fd F		1,253		0	1,253	1,253	
	WF St Inv. Fd F		7,870		0	7,870	7,870	
	WF St Inv. Fd F		38,289		0	38,289	38,289	
Balance forward: Wells Fargo St Inv. Fund F						0	7,779,847	7,779,847

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	7,779,847	7,779,847	
	WF St Inv. Fd F		26,979		0	26,979	26,979	
	WF St Inv. Fd F		295,251		0	295,251	295,251	
	WF St Inv. Fd F		40,466		0	40,466	40,466	
	WF St Inv. Fd F		41,089		0	41,089	41,089	
	WF St Inv. Fd F		2,062		0	2,062	2,062	
	WF St Inv. Fd F		175,139		0	175,139	175,139	
	WF St Inv. Fd F		69,372		0	69,372	69,372	
	WF St Inv. Fd F		65,570		0	65,570	65,570	
	WF St Inv. Fd F		26,460		0	26,460	26,460	
	WF St Inv. Fd F		494		0	494	494	
	WF St Inv. Fd F		391		0	391	391	
	WF St Inv. Fd F		19,344		0	19,344	19,344	
	WF St Inv. Fd F		132,136		0	132,136	132,136	
	WF St Inv. Fd F		41,223		0	41,223	41,223	
	WF St Inv. Fd F		76,818		0	76,818	76,818	
	WF St Inv. Fd F		28,599		0	28,599	28,599	
	WF St Inv. Fd F		104,369		0	104,369	104,369	
	WF St Inv. Fd F		68,810		0	68,810	68,810	
	WF St Inv. Fd F		40,968		0	40,968	40,968	
	WF St Inv. Fd F		25,908		0	25,908	25,908	
	WF St Inv. Fd F		7,999		0	7,999	7,999	
	WF St Inv. Fd F		6,915		0	6,915	6,915	
	WF St Inv. Fd F		47,724		0	47,724	47,724	
	WF St Inv. Fd F		30,726		0	30,726	30,726	
	WF St Inv. Fd F		37,352		0	37,352	37,352	
	WF St Inv. Fd F		3,042		0	3,042	3,042	
	WF St Inv. Fd F		6,915		0	6,915	6,915	
	WF St Inv. Fd F		74,586		0	74,586	74,586	
	WF St Inv. Fd F		133,568		0	133,568	133,568	
	WF St Inv. Fd F		23,376		0	23,376	23,376	
	WF St Inv. Fd F		4,421		0	4,421	4,421	
	WF St Inv. Fd F		44,610		0	44,610	44,610	
	WF St Inv. Fd F		9,464		0	9,464	9,464	
	WF St Inv. Fd F		37,133		0	37,133	37,133	
	WF St Inv. Fd F		2,400,000 *		0	2,400,000	2,400,000	
	WF St Inv. Fd F		3,488		0	3,488	3,488	
	WF St Inv. Fd F		441		0	441	441	
	WF St Inv. Fd F		93,000		0	93,000	93,000	
	WF St Inv. Fd F		1,240,569		0	1,240,569	1,240,569	
	WF St Inv. Fd F		9,087		0	9,087	9,087	
	WF St Inv. Fd F		48,215		0	48,215	48,215	
	WF St Inv. Fd F		22,945		0	22,945	22,945	
	WF St Inv. Fd F		16,858		0	16,858	16,858	
	WF St Inv. Fd F		472,732		0	472,732	472,732	
Balance forward: Wells Fargo St Inv. Fund F					0	13,836,461	13,836,461	

* 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	13,836,461	13,836,461	
	WF St Inv. Fd F		103		0	103	103	
	WF St Inv. Fd F		2,279		0	2,279	2,279	
	WF St Inv. Fd F		12,090		0	12,090	12,090	
	WF St Inv. Fd F		265		0	265	265	
	WF St Inv. Fd F		36,271		0	36,271	36,271	
	WF St Inv. Fd F		31		0	31	31	
	WF St Inv. Fd F		12		0	12	12	
	WF St Inv. Fd F		50,562		0	50,562	50,562	
	WF St Inv. Fd F		337		0	337	337	
	WF St Inv. Fd F		30		0	30	30	
	WF St Inv. Fd F		3,338		0	3,338	3,338	
	WF St Inv. Fd F		20,700		0	20,700	20,700	
	WF St Inv. Fd F		66		0	66	66	
	WF St Inv. Fd F		47,345		0	47,345	47,345	
	WF St Inv. Fd F		23,818		0	23,818	23,818	
	WF St Inv. Fd F		28,044		0	28,044	28,044	
	WF St Inv. Fd F		33,176		0	33,176	33,176	
	WF St Inv. Fd F		14,033		0	14,033	14,033	
	WF St Inv. Fd F		15,107		0	15,107	15,107	
	WF St Inv. Fd F		2,967		0	2,967	2,967	
	WF St Inv. Fd F		169,398		0	169,398	169,398	
	WF St Inv. Fd F		110,841		0	110,841	110,841	
	WF St Inv. Fd F		193,404		0	193,404	193,404	
TOTAL WF ST INV. FUND F SERIES BY ISSUE					0	14,600,678	14,600,678	
ISSUE: Wells Fargo Core Bond CIT F								
	WF Core Bond F	1,500,000			0	1,500,000	1,500,000	
	WF Core Bond F	2,400,000 *			0	2,400,000	2,400,000	
TOTAL WF CORE BOND CIT F SERIES BY ISSUE					0	3,900,000	3,900,000	
GRAND TOTAL WELLS FARGO: SERIES BY ISSUE					0	22,935,928	22,935,928	
WELLS FARGO BANK: 5% SERIES BY BROKER								
Broker: Goldman Sachs								
	Vulcan Mat. Com		26,738		7	30,618	26,738	(3,880)
	Verizon Comm.		22,147		12	19,263	22,147	2,884
	General Dynamics		37,449		8	49,274	37,449	(11,825)
	Vulcan Mat. Com		5,178		1	5,603	5,178	(425)
	Waste Man. Inc.	25,527			8	25,527	25,527	
	Waste Man. Inc.	46,170			13	46,170	46,170	
Balance forward: Broker Goldman Sachs					49	176,455	163,209	(13,246)

*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 Goldman Sachs fr: pg. 7					49	176,455	163,209	(13,246)
	JPMorgan Chase	38,665			11	38,665	38,665	
	Verizon Comm.		10,368		5	8,318	10,368	2,050
	Marsh & McLennan	20,656			6	20,656	20,656	
	Waste Man Inc.	21,857			6	21,857	21,857	
	United Parcel Ser.		33,480		10	31,004	33,480	2,476
	Microsoft Corp	23,206			5	23,206	23,206	
	Dexcom Inc		49,804		6	18,121	49,804	31,683
	United Parcel Ser.		56,153		17	61,189	56,153	(5,036)
	Coca Cola Co	26,467			15	26,467	26,467	
	Nintendo Co. LTD		9,343		7	5,031	9,343	4,312
	Nintendo Co. LTD		27,970		20	15,154	27,970	12,816
	Nintendo Co. LTD		51,895		38	31,268	51,895	20,627
	Nintendo Co. LTD		50,678		38	41,905	50,678	8,773
	FI Serv Inc	25,071			10	25,071	25,071	
	Fleetcor Tech. Inc.		107,291		15	90,858	107,291	16,433
	Cintas Corp		52,520		8	26,220	52,520	26,300
	Cintas Corp		25,631		4	13,770	25,631	11,861
	Chipotle Mex. Grill	23,289			1	23,289	23,289	
	Mongoddb Inc	41,223			8	41,223	41,223	
	Mongoddb Inc	65,507			12	65,507	65,507	
	Mongoddb Inc	28,599			5	28,599	28,599	
	Fiserv Inc	49,986			14	49,986	49,986	
	Comcast Corp CI A		38,184		23	27,481	38,184	10,703
	Unity Software Inc	11,284			0	11,284	11,284	
	Unity Software Inc	67,387			37	67,387	67,387	
	Alphabet Inc CI A		28,961		1	24,368	28,961	4,593
	Amazon Com Inc		63,036		2	15,186	63,036	47,850
	On Semiconductor		12,652		14	10,388	12,652	2,264
	Chipotle Mex. Grill	37,871			1	37,871	37,871	
	Mondelez Inter. Inc		36,525		19	27,916	36,525	8,609
	Honeywell Intern.		26,275		4	8,744	26,275	17,531
	Match Group Inc	21,634			6	21,634	21,634	
	Match Group Inc	20,383			6	20,383	20,383	
	Cisco Systems Inc		23,608		22	14,879	23,608	8,729
	Microsoft Corp		27,320		4	5,474	27,320	21,846
	Microsoft Corp	26,923			5	26,923	26,923	
	Waste Con. Inc.	25,480			7	25,480	25,480	
	Alcon Inc	13,910			6	13,910	13,910	
	Waste Con. Inc.	11,792			3	11,792	11,792	
	WEC Energy Grp.	139,209			42	139,209	139,209	
	Vulcan Materials		14,891		3	10,849	14,891	4,042
	Alphabet Inc CI C		33,800		1	14,453	33,800	19,347
	Global Pmts Inc		100,535		17	86,237	100,535	14,298
	Microsoft Corp		64,185		12	16,433	64,185	47,752
	Match Group Inc	7,887			2	7,887	7,887	
Balance forward: Broker Goldman Sachs					547	1,529,987	1,856,600	326,613

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

(a)	(b) Identity of issue, borrower, lessor, or similiar 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 330 shs	46,200	91,163
	Alcon, Inc.	Common Stock 3,735 shs	222,695	262,122
	APTIV, PLC	Common Stock 1,615 shs	134,455	222,709
	Atlassian Corporation PLC	Common Stock 1,180 shs	208,578	248,697
	Ferrari NV	Common Stock 840 shs	100,620	175,795
	Medtronic, PLC	Common Stock 2,773 shs	246,117	327,574
	NXP Semi Conductors NV	Common Stock 1,476 shs	123,783	297,178
	Spotify Technology S.A.	Common Stock 870 shs	274,319	233,117
	Waste Connections, Inc.	Common Stock 2,870 shs	199,672	309,903
	Air Prods & Chems Inc Com	Common Stock 840 shs	145,768	236,326
	Boeing Co	Common Stock 807 shs	182,765	205,559
	General Dynamics Corp.	Common Stock 895 shs	162,488	162,496
	Honeywell International Inc.	Common Stock 1,829 shs	153,530	397,021
	Mercadolibre Inc.	Common Stock 230 shs	82,546	338,592
	Northrop Grumman Corp	Common Stock 584 shs	180,954	189,006
	Raytheon Technologies Corp	Common Stock 3,944 shs	292,922	304,753
	Union Pacific Corp.	Common Stock 1,470 shs	199,238	324,003
	United Parcel Service - Cl B	Common Stock 1,345 shs	214,652	228,637
	Waste Management Inc.	Common Stock 2,457 shs	238,957	317,002
	Advance Auto Parts Inc.	Common Stock 1,316 shs	166,248	241,473
	Amazon Com Inc. Com	Common Stock 362 shs	610,110	1,120,057
	Chipotle Mexican Grill Inc	Common Stock 200 shs	239,153	284,164
	Comcast Corp. Class A	Common Stock 5,620 shs	188,699	304,098
	DR Horton Inc Com	Common Stock 3,037 shs	244,720	270,657
	Dollar Tree Inc.	Common Stock 2,368 shs	195,827	271,041
	Expedia Inc.	Common Stock 1,593 shs	263,738	274,187
	Home Depot Inc.	Common Stock 1,275 shs	211,141	389,194
	Netflix Inc.	Common Stock 580 shs	189,673	302,563
	Sherwin Williams Co.	Common Stock 475 shs	193,330	350,555
	Stanley Black & Decker, Inc.	Common Stock 1,418 shs	262,460	283,132
	Coca Cola Co.	Common Stock 5,073 shs	238,906	267,398
	Mondelez International Inc.	Common Stock 4,570 shs	193,858	267,482
	Pepsico Inc.	Common Stock 1,500 shs	188,977	212,175
	Procter & Gamble Co.	Common Stock 1,077 shs	142,093	145,858
	Chevron Corp.	Common Stock 1,565 shs	169,289	163,996
	Conocophillips	Common Stock 3,728 shs	179,325	197,472
	EOG Resources, Inc.	Common Stock 1,517 shs	119,981	110,028
	Allstate Corp.	Common Stock 2,142 shs	151,533	246,116
	American International Group, Inc.	Common Stock 6,224 shs	319,701	287,611
	Bank of America Corp.	Common Stock 12,176 shs	328,436	471,089
	Cigna Corporation	Common Stock 1,597 shs	266,426	386,059
	Goldman Sachs Group Inc.	Common Stock 895 shs	167,557	292,665
	Intercontinental Exchange, Inc.	Common Stock 5,707 shs	419,279	637,358
	JPMorgan Chase & Co.	Common Stock 2,511 shs	230,914	382,250
	S&P Global Inc.	Common Stock 665 shs	140,961	234,659
	Balance forward		9,432,595	13,264,989

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

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