

SUMMARY ANNUAL REPORT

FOR

UA LOCAL 350 HEALTH, WELFARE AND VACATION PLAN

THIS IS A SUMMARY OF THE ANNUAL REPORT FOR THE UA LOCAL 350 HEALTH, WELFARE AND VACATION PLAN, (EMPLOYER IDENTIFICATION NO. 88-6003301, PLAN NO. 501) FOR THE PERIOD SEPTEMBER 1, 2015 TO AUGUST 31, 2016. THE ANNUAL REPORT HAS BEEN FILED WITH THE EMPLOYEE BENEFITS SECURITY ADMINISTRATION, AS REQUIRED UNDER THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA).

UA LOCAL 350 HEALTH, WELFARE AND VACATI HAS COMMITTED ITSELF TO PAY THE FOLLOWING TYPES OF CLAIMS INCURRED UNDER THE TERMS OF THE PLAN.

CERTAIN MEDICAL, PRESCRIPTION, DENTAL, VISION, DISABILITY, ACCIDENT, HOSPITAL CLAIMS

INSURANCE INFORMATION

THE PLAN HAS CONTRACTS WITH THE UNION LABOR LIFE INSURANCE COMPANY, AND THE UNION LABOR LIFE INSURANCE COMPANY TO PAY THE FOLLOWING TYPES OF CLAIMS INCURRED UNDER THE TERMS OF THE PLAN.

CERTAIN MEDICAL, PRESCRIPTION, LIFE & AD CLAIMS

THE TOTAL PREMIUMS PAID FOR THE PLAN YEAR BEGINNING SEPTEMBER 1, 2015 AND ENDING AUGUST 31, 2016 WERE \$574,861.

BASIC FINANCIAL STATEMENT

THE VALUE OF PLAN ASSETS, AFTER SUBTRACTING LIABILITIES OF THE PLAN, WAS \$2,892,201 AS OF AUGUST 31, 2016 COMPARED TO \$2,259,444 AS OF SEPTEMBER 1, 2015. DURING THE PLAN YEAR THE PLAN EXPERIENCED AN INCREASE IN ITS NET ASSETS OF \$632,757. THIS INCREASE INCLUDES UNREALIZED APPRECIATION OR DEPRECIATION IN THE VALUE OF PLAN ASSETS; THAT IS, THE DIFFERENCE BETWEEN THE VALUE OF THE PLAN'S ASSETS AT THE END OF THE YEAR AND THE VALUE OF THE ASSETS AT THE BEGINNING OF THE YEAR, OR THE COST OF ASSETS ACQUIRED DURING THE YEAR. DURING THE PLAN YEAR, THE PLAN HAD TOTAL INCOME OF \$7,191,715. THIS INCOME INCLUDED EMPLOYER CONTRIBUTIONS OF \$7,078,629, EMPLOYEE CONTRIBUTIONS OF \$52,244 AND EARNINGS FROM INVESTMENTS OF \$60,842. PLAN EXPENSES WERE \$6,558,958. THESE EXPENSES INCLUDED \$390,441 IN ADMINISTRATIVE EXPENSES AND \$6,168,517 IN BENEFITS PAID TO PARTICIPANTS AND BENEFICIARIES.

YOUR RIGHTS TO ADDITIONAL INFORMATION

YOU HAVE THE RIGHT TO RECEIVE A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, ON REQUEST. THE ITEMS LISTED BELOW ARE INCLUDED IN THAT REPORT:

1. AN ACCOUNTANT'S REPORT;
2. ASSETS HELD FOR INVESTMENT;
3. TRANSACTIONS IN EXCESS OF 5 PERCENT OF THE PLAN ASSETS; AND
4. INSURANCE INFORMATION INCLUDING SALES COMMISSIONS PAID BY INSURANCE CARRIERS.

TO OBTAIN A COPY OF THE FULL ANNUAL REPORT, OR ANY PART THEREOF, WRITE OR CALL THE OFFICE OF

BENEFIT PLAN ADMINISTRATORS, INC.
445 APPLE STREET
RENO, NV 89502

OR THE PLAN ADMINISTRATOR

THE CHARGE TO COVER COPYING COSTS WILL BE \$0.25 PER PAGE.

YOU ALSO HAVE THE RIGHT TO RECEIVE FROM THE PLAN ADMINISTRATOR, ON REQUEST AND AT NO CHARGE, A STATEMENT OF THE ASSETS AND LIABILITIES OF THE PLAN AND ACCOMPANYING NOTES, OR A STATEMENT OF INCOME AND EXPENSES OF THE PLAN AND ACCOMPANYING NOTES, OR BOTH. IF YOU REQUEST A COPY OF THE FULL ANNUAL REPORT FROM THE PLAN ADMINISTRATOR, THESE TWO STATEMENTS AND ACCOMPANYING NOTES WILL BE INCLUDED AS PART OF THAT REPORT. THE CHARGE TO COVER COPYING COSTS GIVEN ABOVE DOES NOT INCLUDE A CHARGE FOR THE COPYING OF THESE PORTIONS OF THE REPORT BECAUSE THESE PORTIONS ARE FURNISHED WITHOUT CHARGE.

YOU ALSO HAVE THE LEGALLY PROTECTED RIGHT TO EXAMINE THE ANNUAL REPORT AT THE MAIN OFFICE OF THE PLAN:

BENEFIT PLAN ADMINISTRATORS, INC.
445 APPLE STREET
RENO, NV 89502

AND AT THE U.S. DEPARTMENT OF LABOR IN WASHINGTON, D.C., OR TO OBTAIN A COPY FROM THE U.S. DEPARTMENT OF LABOR UPON PAYMENT OF COPYING COSTS. REQUESTS TO THE DEPARTMENT SHOULD BE ADDRESSED TO: U.S. DEPARTMENT OF LABOR, EMPLOYEE BENEFITS SECURITY ADMINISTRATION, PUBLIC DISCLOSURE ROOM, 200 CONSTITUTION AVENUE, NW, SUITE N-1513, WASHINGTON, D.C. 20210.