Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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

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

Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		rt Identification Information				
For calenda	ır plan year 2016 or	fiscal plan year beginning 01/01/2	2016 	and ending 1	2/31/2016	
		🛚 a single-employer plan		olan (not multiemployer)		
A This return/report is for:		a one-participant plan	_ · · ·	mployer information in a	ccordance with the	form instructions.)
		a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
D IIIIS IEIU	III/Iepoit is	an amended return/report		ırn/report (less than 12 n	nonths)	
_				ini/report (icss than 12 h		
C Check b	ox if filing under:	X Form 5558	automatic extension		DFVC program	1
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	formation—enter all requested in	formation		_	
1a Name					1b Three-digit	
COLUMBIA A	ASPHALT & GRAVE	EL INC PROFIT SHARING PLAN			plan numbe (PN) ▶	o02
					1c Effective da	
						05/01/1996
2a Plan sp	onsor's name (emp	loyer, if for a single-employer plan)			2b Employer Id	lentification Number
		oom, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		tructions)	(EIN)	91-1036466
	SPHALT & GRAVE		iai code (ii ioreigii, see iiis	sii delions)		elephone number
						-453-2063
377 PARKER	BRIDGE ROAD					ode (see instructions)
PARKER, WA					2	237310
3a Plan ad	lministrator's name	and address \overline{X} Same as Plan Spo	nsor.		3b Administrate	or's EIN
					30 Administrate	or's telephone number
					JC Administrati	or a releptione number
4 If the n	ome and/or FINI of t	the plan sponsor has changed since	the last return/report filed	for this plan, anter the	4b EIN	
		number from the last return/report.	the last return/report filed	ioi tilis piari, eriter tile	4D EIN	
a Sponso	or's name				4c PN	
5a Total n	umber of participan	ts at the beginning of the plan year.			5a	82
b Total n	umber of participan	ts at the end of the plan year			5b	71
		h account balances as of the end of			5c	67
d(1) Tota	Il number of active p	participants at the beginning of the p	lan year		5d(1)	55
		participants at the end of the plan ye			5d(2)	42
		at terminated employment during the			5e	(
		e or incomplete filing of this retur			use is established	d.
Under pena	Ities of perjury and	other penalties set forth in the instru	ctions, I declare that I hav	e examined this return/re	eport, including, if a	pplicable, a Schedule
	dule MB completed rue, correct, and coi	and signed by an enrolled actuary,	as well as the electronic vi	ersion of this return/repo	rt, and to the best o	of my knowledge and
		d/valid electronic signature.	10/03/2017	GAYLE SALI		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual cianina ac plar	administrator
OLON	Signature or plan	administrator	Date	Litter flame of flavio	dai signing as plai	i administrator
SIGN HERE						
		loyer/plan sponsor name, if applicable) and address (i	Date			ployer or plan sponsor
Fiepalei Si	iame (including iim	i riame, ii applicable) and address (i	nciude room of suite numi	Jei)	Preparer's teleph	ione number
1						

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X	Yes	No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X	Yes	No
c	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in							Пио	П Мот	determ	nined
	rt III Financial Information	isurance p	ologiam (see LINOA se	SCHOIT 4	021):	Ц	163			detern	- IIIIeu
7	Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Voc		
		7a	(a) Beginning	or Year 431288				b) Ena	of Year	7587	
<u>a</u>	Total plan assets	7b		6579						3255	
	Net plan assets (subtract line 7b from line 7a)	7c	2	424709)				262	4332	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nf				(b) 1	Γotal		
a	Contributions received or receivable from:		` ,					(2)	- Otal		
	(1) Employers	8a(1)		189076	_						
	(2) Participants	8a(2)		35660							
	(3) Others (including rollovers)	8a(3)		450740							
	Other income (loss)	8b		158713							
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							38	3449	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		180520							
е	Certain deemed and/or corrective distributions (see instructions).	8e									
f	Administrative service providers (salaries, fees, commissions)	8f		3306							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							18	3826	
i	Net income (loss) (subtract line 8h from line 8c)	8i							19	9623	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2D 2E 2G 2J 2K 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	tructions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	les in t	he instr	uctions:		
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X					
b	Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10a		X					
				10c	Χ					2	245000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
е	· · · · · · · · · · · · · · · · · · ·	her person ne or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		X					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i							

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets			1			
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)) to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)	
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	'	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rec	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For	calendar plan year 2016 or f	fiscal plan year beginning	01/01/2016	and ending	12/31/201	.6	
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report		plan (not multiemployer) employer information in a			
_	This return report is.	an amended return/report	=	urn/report (less than 12 n	nonths)		
С	Check box if filing under:	x Form 5558 special extension (enter design of the second	automatic extension cription)		DFVC p	rogram	
P	art II Basic Plan Inf	ormation enter all requeste	d information				
	Name of plan	GRAVEL INC PROFIT SHA		9	1b Three-digit plan numb (PN) ▶	Commercial Conference of the C	
					1c Effective d 05/01/1		
2a	Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P nce, country, and ZIP or foreign po	.O. Box)	structions)		dentification Number -1036466	
	COLUMBIA ASPHALT	GRAVEL INC			The second of the second secon	telephone number 53-2063	
	377 PARKER BRIDGE	ROAD			2d Business of 237310	code (see instructions)	
_	US PARKER WA 98939-0000						
3a	Plan administrator's name	and address X Same as Plan S	ponsor		3b Administra	tor's EIN	
					3c Administra	tor's telephone number	
4		he plan sponsor has changed since umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN		
a	Sponsor's name				4c PN		
5a	Total number of participant	s at the beginning of the plan year			5a	82	
b	Total number of participant	s at the end of the plan year			5b	71	
С		account balances as of the end o			5c	67	
d((1) Total number of active pa	articipants at the beginning of the p	lan year		5d(1)	55	
d(5. 5.	articipants at the end of the plan ye			5d(2)	42	
е —		t terminated employment during the	15 (F)		5e	0	
Ca	aution: A penalty for the lat	e or incomplete filing of this retu	ırn/report will be assesse	d unless reasonable ca	iuse is establishe	d.	
SE	nder penalties of perjury and B or Schedule MB completed elief, it is true, correct, and co	other penalties set forth in the instr and signed by an enrolled actuary mplete.	ructions, I declare that I hav , as well as the electronic v	re examined this return/re ersion of this return/repo	eport, including, if a rt, and to the best	applicable, a Schedule of my knowledge and	
1,000	IGN Signature of plan ad	ministrator	Date	Enter name of Individu	ual aigning on plan	odministrates	
7-13	12016	ministrator ,	10-3-17	Enter name of individu	ar signing as plan	auministrator	
	IERE Signature of employ	er/nlan snonsor	Date	Enter name of individu	ial signing as ampl	over or plan aponeer	
Preparer's name (including firm name, if applicable) and address (include room or suite number) Skip this question Enter name of individual including firm name, if applicable) and address (include room or suite number)				Preparer's telephone number Skip this question			

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)					XYes No
	Are you claiming a waiver of the annual examination and report of ar							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditio	ns.)					X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cannot							
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pro	ogram (see ERISA section	n 402	1)? -	[Yes	No Not determined
Pa	rt III Financial Information			11			* 1	
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r		(b)	End of Year
a	Total plan assets	7a	2,43	31,2	88			2,627,587
o	Total plan liabilities	7b		6,5	79			3,255
0	Net plan assets (subtract line 7b from line 7a)	7c	2,42	24,7	09			2,624,332
	Income, Expenses, and Transfers for this Plan Year	T-WHILE	(a) Amount					(b) Total
	Contributions received or receivable from:					42	A-1	
_	(1) Employers	8a(1)		39,0				
_	(2) Participants	8a(2)	3	35,6	60	(Let		
_	(3) Others (including rollovers)	8a(3)				TOTAL		
_	Other income (loss)	8b	15	58,7	13	1100		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						383,449
d	Benefits paid (including direct rollovers and insurance premiums	04	10	30,5	20		e e e	
	to provide benefits)	8d	10	30,3	20			
		8e		2 2	0.6	GLICS.		
_	Administrative service providers (salaries, fees, commissions)	8f		3,3	06	B. W.		
	Other expenses	8g	Marca di Hannara anno anticolor	PANE.	Sid N	1960		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				0		183,826
	Net income (loss) (subtract line 8h from line 8c)	8i			Silver			199,623
	Transfers to (from) the plan (see instructions)	8j				1000		
Pa	rt IV Plan Characteristics							
a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	Code	es in the ins	structions:
	2A 2D 2E 2G 2J 2K 3D 3H							
b	f the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	aracte	ristic (Codes	in the inst	ructions:
							2	
Pa	rt V Compliance Questions							
0	During the plan year:				Yes	No	N/A	Amount
a	Was there a failure to transmit to the plan any participant contributi							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	luntary Fid	uciary Correction					
	Program)			10a		X		
b	Were there any nonexempt transactions with any party-in-interest?			4.01		**		
_	reported on line 10a.)			10b		Х		
C	Was the plan covered by a fidelity bond?			10c	X		5 4 5	245,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi by fraud or dishonesty?	ALBERT CONTRACTOR STREET	SUBSTITUTE OF STATE OF THE CONTRACT OF THE CON	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	he benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		х		
h		See instruc	ctions and 29 CFR	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i				

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aye	0 -	

-	-	OF	001	-
⊢orm	5500	-5-	201	b

Pari	VI Pension Funding Compliance		The A	4.41			-
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500 and line 11a below)	d complete	e Schedule	SB		Yes X	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a	T				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	ection 302			Yes X	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			31/42			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver	Month		er the date Day	of the I		ng
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		1	41.0	1.75	
b	Enter the minimum required contribution for this plan year.		12b				A
С	Enter the amount contributed by the employer to the plan for the plan year		12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		1 120	113			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	□ N	/A
Pari	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			☐ Yes	x	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brocontrol of the PBGC?	•			Yes	X No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	ntify the p	lan(s) to				
1	Sc(1) Name of plan(s):	13c	2) EIN(s)	EIN(s) 13c(3) P			
Pari 14a	VIII Trust Information - Skip These Questions Name of trust		14	b Trust's E	IN		
140	Name of trustee or custodian		14	d Trustee of telephon			
Part	IX IRS Compliance Questions - Skip These Questions						
15a	Is the plan a 401(k) plan? If "No," skip b.		Yes			No	
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		-	esign-based "Prior year afe harbor test			ear" ADP
		L	ADP te			N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		Ratio percent test	age 🔲	Avera benef	-	□ N/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?] Yes			No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR the letter/ and serial number	RS opinion	n letter or a	advisory let	ter, ent	ter the d	ate of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter/	, enter the	date of th	e most rec	ent det	erminati	on
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not se service?			☐ Yes		No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes		No	