Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information				
For calend	lar plan year 2015 or fis	scal plan year beginning 01/01/2	<u>2015</u>	and ending 12	2/31/2015	
A This re	turn/report is for:	x a single-employer plan		plan (not multiemployer) mployer information in ac		
74 11113 101	turimoport io ior.	a one-participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	program
		special extension (enter desc				
Part II		rmation—enter all requested in	formation			T
1a Name ASPHALT 4	of plan 401(K) PLAN				1b Three-digit plan numbe	r
					(PN) ▶	002
					1c Effective da	te of plan 01/01/2012
		yer, if for a single-employer plan)) Paul			entification Number
		n, apt., suite no. and street, or P.0 e, country, and ZIP or foreign post		tructions)	(=)	91-1178142
	VASHINGTON ASPHAI		, 5	,		elephone number 09-765-5757
P O BOX 93	0				2d Business co	de (see instructions)
	9 KE, WA 98837					237310
3a Plan a	administrator's name an	d address XSame as Plan Spon	sor.		3b Administrate	or's EIN
					3c Administrate	or's telephone number
						·
4 If the	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
name	e, EIN, and the plan nun	nber from the last return/report.	·	, ,		
	sor's name	at the best advantage of the other conservation			4c PN 5a	108
_	•	at the beginning of the plan year.			5b	75
		at the end of the plan year account balances as of the end of			30	75
			. , ,	•	5c	62
		ticipants at the beginning of the p			5d(1)	101
		rticipants at the end of the plan ye			5d(2)	68
than	100% vested	terminated employment during the			5e	0
	-	or incomplete filing of this retur				
SB or Sche		ner penalties set forth in the instrund signed by an enrolled actuary, ablete.				
SIGN	Filed with authorized/	valid electronic signature.	10/04/2017	PAMP MAIERS		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as plan	administrator
SIGN						
HERE	Signature of emplo		Date	Enter name of individ		
Preparer's	name (including firm name	ame, if applicable) and address (in	nclude room or suite numb	er)	Preparer's teleph	one number

Form 5500-SF 2015		Page 2							
 Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either line 6a or line 6b, the plan cannot be a second or line 6b. 	an indepenand	dent qualified public a	ccount	ant (IQ	PA)			X Yes	
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ction 4	021)? .		Yes	No	Not dete	rmined
Part III Financial Information	, ,								
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Year	
a Total plan assets	. 7a		249	285				393	078
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c			285	-			393	078
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b) 1	otal	
(1) Employers	8a(1)		48	845					
(2) Participants	8a(2)		114	576					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		-4	142					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							159	279
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		13	8070					
e Certain deemed and/or corrective distributions (see instructions)	8e		2	2076					
f Administrative service providers (salaries, fees, commissions)	8f			340					
g Other expenses	8g			0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							15	486
i Net income (loss) (subtract line 8h from line 8c)	8i							143	793
j Transfers to (from) the plan (see instructions)	8j			0					
Part IV Plan Characteristics					•				
9a If the plan provides pension benefits, enter the applicable pension	feature cod	des from the List of Pla	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	antura and	on from the List of Dia	o Chor	actoriot	io Cod	loo in the	inotruo	iono:	
in the plan provides wellare benefits, effer the applicable wellare in	eature coue	es nom the List of Fia	i Cilai	acterist	ic Cou	162 III II I	5 1115tt UC	10115.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	/oluntary Fi	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c	Х					100000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		X				100000
Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner persons ne or all of t	by an insurance he benefits under	10a		X				
f Has the plan failed to provide any benefit when due under the pla					Χ				
			10f						
Did the plan have any participant loans? (If "Yes," enter amount ah If this is an individual account plan, was there a blackout period?		,	10g		Χ				
2520.101-3.)	•		10h		Χ				
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						
j Did the plan trust incur unrelated business taxable income?			10j						
Part VI Pension Funding Compliance			,						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								☐ Yes	s \square No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. L</u>	
12 Is this a defined contribution plan subject to the minimum funding							RISA?	Yes	s X No

	F	orm 5500-SF 2015 Page 3 - 1					
	_ `	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inc ng the waiver		enter the Day	e date of t	he letter rul Year	ing
lf		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Duy_		1 oui	
b	Enter t	ne minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			
		ve amount)e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 🗌	N/A
Part		Plan Terminations and Transfers of Assets			100	110	1471
		resolution to terminate the plan been adopted in any plan year?			Yes	s X No	
		s," 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 brough	ght under the co	ontrol		Yes X	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	: VIII	Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	١	
14c	Name	of trustee or custodian		14d	Trustee's	or custodia	an's
	rianio	of tubics of suctorial			telephone		a 11 0
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		Ye	S	No	
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ased safe arbor ethod	ADF test	P/ACP
15c	testing	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?	101(m)-	Ye	S	No	
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under secti	on 410(b):		atio ercentage st		rage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye	s	No	
17a	Has the	e plan been timely amended for all required tax law changes?		Ye	s	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pland the letter yellowers, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable II	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable	
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	5	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	" enter amount		19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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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 Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

	an demand Guaranty Corporation	Complete all entries in	accordance with the i	Istructions to the Form	SENO SE	Public Inspection
Part	I Annual Repor	Liuenumcation informatio	n	The state of the s	3380-31,	
roi caie	andar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12	/31/2015
A This	return/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemploye	r) (Ellers che	CKIDA This NAV ARE WAR
11110	retarioreport is ior.	a one-participant plan	list of participating a foreign plan	employer information in	accordance v	with the form instructions)
B This	return/report is	the first return/report	the final return/repo			
G. Char	ck box if filing under:	an amended return/report		turn/report (less than 12	months)	
O OHE	er nor it mind didet.	Form 5558 special extension (enter desc	automatic extension	in		DFVC program
Part I	Basic Plan Infi	ormation—enter all requested in	inpuony.		***************************************	
	ne of plan	critical — enter an requested in	normation			
	lt 401(k) Plan				1b Thre plan (PN)	number 002
20.01					1c Effec	tive date of plan
Maili	ing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Empi	oyer Identification Number 91-1178142
Cent	ral Washington	e, country, and ZIP or foreign post Asphalt, Inc.	al code (if foreign, see in	structions)	2c Spor	sor's telephone number
POF	3ox 939					-765-5757 less code (see instructions)
	Lake	WA 98837				310
3a Plan	administrator's name ar	nd address XSame as Plan Spons	sor.		3b Admir	nistrator's EIN
4 If the	name and/or EIN of the	plan sponsor has changed since to	he last return/report filed	for this plan, enter the	4b EIN	nistrator's telephone number
a Spon	sor's name				4c PN	
5a Total	number of participants	at the beginning of the plan year	***************************************		5a	7.00
n rotat	number of participants :	at the end of the plan year	and the second second second second		5b	108
C INCHIN	bei oi participants with a	ccount balances as of the end of the	ha nian waar (dafiaad ha-	CARL MINISTER OF CO.	<u> </u>	147
00111	Acto this itemy	*************************************	*********	***************	5c	62
a(1) To	tal number of active part	icipants at the beginning of the pla	n year	**********************	5d(1)	101
Q(Z) To	tal number of active par	icipants at the end of the plan year	ř .		5d(2)	143
than	100% vested	erminated employment during the p	plan year with accrued be	enefits that were less	50	
					ise is establi	shed.
SB or Schooling	edule MB completed and true, correct, and compl	er penalties set forth in the instruct disigned by an enrolled actuary, as etc.	ions, I declare that I have well as the electronic ve	e examined this return/report	oort, including , and to the b	i, if applicable, a Schedule est of my knowledge and
SIGN IERE	Signature of plan ad	Jan	10/11/16	Pamp Maiers		
SIGN	Suparate of Gran ad	uninstrator .	Date 10/11/16	Entername of individu	ual signing as	plan administrator
IERE	Signature of employ	er/plan sponsor	Data	T-4	2	
reparer's	name (including firm na	me, if applicable) and address (incl	lude room or suite number	Enter name of individuer)	ial signing as Preparer's te	employer or plan sponsor dephone number

Form 5500-SF 2015	·	Page 2					
6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cans	an indepen and condili not use For	dent qualified public ons.) m 5500-SF and mu	accou	ntant (i	QPA)		X Yes ∏ No
C If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA	section	4021)	?	Yes	☐ No ☐ Not determined
Part III Financial Information	T					************	
7 Plan Assets and Liabilities	4.44.45	(a) Beginni	ng of Y	ear		********	(b) End of Year
a Total plan assets b Total plan liabilities			2	49,2	85		392,917
C Net plan assets (subtract line 7b from line 7a)	7						
8 Income, Expenses, and Transfers for this Plan Year	. 7c	······································		49,2	85		392,917
a Contributions received or receivable from:	7778.88	(a) Amo	ount	***************************************			(b) Total
(1) Employers	8a(1)			48,8	45		
(2) Participants	8a(2)	***************************************	1	14,5	76		
(3) Others (including rollovers)	8a(3)			······································	0		
b Other income (loss)	8b			-4,14	12		
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c						159,279
to provide benefits)	8d			13,00	70		
e Certain deemed and/or corrective distributions (see instructions)	8e	· · · · · · · · · · · · · · · · · · ·		2,23			
f Administrative service providers (salaries, fees, commissions)	8f		T	34			
g Other expenses	8g		***************************************		0		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1	······	15,647
i Net income (loss) (subtract line 8h from line 8c)	8i				1	***************************************	143,632
j Transfers to (from) the plan (see instructions)	8j		***************************************		0		230,002
B If the plan provides welfare benefits, enter the applicable welfare fe	ature codes	from the List of Pla	n Char	acteris	ic Co	des in ti	he instructions:
10 During the plan year:	·····			T	Г	т	
Was there a failure to transmit to the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's Volengram)	oluntary Fidu	iclary Correction	10a	Yes	No X	N/A	Amount
b Were there any nonexempt transactions with any party-in-interest?	(Do not inc	lude transactions			х		
reported on line 10a.) C Was the plan covered by a fidelity bond?			10b				
d Did the plan have a loss, whether or not reimbursed by the plan's fi			10c	Х			100,000
by fraud or dishonesty?	identy bond,	inai was caused	10d		х		
e 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.)	er persons b	y an insurance	10e		х		
f Has the plan failed to provide any benefit when due under the plan	?				х		
g Did the plan have any participant loans? (If "Yes," enter amount as			10f 10g		X		
h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruction	ons and 29 CFR	10g 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-	required no	tice or one of the	10i				
j Did the plan trust incur unrelated business taxable income?	***************************************		10j	1	\neg		
art VI Pension Funding Compliance			.~,_	1		l	
1 Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. .		(Form Yes No
1a Enter the unpaid minimum required contribution for all years from So	chedule SB	(Form 5500) line 40				11a	
2 Is this a defined contribution plan subject to the minimum funding re	quirements	of section 412 of th	e Code	orsec	tion 3	02 of E	RISA? Yes No

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		***************************************			
	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	ins, and	enter the	date of	the letter Year	ruling
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	***********		**************************************	1.001	en Consultation and an account
	b Enter the minimum required contribution for this plan year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12b		***************************************	
	€ Enter the amount contributed by the employer to the plan for this 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 left of negative amount)	·	12d		*********	
(Section)	Will the minimum funding amount reported on line 12d be met by the funding deadline?		ПΠ	Yes	No	N/A
Par	tVII Plan Terminations and Transfers of Assets	***************************************		··		L-L
13	Has a resolution to terminate the plan been adopted in any plan year?			∏ Ye	s No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought und of the PBGC?			Γ	Yes	No
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the public hassets or liabilities were transferred. (See instructions.)	ilan(s) to)	-	-	
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)
project control of the control of th						
Par	t VIII Trust Information					
	t Name of trust		14b Tr	ust's Elh	1	
140	Name of trustee or custodian				or custor number	lian's
Pai	rt IX IRS Compliance Questions	l	*			
15a	is the plan a 401(k) plan?		Yes		Пио	
	If "Yes." how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employment matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					P/ACP
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current y testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	1	Yes		No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b);	Rati perd test	o entage		erage nefit test
160	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?		Yes		□ No	
***************	Has the plan been timely amended for all required tax law changes?		Yes	***************************************	No	A\N
	Tor tax law changes and codes).					nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is advisory letter, enter the date of that favorable letter and the letter's serial number					or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter		ne plan's	last favo	rable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has be made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands	en 1?	Yes	**	No	
19	Were in-service distributions made during the plan year?		Yes		No	
	If "Yes," enter amount		19	•		
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or retired), as required under section 401(a)(9)?	nat	Yes		∏No	□ N/A

Department of the Treasure Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 Revenue Code (the Code).

2015

OMB Nos, 1210-0110

1210-0089

This Form is Open to **Public Inspection**

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015 a single-employer plan a multiple-employer plan (not multiemployer) (Ellers-weekinger) A This return/report is for: list of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the first return/report the final return/report B This return/report is a short plan year return/report (less than 12 months) an amended return/report C Check box if filing under: Form 5558 DFVC program automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit Asphalt 401(k) Plan plan number 002 (PN) ▶ 1c Effective date of plan 01/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1178142 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number Central Washington Asphalt, Inc. 509-765-5757 2d Business code (see instructions) P O Box 939 237310 Moses Lake ΔW 98837 3a Plan administrator's name and address XSame as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 108 5b **b** Total number of participants at the end of the plan year 147 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) 62 5d(1) d(1) Total number of active participants at the beginning of the plan year 101 d(2) Total number of active participants at the end of the plan year..... 5d(2) 143 Number of participants that terminated employment during the plan year with accrued benefits that were less

than 100% vested 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

2011011 11 10	ade, correct, and complete.			
SIGN	Go h	11/29/16	Pamp Maiers	
HERE	Signature of plan administrator	Date	Enter name of individ	lual signing as plan administrator
SIGN	Cos his	11/29/16	Pamp Maiers	
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	lual signing as employer or plan sponsor
Preparer's	name (including firm name, if applicable) and address (include	room or suite numbe	er)	Preparer's telephone number

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	Form 5500-SF 2015		Page 2								
	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be under the plan's assets during the plan year invested in eligible and the plan cannot be under the plan cannot be u	an indepe and condi	ndent qualified public tions.)	account	ant (IC)PA) 			<u> </u>	_	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA s	ection 4	021)?	[] Yes	No	No	deterr	nined
Pa	rt III Financial Information										*****
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) End	l of Y	ear	
a	Total plan assets	. 7a		24	9,28	5				39	3,078
b	Total plan liabilities	. 7b									
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		24	9,28	5				39	3,078
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total		
a	Contributions received or receivable from: (1) Employers	. 8a(1)		4	8,84	5					
	(2) Participants	8a(2)		11	4,57	6	-5				
	(3) Others (including rollovers)	8a(3)				0					
<u>b</u>	Other income (loss)	. 8b		_	4,14	2					
<u>C</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								15	9,279
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		7	3,07	ما					
	Certain deemed and/or corrective distributions (see instructions)	8e			2,07	150,000					
f	Administrative service providers (salaries, fees, commissions)	8f			34						
<u>.</u>	Other expenses	8g				0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								<u> </u>	5,486
i	Net income (loss) (subtract line 8h from line 8c)	<u> </u>						·····			3,793
j	Transfers to (from) the plan (see instructions)	8j				ol					
Pa	rt IV Plan Characteristics	1 0	<u></u>			7155			10001111111	14 (A	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T	feature co	odes from the List of Pl	lan Cha	racteri	stic C	odes in	the instru	ctions		
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Chara	acterist	ic Co	des in th	ne instruc	tions:		
Par	t V Compliance Questions			***************************************							
10	During the plan year:				Yes	No	N/A	1	Δm	ount	·
a	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		х				-	
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		х					
С				10c	Х					1	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ner person ne or all of	s by an insurance the benefits under	10e		х					
f	Has the plan failed to provide any benefit when due under the plan	n?	*************	10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х			·····		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	ictions 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 2520.10	ne required	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance						L	l			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions	and con	nplete	Sched	dule SB	(Form		Yes	No

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

Yes

No

12

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and		ne date c			ng
If	granting the waiver	Day	enconstruction and	Year	Andrews and the	
	Enter the minimum required contribution for this plan year	12b	T	***************************************		
		12c				······
	Enter the amount contributed by the employer to the plan for this plan year	120	 			
	negative amount)	12d	<u></u>			
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	<u>L</u>	Yes	No		N/A
Part						
13a	Has a resolution to terminate the plan been adopted in any plan year?		<u> </u>	'es 📗 N	lo	***************************************
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?			Yes		10
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)					
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		130	(3) PI	N(s)
			l			
Part	VIII Trust Information		1	· · · · · · · · · · · · · · · · · · ·		
Entrance -	Name of trust	14h	Trust's E	-IN		
			110010 2	-114		
		1				
14c	Name of trustee or custodian	14d		e's or cus		n's
14c	Name of trustee or custodian	14d		e's or cus		n's
14c		14d				n's
Pari	IRS Compliance Questions		telepho	ne numb	er	n's
Pari		. Ye	telepho es	ne numb		n's
Pari 15a	IRS Compliance Questions Is the plan a 401(k) plan?	. Ye	telepho		er	
Pari 15a	IX IRS Compliance Questions Is the plan a 401(k) plan?	. Ye	telepho		ner No	
15a 15b	IRS Compliance Questions Is the plan a 401(k) plan?	. Ye	es esign- ased saf arbor nethod	re numb	No ADP/	
15a 15b	IRS Compliance Questions Is the plan a 401(k) plan?	D D D D D D D D D D D D D D D D D D D	es esign- ased saf arbor nethod	re numb	No ADP//	
15a 15b	Is the plan a 401(k) plan?	Ye	telepho es esign- ased safarbor nethod es	re numb	No ADP//	ACP
15a 15b 15c	Is the plan a 401(k) plan?	Ye D b h m Ye Ye	telepho es esign- ased saf arbor nethod	re numb	No ADP/Atest No Avers	ACP
15a 15b 15c 16a	Is the plan a 401(k) plan?	D b h. m Ye	telepho es esign- ased saf arbor eethod es atio ercentag	re numb	No ADP/Atest No Avers	ACP
15a 15b 15c 16a 16b	Is the plan a 401(k) plan?	D b h. m Ye	es esign-ased safarbor nethod es atio ercentagest	re numb	No ADP/L test No Avera bene	ACP
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	Ye D D h. m Ye Te Te Te Te Te Te Te	es esign-ased safarbor nethod es atio ercentagest es	rie numb	ADP/Atest No Averabene	ACP age fit test
15a 15b 15c 16a 16b 17a 17b	Is the plan a 401(k) plan?	D b h h m Y \(\epsilon \) Y \(\epsilon \) Y \(\epsilon \) A p to	es esign-ased safarbor nethod es atio ercentagest es	rie numb	No ADP/Atest No Averabene No No	ACP age fit test
15a 15b 15c 16a 16b 17a 17b 17c	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	Population of to a fect to a fect.	es esign-ased safarbor nethod es atio ercentag est es ble code	rie	AVERS bene	ACP age fit test
15a 15b 15c 16a 16b 17a 17b 17c 17d	Is the plan a 401(k) plan? If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)? If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))? Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted Enter the for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjeative advisory letter, enter the date of that favorable letter and the letter's serial number If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been	Points of the plants of the pl	es esign- ased safarbor nethod es atio ercentagest es ble code avorable n's last f	re numb	No ADP// test No Avera bene No No	ACP age fit test
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	Points of the plate of the plat	es esign- ased safarbor nethod es atio ercentagest es ble code avorable n's last f	ie	No ADP// test No Avera bene No No No Ree ins	ACP age fit test
15a 15b 15c 16a 16b 17a 17b 17c 17d 18	Is the plan a 401(k) plan?	Presented to a fate to a f	es esign- ased safarbor nethod es atio ercentagest es ble code avorable n's last f	re numb	No ADP// test No Avera bene No No No Ree ins	ACP age fit test
15a 15b 15c 16a 16b 17a 17c 17d 18	Is the plan a 401(k) plan?	Points of the plate of the plat	es esign- ased safarbor nethod es atio ercentagest es ble code avorable n's last f	ie	No ADP// test No Avera bene No No No Ree ins	ACP age fit test

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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 Revenue Code (the Code).

2015

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For celendar plan year 2015 or fiscal plan year beginning A This return/report is a single-employer plan I an intilipe an intilipe plan (intilipe) plan is of participating employer information in accordance with the form instructions; B This return/report is I ne first return/report I a sone-participant plan I ne first return/report I a short plan year return/report (less than 12 months) C C Check box if filing under: I remailed intervention (enter description) Part.II Basic Plan Information—enter alt requested information I a Name of plan Asphalt 401 (k) Plan Part.II Basic Plan Information—enter alt requested information I a Name of plan Asphalt 401 (k) Plan Asphalt 401 (k) Plan I three-digit plan number 002 (PN) Asphalt 401 (k) Plan Central Washington Asphalt, Inc. Po Except except country, and ZIP of foreign postel code (if foreign, see instructions) City or forws, table or province, country, and ZIP of foreign postel code (if foreign, see instructions) Central Washington Asphalt, Inc. Po Exc 939 Moses Lake Na 98837 3a Plan administrator's name and address (Same as Plan Sponsor) 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Total number of participants at the end of the plan year. 5b Total number of participants at the beginning of the plan year. 5c Delta number of participants is the end of the plan year. 5d Delta number of participants is the end of the plan year. 5d Delta number of participants is the end of the plan year. 5d Delta number of participants is the end of the plan year. 5d	Part I		Identification Information	01/01/2015	and anding	10/21/2	107 5
A This return/report is for: a one-participant plan a foreign plan a foreign plan	For calend	iar pian year 2015 or ti		01/01/2015	and ending		
B This return/report is	A Thic ro	turn/report is for	x a single-employer plan				
C Check box if filing under: Form 5558	A mste	tunineport is ior.	a one-participant plan		ployer morniador in ac		TOTAL MOREOGRAP
C Check box if filing under: Sprom 5588 automatic extension DFVC program Partill Basic Plan Information—enter all requested information A Name of plan Asphalt 401 (k) Plan Ib Three-digit plan number (PN) 1c Effective date of plan ol 1/01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no, and sinet, or P.O. Box) City of town, state or province, country, and 2l' or foreign postal code (if foreign, see instructions) 2c Sponsor's state plan number (PN) P O Box 939 Moses Lake WA 98837 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. a Sponsor's name b Total number of participants at the beginning of the plan year c Number of participants with account balances as of the end of the plan year c Number of participants with account balances as of the end of the plan year d(2) Total number of active participants at the beginning of the plan year d(2) Total number of active participants at the beginning of the plan year d(3) Total number of participants at the beginning of the plan year d(4) Total number of active participants at the beginning of the plan year d(3) Total number of participants at the tend of the plan year d(4) Total number of active participants at the tend of the plan year d(4) Total number of active participants at the beginning of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances as of the end of the plan year e Number of participants with account balances are set plan year e Number of participants with account balanc	B This ret	urn/report is	· ·	the final return/report			
Special extension (enter description)			X an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
Part II Basic Plan Information—enter all requested information 1a Name of plan Asphalt 401 (k) Plan	C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC p	program
18 Three-digit plan number 102 plan number 103 plan nu			special extension (enter descrip	otion)			
Asphalt 401 (k) Plan Plan sponsor's name (employer, if for a single-employer plan) 10 Effective date of plan on J01/2012 2a Plan sponsor's name (employer, if for a single-employer plan) 2b Employer identification Numt (ElN) 91-1178142 2c Sponsor's telephone number 509-765-5757 P O Box 939 2d Business code (see instructions)	Part II	Basic Plan Info	rmation—enter all requested info	rmation		·	**************************************
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) Central Washington Asphalt, Inc. 2b Employer Identification Numt (EIN) 91-1178142 2c Sponsor's telephone number 509-765-5757 2d Business code (see instruction 237310 Moses Lake WA 98837 3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 5a Total number of participants at the beginning of the plan year. 5b Total number of participants at the end of the plan year 5 Number of participants with account balances as of the end of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(1) Total number of active participants at the end of the plan year. 5d(1) Total number of active participants at the beginning of the plan year. 5d(2) Employer Identification Numt (EIN) 91-1178142 2c Sponsor's telephone number 509-755-7573 2d Business code (see instruction 2377310 3d Administrator's EIN 3d Administrator's telephone number from the last return/report. 4b EIN 4c PN 5a Total number of participants at the beginning of the plan year. 5d b Total number of participants at the end of the plan year. 5d b Total number of participants with account balances as of the end of the plan year with account benefits that were less than 100% vested. 6d(1) Total number of active participants at the end of the plan year. 5d(2) Employer Identification Numt (EIN) 9-1179 Pamp Maiers 10-0-1179 Pamp Maiers 10-1179 Pamp Maiers 10						plan numbe	er 002
Mailing address (include room, apt., suite no. and street, or P.O. Box) Clify or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Central Washington Asphalt, Inc. P O Box 939 Moses Lake WA 98837 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5 to Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 4d (2) Total number of active participants at the beginning of the plan year. 5c Number of participants at the most of the plan year. 6d (2) Total number of active participants at the beginning of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of participants at the most of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Total number of active participants at the end of the plan year. 6d (2) Ender that have examined this return/report, including, if applicable, a Scherical School of the plan year year. 6d (2) Ender that have examined this return/report, and to the best of my knowledge active year. 6d (2) Enter name of individual signing as plan							
Central Washington Asphalt, Inc. P O Box 939 Moses Lake WA 98837 3a Plan administrator's name and address XSame as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. A Sponsor's name 5a Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 Number of participants at the beginning of the plan year. 6 Number of participants at the beginning of the plan year. 6 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year. 6 Number of participants at the end of the plan year with accrued benefits that were less than 100% vested. 7 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 8 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 8 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 8 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 8 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. 9 Pamp Maiers 8 Nightaturyof employer/plan sponsor 10 Pamp Maiers	Mailing	g address (include roo	m, apt., suite no. and street, or P.O.			1	
Moses Lake WA 98837 3a Plan administrator's name and address XSame as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	•	•		code (if foreign, see insti	ructions)	,	•
3a Plan administrator's name and address Same as Plan Sponsor. 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year. 5 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 4c PN 5a Total number of participants at the beginning of the plan year. 5b 5c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5c September of participants at the beginning of the plan year. 5d(1) 6d(2) Total number of active participants at the end of the plan year. 5d(2) 6 Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested. Caution: A penalty for the late of incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other participants at the instructions, I declare that I have examined this return/report, including, if applicable, a Schess of Schedule MB complete sharkgared by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete. Sign Maiers Signature of plan administrator Date Enter name of individual signing as plan administrator Pamp Maiers Signature of employer/plan sponsor	РОВО	ox 939					ode (see instructions)
3c Administrator's telephone number of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year	Moses	Lake	WA 98837				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year	3a Plan a	dministrator's name ar	nd address XSame as Plan Sponso	r.		3b Administrate	or's EIN
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report. 3 Sponsor's name 4 C PN 5 Total number of participants at the beginning of the plan year						3c Administrate	or's telephone number
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year						O Administrati	or a receptione maniber
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year							
name, EIN, and the plan number from the last return/report. a Sponsor's name 5a Total number of participants at the beginning of the plan year						**************************************	
a Sponsor's name 5a Total number of participants at the beginning of the plan year				ne last return/report filed f	or this plan, enter the	4b EIN	
b Total number of participants at the end of the plan year		•	nber from the last return/report.			4c PN	
b Total number of participants at the end of the plan year	5a Total r	number of participants	at the beginning of the plan year	*******************************		5a	108
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) d(1) Total number of active participants at the beginning of the plan year	_	•				5b	75
d(1) Total number of active participants at the beginning of the plan year	C Numb	er of participants with	account balances as of the end of th	e plan year (defined ben	efit plans do not	5c	62
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	•	•				5d(1)	101
e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested				·		5d(2)	68
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, if applicable, a Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge a belief, it is true, correct, and complete. SIGN HERE Signature of plan administrator Date Enter name of individual signing as employer or plan sponsor Date Enter name of individual signing as employer or plan sponsor	e Numb	per of participants that	terminated employment during the p	lan year with accrued be			0
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Caution: A	penalty for the late	mincomplete filing of this return/	report will be assessed	unless reasonable cau	use is established	
SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor	Under pena SB or Sche belief it is t	alties of perjury and other dule MB completed are true, correct and com-	rer penelties set forth in the instruction spread by an enrolled actuary, as fine	ons, I declare that I have well as the electronic ver	examined this return/re rsion of this return/repor	port, including, if a t, and to the best o	pplicable, a Schedule f my knowledge and
Signature of planyadmynistrator SIGN 10-4-17 Pamp Maiers	SIGN	46/1					
HERE Signature/of employer/plan sponsor Date Enter name of individual signing as employer or plan spon	HERE	Signature of plan a	dm/fistrator	Date	Enter name of individ	ual signing as plan	administrator
HERE Signature/of employer/plan sponsor Date Enter name of individual signing as employer or plan spon	SIGN	1/1/2/		10-4-17	Pamp Maiers		
	HERE	Signature of emplo	yer/plan sponsor		Enter name of individ	ual signing as emp	loyer or plan sponsor
	Preparer's	name (including firm n	ame, if applicable) and address (inc	lude room or suite numbe	er)	Preparer's teleph	one number

Form 5500-SF 2015	~~~~	Page 2							
6a Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can	f an indepe and condi	endent qualified public itions.)	accoun	tant (IC	QPA)			X	Yes N
C If the plan is a defined benefit plan, is it covered under the PBGC	nsurance į	program (see ERISA s	ection -	4021)?	[Yes	No	Not d	etermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginnir	g of Ye	ar	Т	******************	(b) En	d of Yea	ır
a Total plan assets	7a			19,28	15				393,07
b Total plan liabilities	7b		******************			·····	******	***************************************	***************************************
C Net plan assets (subtract line 7b from line 7a)	. 7c		24	19,28	5	***********************	***************************************	***************************************	393,07
8 Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt		\neg		(b)	Total	
a Contributions received or receivable from: (1) Employers	. 8a(1)		4	18,84	5				
(2) Participants	. 8a(2)		11	4,57	6				
(3) Others (including rollovers)	. 8a(3)				0				
b Other income (loss)	. 8b			4,14	2				10.79
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		e e de p						159,27
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		1	.3,07	0 .				
e Certain deemed and/or corrective distributions (see instructions)	. 8e			2,07	6				
f Administrative service providers (salaries, fees, commissions)	. 8f		***************************************	34	0				
g Other expenses	. 8g		a decision has a cons	or out to have the	0				
	·}					······			15,48
h Total expenses (add lines 8d, 8e, 8f, and 8g)								(Necessary)	143,79
i Net income (loss) (subtract line 8h from line 8c)	. 8i		CASA MANAGEMENTAL PROPERTY	500 A 12 7 15 5 16	38/2020	100000000000000000000000000000000000000			National Action of the Control
	8j	des from the List of P	lan Cha	ıracteri:	o stic Co	odes in t	he instru	ictions:	
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits.	8j feature co				stic Co				
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	8j feature co			acterist	stic Co	des in the			
i Net income (loss) (subtract line 8h from line 8c)	feature cod	ies from the List of Pla			stic Co				ınt
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	feature codeature codeatur	ies from the List of Plant in the time period iduciary Correction	n Char	acterist	stic Co	des in the		tions:	ınt
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	feature codeature codeatur	n the time period iduciary Correction		acterist	stic Co	des in the		tions:	ınt
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	feature codeature codeatur	es from the List of Plant in the time period iduciary Correction include transactions	10a	acterist	stic Coo	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan any participant contribution described in 29 CFR 2510.3-102? (See instructions and DOL's North Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's	feature codeature codeatur	n the time period iduciary Correction	n Char	Yes	stic Coo	des in the		tions:	100,0
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare for the plan any participant contributed by the plan and policipant contributed by the plan and policipan	feature codeature codeatur	n the time period iduciary Correction nclude transactions nd, that was caused s by an insurance the benefits under	10a 10b	Yes	No X	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	feature codeature codeatur	ies from the List of Plant in the time period iduciary Correction include transactions ind, that was caused is by an insurance the benefits under	10a 10b 10c	Yes	No X X	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions)	feature code eature code tions within oluntary F (Do not in fidelity bor the persons the or all of the	ies from the List of Plant in the time period iduciary Correction include transactions ind, that was caused in the benefits under	10a 10b 10c 10d 10e 10f	Yes	No X X X	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c)	feature code eature code tions within coluntary F (Do not in fidelity bor the persons the or all of the sof year en	in the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under ind.)	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c) j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 2F 2G 3D 3H 2T B If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan and participant contributed benefits in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a	feature code eature code eature code tions within coluntary F (Do not in fidelity bor the persons the or all of the es of year en See instru	in the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under include	10a 10b 10c 10d 10e 10f	Yes	No X X X X	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c)	feature code eature code tions within /oluntary F ? (Do not i fidelity bor ser persons e or all of t s of year er See instru re required 1-3	ies from the List of Plant in the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under include incl	10a 10b 10c 10d 10e 10f 10g 10h	Yes	No X X X X	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c)	feature code eature code tions within /oluntary F ? (Do not i fidelity bor ser persons e or all of t s of year er See instru re required 1-3	ies from the List of Plant in the time period iduciary Correction include transactions and, that was caused is by an insurance the benefits under include incl	10a 10b 10c 10d 10e 10f 10g	Yes	No X X X X	des in the		tions:	
i Net income (loss) (subtract line 8h from line 8c)	feature code eature code fidelity bor fidelity bor er persons e or all of the code so of year end eature required eature required eature required eature required eature code fidelity bor fidelity bor er persons er persons er persons er persons er quired fidelity bor experimental fidelity bor experimental fidelity bor fidelity bor er persons er	in the time period iduciary Correction Include transactions Ind., that was caused include transactions Ind., that was caused include transactions Ind., that was caused include transactions and 29 CFR Ind., include transactions are the benefits under	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X	No X X X X X X X X	N/A N/A	e instruc	Amou	
i Net income (loss) (subtract line 8h from line 8c)	feature code eature code eature code tions within /oluntary F ? (Do not in fidelity bore fidelity b	in the time period iduciary Correction Include transactions Ind., that was caused Ind.) I	10a 10b 10c 10d 10e 10f 10g 10h 10i 10j	Yes X	stic Coc No X X X X X Sched	N/A N/A	e instruc	Amou	100,0

	Form 5500-SF 2015 Page 3 -					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			T	************	······································
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver	structions, and o	enter th Day	e date of	the letter r	uling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				
<u>b</u>	Enter the minimum required contribution for this plan year	***************************************	12b			
	Enter the amount contributed by the employer to the plan for this 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)	left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s 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 broug of the PBGC?	ght under the co	ontrol		Yes 🛚	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	·			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information	· · · · · · · · · · · · · · · · · · ·			***************************************	
14a i	Name of trust		14b 1	Trust's El	N	
14c	Name of trustee or custodian			Trustee's telephon	s or custod e number	an's
Part	IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Ye	s	No	
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	∐ ba	esign- ised safe irbor ethod	ADI tes	P/ACP
	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cutesting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.402(a)(2)(ii))?	01(m)-	Ye	S	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		atio rcentage st		erage nefit test
16h						
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comboding plan with any other plans under the permissive aggregation rules?	bining	Ye:	s	∏ No	
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine plan with any other plans under the permissive aggregation rules?		Ye:			N/A
17a 17b	this plan with any other plans under the permissive aggregation rules?	Enter the a	Ye	s ble code _	No (See i	nstructions
17a 17b 17c	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codès). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter And the letter's serial numbers.	Enter the a	Yes	s lie code _ vorable li	No (See i	nstructions
17a 17b 17c 17d	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codès). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planed advisory letter, enter the date of that favorable letter If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter	Enter the and that is subject umber	Yes	s lie code _ vorable li	No (See i	nstructions
17a 17b 17c 17d 18	this plan with any other plans under the permissive aggregation rules? Las the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial nutified from the IRS, endetermination letter is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	. Enter the a in that is subject umber Iter the date of the has been Islands)?	Yes	s le code _ vorable li	No (See i	nstructions
17a 17b 17c 17d 18	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter planed advisory letter, enter the date of that favorable letter and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2)	. Enter the a in that is subject umber Iter the date of the has been Islands)?	Yeapplicab	s le code _ vorable li	No (See i	nstructions
17a 17b 17c 17d 18	this plan with any other plans under the permissive aggregation rules? Las the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial nutified from the IRS, endetermination letter is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	. Enter the a in that is subject umber Iter the date of the has been Islands)?	Yes	s le code _ vorable li	No (See i	nstructions
17a 17b 17c 17d 18 19 \	this plan with any other plans under the permissive aggregation rules? Has the plan been timely amended for all required tax law changes? Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codès). If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan advisory letter, enter the date of that favorable letter and the letter's serial number of the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin in the Northern Mariana Islands or the U.S. Virgin in the Northern Mariana Islands or the U.S. Virgin in the Northern Mariana Islands or the U.S. Virgin in the Northern Mariana Islands or the U.S. Virgin in the Northern Mariana Islands or the U.S. Virgin in the Northern Mariana Islands or the U.S. Virgin in the Northern Mariana Islands or the U.S. Virgin in the U.S	Enter the a in that is subject umber	Yes applicab to a fa the plan Yes	s vorable If 's last fav	No (See i	nstructions