Form 5500-SF		Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service         Benefit Plan           Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the						2017			
	Benefits Security Administration	This Form is Open to Public Inspection							
Part I		Complete all entries in a     Identification Information	accordance with the ins	structions to the Form 5	500-SF.				
		scal plan year beginning 01/01/2	017	and ending 1	2/31/2017				
A This re	turn/report is for:		king this box must attach a ith the form instructions.)						
☐ a one-participant plan ☐ a foreign plan									
D This ret	urn/report is	t							
		X an amended return/report	a short plan year retu	urn/report (less than 12 m	nonths)				
C Check	box if filing under:	Form 5558	automatic extension		X DFVC program				
		special extension (enter descr	iption)						
Part II		prmation—enter all requested inf	ormation		1				
1a Name	of plan 01(K) PLAN				1b Thre	e-digit number			
ASFIALT 4	OT(N) FLAN				(PN)				
					1c Effect	tive date of plan 01/01/2012			
Mailin	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O e, country, and ZIP or foreign posta		structions)	2b Employer Identification Number (EIN) 91-1178142				
-	VASHINGTON ASPHA					nsor's telephone number 509-765-5757			
P O BOX 93					2d Business code (see instructions) 237310				
MOSES LAKE, WA 98837									
<b>3a</b> Plan administrator's name and address $\overline{X}$ Same as Plan Sponsor.					<b>3b</b> Administrator's EIN				
				<b>3c</b> Administrator's telephone number					
4 If the	name and/or FIN of the	e plan sponsor or the plan name ha	as changed since the last	return/report filed for	4b EIN				
this p	lan, enter the plan spo	nsor's name, EIN, the plan name a							
a Sponsor's name     4d PN       c Plan Name     4d PN									
5a Total	number of participants	at the beginning of the plan year			. 5a	81			
-		at the end of the plan year			. 5b	0			
		account balances as of the end of t		•	5c	0			
<b>d(1)</b> Tot	tal number of active pa	rticipants at the beginning of the pla	an year		5d(1)	76			
• •		rticipants at the end of the plan yea			5d(2)	0			
Number of participants who 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 of			<b>5</b> e	0					
Under pen SB or Sch	alties of perjury and ot edule MB completed a	her penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/re	eport, includi	ng, if applicable, a Schedule			
SIGN	Filed with authorized	/valid electronic signature.	11/27/2019	PAMP MAIERS					
HERE	Signature of plan a		Date	Enter name of individ	lual signing	as plan administrator			
SIGN		/valid electronic signature.	11/27/2019	PAMP MAIERS					
HERE	Signature of emplo	over/plan sponsor ce, see the Instructions for Form 5500	Date	Enter name of individ	lual signing	as employer or plan sponsor Form 5500-SF (2017)			
i oi rapei w	TOTA NEGLICITOTI ACL NOLIC	5, 500 me mai uciona for Form 3300				v.170203			

6a b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							
С	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)							
Pa	Part III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year				
а	Total plan assets	7a	687818	0				
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	687818	0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or receivable from:							

а	Contributions received or receivable from: (1) Employers	8a(1)	-75908	
	(2) Participants	8a(2)	1602	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	25652	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-48654
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2573	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	85	
g	Other expenses	8g	0	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2658
i	Net income (loss) (subtract line 8h from line 8c)	8i		-51312
j	Transfers to (from) the plan (see instructions)	8j	-636506	
			•	

## Part IV Plan Characteristics

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2F 2G 3D 3H 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	
С	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 fidelity bond, that was caused by fraud or dishonesty?	10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	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-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520,101-3	10i	х		

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Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc m 5500) and line 11a below)	hedule	e SI	3		Yes	No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a	1				
12	ERI	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section SA?	on 302	2 of			Yes	X No
	-	Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar ting the waiver		er tl Day		f the let Yea		lling
lf y	you c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Ente	the minimum required contribution for this plan year	. 12	c				
с	Enter	the amount contributed by the employer to the plan for this plan year	120	6				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)	120	k				
е	Will	the 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						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			X Yes		No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	. 13a	I				(
b	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?				Yes 🗌 No			
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan( ch assets or liabilities were transferred. (See instructions.)	s) to					
1	3c(1)	Name of plan(s): 13c(2	2) EIN(	(s)		13c	<b>(3)</b> P	N(s)
THE CO	ONTF	RACTORS RETIREMENT PLAN 91-117814	2			002	2	