Form 5500-SF Short Form Annual Return/Report of Small Employed Benefit Plan							OMB Nos. 1210-0110 1210-0089			
Department of Internal Reve		This form is required to be filed		4065 of the Employee Re	tirement		2015			
Departmen Employee Benefits Se Pension Benefit Gua	curity Administration	Income Security Act of 1974 (957(b) and 6058(a) of the I			orm is Open to lic Inspection			
		 Complete all entries in a lentification Information 	ccordance with the ins	tructions to the Form 550	00-SF.					
		al plan year beginning 01/01/20	015	and ending 12/	/31/2015					
A This return/rep	port is for:	a single-employer plan a one-participant plan		plan (not multiemployer)(mployer information in acc		-				
B This return/repo	ort is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 mo	onths)					
C Check box if fi	ling under:	Form 5558	automatic extension			DFVC prog	ram			
		special extension (enter descri								
		nation—enter all requested info	ormation	I						
1a Name of plan HAWK BUILDING		INC. DEFINED BENEFIT PENS	ION PLAN		1b Throplan (PN	number	001			
					1c Effe	ctive date o	f plan 1/2009			
Mailing addre	ess (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Emp (EIN	oloyer Identi	fication Number 862377			
City or town, s		country, and ZIP or foreign posta INC.	l code (if foreign, see ins	tructions)	2c Spo		hone number 02-1818			
P.O. BOX 2318				-	2d Bus	iness code (see instructions)			
WOODINVILLE, WA	A 98072					5313	390			
3a Plan administ	trator's name and	address XSame as Plan Sponse	or.		3b Adm	ninistrator's	EIN			
							elephone number			
	and the plan numb	lan sponsor has changed since t er from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN 4c PN					
		the beginning of the plan year			5a		4			
		the end of the plan year		F	5b		4			
C Number of pa	articipants with acc	count balances as of the end of the	he plan year (defined ber	nefit plans do not	5c					
•	,	ipants at the beginning of the pla		F	5d(1)		4			
d(2) Total num	ber of active partic	pipants at the end of the plan yea	r		5d(2)		4			
		minated employment during the	. ,		5e		0			
		incomplete filing of this return					alda a Qalaadada			
	1B completed and	r penalties set forth in the instruct signed by an enrolled actuary, as te								
SIGN Filed		lid electronic signature.	02/10/2016	SAMUEL ADKINS						
	ature of plan adn	ninistrator	Date	Enter name of individu	al signing	as plan adr	ninistrator			
SIGN HERE Sign	ature of employe	r/plan sponsor	Date	Enter name of individu	al signing	as employe	r or plan sponsor			
		ne, if applicable) and address (ind				s telephone				
For Paperwork Red	luction Act Notice a	and OMB Control Numbers, see the	instructions for Form 550	0-SF.			Form 5500-SF (2015)			

	Form 5500-SF 2015		Page 2					
b	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 cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and conditi ot use For	ident qualified public a ons.) rm 5500-SF and must	ccount t instea	ant (IQ I d use	PA) Form	5500.	
Pa	rt III Financial Information					_		
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
a	Total plan assets	7a		965	130			917402
b	Total plan liabilities	7b			0			0
С	Net plan assets (subtract line 7b from line 7a)	7c		965	130			917402
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from:	0-(4)			0			
	(1) Employers	8a(1)			0	_		
	(2) Participants	8a(2)			0			
	(3) Others (including rollovers)	8a(3)		47	728	_		
	Other income (loss)	8b		-47	720	-		-47728
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_		-47720
u	to provide benefits)	8d			0			
е	Certain deemed and/or corrective distributions (see instructions)	8e			0			
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
i	Net income (loss) (subtract line 8h from line 8c)	8i						-47728
j	Transfers to (from) the plan (see instructions)	8j			0			
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D							
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Plar	n Chara	acterist	tic Coc	les in th	e instructions:
Par	t V Compliance Questions				I	-		
10	During the plan year:				Yes	No	N/A	Amount
а	 Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) 	oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		x		
С	Was the plan covered by a fidelity bond?			10c	x			120000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		

h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h							
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								
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 requirements? (If "Yes," see instructions 5500) and line 11a below)		•			(Form	X Yes	No	,
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 4	0			11a			C)
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of t	he Cod	le or se	ection 3	302 of E	RISA?	Yes	X No	1

Х

Х

Х

10e

10f

10g

e 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

f

the plan? (See instructions.).....

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 as of year end.)

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					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
lf	you c	ompleted 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		12b						
-		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 ative amount)		12d						
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?			Υe	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	ify the plan(s) to							
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information								
14a	Name	of trust		14b	Trusťs E	IN				
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's			
Par	t IX	IRS Compliance Questions								
15a	ls th	e plan a 401(k) plan?		Y	es	No				
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADI tes	P/ACP			
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No				
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No				
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///////	•				structions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placed sory letter, enter the date of that favorable letter / and the letter's serial r		t to a f	avorable	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	s	No				
19	Were	in-service distributions made during the plan year?		Y	es	No				
	lf "Ye	es," enter amount		19						
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w ed), as required under section 401(a)(9)?		Y	es	No	N/A			

	SCH		SB	S	ingle-Err	ploy	ver Define	d Ber	nef	it Plan			OMB	No. 1210-01′	10
	(F	orm 5500))				rial Inforr							2015	
		Intment of the Treasu												2013	
E	De Employee Be	epartment of Labor enefits Security Adm	ninistration		ment Income S	Security	be filed under s Act of 1974 (ER evenue Code (t	ISA) and						is Open to spection	Public
	Pension Be	enefit Guaranty Cor	poration		File as	an attac	chment to Form	n 5500 or	5500	D-SF.				-	
For	calendar	r plan year 201	5 or fiscal pla	an year be	ginning 0	1/01/20	15			and end	ing	12/31/2	015		
		off amounts to													
-			1,000 will be	assessed	for late filing of	of this re	port unless reas	sonable ca	1	is establish	ied.				
	Name of p WK BUIL	olan LDING CONTR	ACTORS, IN	IC. DEFIN	IED BENEFIT	PENSIC	ON PLAN		В	Three-dig plan num	0	PN)	•	001	
CF	Plan spon	isor's name as	shown on lin	e 2a of Fo	orm 5500 or 55	00-SF			D	Employer	Identi	fication	Number (I	EIN)	
HA	WK BUIL	LDING CONTR	ACTORS, IN	IC.			I				91-	186237	7		
Εı	ype of pla	an: 🗙 Single	Multiple	A Mu	ultiple-B		F Prior year p	lan size: 🔉	<mark><</mark> 10	0 or fewer	1	01-500	More th	nan 500	
Pa	art I	Basic Infor	mation												
1	Enter th	ne valuation da	te:	Month	01	Day(01 Year	2015	_						
2	Assets:										_				
	a Marke	et value										a			965130
	b Actua	arial value										b			965130
3		g target/particip						pa		ber of pants	(2)	Vested Targ	Funding et		I Funding Irget
	a For re	etired participa	nts and bene	ficiaries re	eceiving payme	ent				0			0		0
										0			0		0
	_									4			576679		581207
										4			576679		581207
4	•		,		•	()	and (b)								
		0 0	0 01								4	a			
							ansition rule for arding loading fa				4	b			
5					,							5			6.62%
6	Target	normal cost										6			28134
	To the best of accordance		e information sup and regulations.	in my opinion	, each other assum		schedules, statement asonable (taking into								
	BIGN ERE												02/03/2	016	
			Si	gnature of	actuary				-		_		Date		
STE	EVE CAU	DLE, MSPA, E	A						_				14-072	19	
			Туре о	r print nar	ne of actuary						Mo	ost rece	nt enrollme	ent number	
CO	NWAY JO	ONES & ASSO	CIATES						_				206-54	5-6826	
		AVENUE, SUI VA 98101	TE 623	Firm na	ame					Т	eleph	one nur	nber (inclu	ding area co	ode)
			ŀ	Address of	f the firm				_						
	actuary l	has not fully re	flected any re	egulation of	or ruling promu	Igated u	under the statute	in comple	eting	this schedu	ule, cł	eck the	box and s	ee	
For I	Paperwo	rk Reduction	Act Notice a	nd OMB (Control Numb	ers, see	e the instructio	ns for Fo	rm 5	500 or 550	0-SF.		Schedu	le SB (Forn	n 5500) 2015 v. 150123

Pa	art II	Begir	nning of Year	Carryov	ver and Prefunding B	alances						
						-	(a) C	Carryover balance	•	(b) F	refundi	ing balance
7		0	0 1 2		cable adjustments (line 13				0			0
	,								0			0
8					unding requirement (line 35				0			0
9									0			0
10	Interes	t on line s	9 using prior year's	s actual ret	turn of <u>-1.13</u> %				0			0
11	Prior y	ear's exc	ess contributions t	o be adde	d to prefunding balance:							
	a Pres	ent value	of excess contrib	utions (line	e 38a from prior year)							0
					8a over line 38b from prior y ve interest rate of <u>6.58</u> %							
	b(2) I	nterest or	n line 38b from pri	or year Scl	hedule SB, using prior year	s actual						0
												0
	C Total	available	at beginning of cu	rrent plan y	ear to add to prefunding bala	nce						0
	d Port	ion of (c)	to be added to pre	efunding ba	alance							0
12	Other I	eduction	s in balances due	to election	s or deemed elections				0			0
13	Balanc	e at begi	nning of current ye	ear (line 9 -	+ line 10 + line 11d – line 12	2)			0			0
Р	art III	Fun	ding Percenta	ages								
14	Fundin	g target a	attainment percent	age							14	166.05 %
15	Adjuste	ed fundin	g target attainmen	t percenta	ge						15	1 <u>66.05</u> %
16					s of determining whether ca						16	188.93 %
17	If the c	urrent va	lue of the assets o	of the plan	is less than 70 percent of th	e funding tar	get, enter s	uch percentage			17	%
P	art IV	Cor	tributions an	d Liquid	lity Shortfalls							
18	Contrik	outions m	ade to the plan for	the plan y	vear by employer(s) and em	ployees:						
()	(a) Da		(b) Amount p		(c) Amount paid by	(a) D		(b) Amount p		(0		int paid by
(10	/IM-DD-\	111)	employer	(5)	employees	(MM-DD	-1111)	employer	(5)		empi	oyees
										-		
										-		
										-		
										-		
						Totals ►	18(b)		0	18(c)	[0
19	Discou	nted emp	loyer contribution	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of th	e year:	<u></u>		
			-		imum required contribution				19a			0
	b Cont	ributions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Cont	ributions	allocated toward m	inimum req	uired contribution for current	year adjusted	l to valuation	date	19c			0
20	Quarte	rly contril	outions and liquidi	ty shortfalls	5:							
	a Did t	the plan h	nave a "funding sh	ortfall" for	the prior year?							Yes 🗙 No
	b If lin	e 20a is "	Yes," were require	ed quarterl	y installments for the currer	nt year made	in a timely i	manner?				Yes No
	C If lin	e 20a is "	Yes," see instructi	ons and co	omplete the following table	as applicable	:		[
					Liquidity shortfall as of e	end of quarte			1		(1)	
		(1) 1	SI		(2) 2nd		(3)	3rd	_		(4) 4th	1

Pa	rt V	Assumptio	ons Used to Determine	Funding Target and	Target	Normal Cost				
21	Disco	ount rate:								
	a Se	egment rates:	1st segment: 4.99 %	2nd segment: 6.32 %		3rd segment: 6.99 %		N/A, full yiel	d curve	used
	b Ap	plicable month (enter code)				21b			1
22	Weig	hted average ret	tirement age				22			62
23		ality table(s) (se		escribed - combined		ribed - separate	Substitut	te		
Ра	rt VI	Miscellane	ous Items			L				
24	Has a	a change been n	nade in the non-prescribed ac	tuarial assumptions for the o	current pl	an year? If "Yes," see	instructions	regarding require	d	
	attac	hment							Yes	X No
25	Has a	a method change	e been made for the current p	an year? If "Yes," see instr	uctions re	egarding required attac	hment		Yes	X No
26	Is the	e plan required to	provide a Schedule of Active	Participants? If "Yes," see	instructio	ons regarding required	attachment	······×	Yes	No
27		• •	o alternative funding rules, en				27			
Ра	rt VII	Reconcilia	ation of Unpaid Minim	um Required Contrib	outions	For Prior Years				
28	Unpa	aid minimum requ	uired contributions for all prior	years			28			0
29			contributions allocated towar				29			0
30	Rema	aining amount of	f unpaid minimum required co	ntributions (line 28 minus lin	ne 29)		30			0
Ра	rt VII	I Minimum	Required Contribution	For Current Year						
31	Targ	et normal cost a	nd excess assets (see instruc	tions):						
	a Tar	get normal cost	(line 6)				31a			28134
	b Exc	cess assets, if ap	pplicable, but not greater than	line 31a			31b			28134
32	Amor	rtization installme	ents:			Outstanding Bala	nce	Install	nent	
	a Ne	t shortfall amortiz	zation installment				0			0
	b Wa	aiver amortization	n installment				0			0
33	lf a w (Mon		approved for this plan year, er Day Year	nter the date of the ruling let) and the waived am	-		33			
34	Total	funding requirer	ment before reflecting carryov	er/prefunding balances (line	es 31a - 3	1b + 32a + 32b - 33)	34			0
				Carryover balance		Prefunding balar	nce	Total ba	lance	
35			use to offset funding		0		0			0
36	Addit	ional cash requir	rement (line 34 minus line 35)				36			0
37	Conti	ributions allocate	ed toward minimum required c	ontribution for current year	adjusted	to valuation date	37			0
38			ess contributions for current ye							
			y, of line 37 over line 36)				38a			0
			line 38a attributable to use of				38b			0
39			uired contribution for current y				39			0
40			uired contributions for all year				40			0
Pa	rt IX		Funding Relief Under				I			
41	lf an e	election was mad	de to use PRA 2010 funding r	elief for this plan:						
	a Scł	nedule elected					🗌	2 plus 7 years	15 y	rears
	b Eliç	gible plan year(s) for which the election in line	41a was made			2008	8 2009 201	0 2	2011
42			on adjustment			1	42			
43	Exces	ss installment ac	celeration amount to be carrie	ed over to future plan years.			43			

Hawk Building Contractors, Inc. Defined Benefit Pension Plan

Item 26 - Schedule of Active Participant Data

TAX ID# 91-1679013 PLAN # 002

									YEA	RS OF C	REDI	YEARS OF CREDITED SERVICE	VICE							
	_	Under 1		1 to 4		5 to 9	10	10 to 14	15	15 to 19	20	20 to 24	25	25 to 29	30	30 to 34	35	35 to 39	40	40 & up
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.		No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	No. Comp. No. Comp. No. Comp. No. Comp. No. Comp. No. Comp.	No.	Comp.	No.	Comp.	No.	No. Comp.
Under 25																				
25 to 29			1																	
30 to 34																				
35 to 39					1															
40 to 44																				
45 to 49																				
50 to 54																				
55 to 59																				
60 to 64							2													
65 to 69																				
70 & up																				
Total = 4	-	0			-		0		0		0		0		0		0		0	

0

0

Fo	rm 5500-SF	Short Form Annua		t of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089
Dep Inte	artment of the Treasury email Revenue Service	This form is required to be filed				2015
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974 (ERISA), and sections 60 Revenue Code (the Cod		Internal	This Form is Open to Public Inspection
· · · · · · · · · · · · · · · · · · ·	Benefit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 5	500-SF.	
Part I	dar plan year 2015 or fis	Identification Information	01/01/2015	and anding	104	/21 /2015
- FUI Calent	uar plan year 2015 of hs	X a single-employer plan	01/01/2015	and ending	····· ,	/ <u>31/2015</u> cking this box must attach a
A This re	eturn/report is for:	a one-participant plan		mployer information in ac		
B This rel	turn/report is	the first return/report	the final return/report	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension			OFVC program
		special extension (enter descrip	otion)			
Part II	Basic Plan Info	mation-enter all requested info	rmation			
1a Name Hawk B	ofplan	ctors, Inc. Defined B		Plan	1b Three plan (PN)	number 001
						tive date of plan 01/2009
		er, if for a single-employer plan) a, apt., suite no. and street, or P.O.	Box)			oyer Identification Number 91-1862377
	r town, state or province Building Contr	, country, and ZIP or foreign postal actors,Inc.	code (if foreign, see ins	ructions)	2c Spon	usor's telephone number - 402 - 1818
P.O. 1	Box 2318					ess code (see instructions)
,	nville	WA 98072				
3a Plan a	dministrator's name and	l address XSame as Plan Sponso	г.		3b Admir	nistrator's EIN
						nistrator's telephone number
name	, EIN, and the plan num	plan sponsor has changed since th ber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
	or's name				4c PN	
		t the beginning of the plan year			<u>5a</u>	. 4
		t the end of the plan year			5b	4_
		ccount balances as of the end of the			5c	
		cipants at the beginning of the plan			5d(1)	<u></u>
		icipants at the end of the plan year.			5d(2)	4
e Numb	per of participants that te	minated employment during the p	lan year with accrued be	nefits that were less	5e	
		incomplete filing of this return/r			se is estab	-
SB or Sche	alties of perjury and othe dule MB completed and rue_correct, and completed	er penalties set forth in the instruction I signed by an enrolled actuary, as alle. A	ons, I declare that I have well as the electronic ve	examined this return/rep rsion of this return/report	ort, includin , and to the	g, if applicable, a Schedule best of my knowledge and
SIGN	Sang U	THE PRESIDENT	2-10-16	Samuel Adkins		
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing a	s plan administrator
SIGN						
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individu	al signing a	s employer or plan sponsor
Preparer's	name (including firm nai	me, if applicable) and address (incl	ude room or suite numb	er)	Preparer's	telephone number
For Day	ale Dashusting & 1 bit of	and OMD Control Name		0F		
ror Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see the ir	istructions for Form 5500		Copy	Form 5500-SF (2015) v. 150123

Form 5500-SF 2015

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-	Were all of the plan's assets during the plan year invested in eligit 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	an indeper and condit	ndent qualified public i	account	tant (IC	QPA)				Yes Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not d	eterm	ined
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginnin	g of Ye	ar			(b) En	d of Yea	r	
а	Total plan assets	. 7a		9	6513	0				91	7402
b	Total plan liabilities	. 7b				0					0
С	Net plan assets (subtract line 7b from line 7a)	. 7c		9	6513	0				91	7402
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total		
а	Contributions received or receivable from:					~					
	(1) Employers	8a(1)				0					lla ne efici Le miele com
	(2) Participants	. 8a(2)				0					
<u> </u>	(3) Others (including rollovers)	. 8a(3)				0					
	Other income (loss)	8b		-	4772	8					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								- 4	7728
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d				0				i int H Transi	
	Certain deemed and/or corrective distributions (see instructions)					0					
f	Administrative service providers (salaries, fees, commissions)	8e				n		Maria da series de la companya de la		normane) Ny Vest V	
		8f				0				<u> </u>	
<u>g</u>	Other expenses	8g					5	<u></u>		'	<u></u>
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								4	0 7728
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)					_			· · · · ·	-4	1120
1.	t IV Plan Characteristics	8j				0					<u> </u>
B Par	If the plan provides welfare benefits, enter the applicable welfare for the second sec	eature cod	es from the List of Pla	n Chara	acterist	ic Coo	les in ti	ne instru	ctions:		
10					Yes	No	N/A		A		
	During the plan year: Was there a failure to transmit to the plan any participant contribut	tions within	the time period	· · · ·	res	NO	NIA		Amou	Int	
u	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fi	iduciary Correction	10a		x					
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х					
C	Was the plan covered by a fidelity bond?			10c	x					1	20000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х					
e	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.)	e or all of t	he benefits under	10e		x					
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 as	s of year e	nd.)	10g		х					·
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h							
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10i							
Part				IJ				J			. <u> </u>
11	Is this a defined benefit plan subject to minimum funding requirement 5500) and line 11a below)							(Form		res [No
11a	Enter the unpaid minimum required contribution for all years from						11a		Ò		
12	Is this a defined contribution plan subject to the minimum funding							ERISA?		res 🛛	No

SCHEDULE SB	Single-Employer Define		efit Plan	.	OMB	No. 1210-0110
(Form 5500)	Actuarial Inform	mation				2015
Department of the Treasury Internal Revenue Service		r				2010
Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under Retirement Income Security Act of 1974 (EF	RISA) and se			This Form	is Open to Public
Pension Benefit Guaranty Corporation	Internal Revenue Code (1				In	spection
For colordor plan year 2045 or food with	File as an attachment to Form	m 5500 or 5		,L.	10/01/0	010
For calendar plan year 2015 or fiscal pl Round off amounts to nearest do			and endi	ng	12/31/2	015
	e assessed for late filing of this report unless reas	sonable caus	se is establishe	ed.		
A Name of plan			B Three-dig			· · · · · · · · · · · · · · · · · · ·
	FORS, INC. DEFINED BENEFIT PE	ENSION	plan num	•	•	001
PLAN		Γ				
C Plan sponsor's name as shown on lir	22 of Form 5500 or 5500-SE		D Employer	Identifica	tion Number (E	
			B Employer	lucitimoa		
HAWK BUILDING CONTRACT	FORS, INC.	9	91-186237	7		
E Type of plan: 🛛 Single 🗍 Multiple	A Multiple-B	olan size: 🕅	100 or fewer	🗍 101-E	i00 🗌 More th	ian 500
Part I Basic Information					······	
1 Enter the valuation date:	Month 01 Day 01 Year	2015				
2 Assets:					1	
a Market value	·			2a		96513
b Actuarial value				2b		96513
3 Funding target/participant count br			mber of	(2) Ves	ted Funding	(3) Total Funding
		partie	cipants	Т	arget	Target
	ficiaries receiving payment		0		0	
	ıts		0		0	
• •			4		576679	58120
			4		576679	58120
	the box and complete lines (a) and (b)] .	·		
	cribed at-risk assumptions			. <u>4a</u>		
	assumptions, but disregarding transition rule for /e consecutive years and disregarding loading fa			4b		
_				5		6.62%
6 Target normal cost				. 6		2813
accordance with applicable law and regulations. I combination, offer my best estimate of anticipated	pplied in this schedule and accompanying schedules, statements n my opinion, each other assumption is reasonable (taking into a d experience under the plan.	s and attachment account the expe	s, if any, is completerience of the plan a	te and accu and reasona	ible expectations) a	nd such other assumptions,
HERE JUL	Le l'allelle				02/03/20	16
Si teve Caudle, MSPA, EA	gnature of actuary				Date 1407219	9
Type o onway Jones & Associates	r print name of actuary				ecent enrollme 206 - 545 - 6	
	Firm name	_	Te	lephone	number (includ	ing area code)
511 Third Avenue, Suite	623					
eattle WA 98	101	·				
A	ddress of the firm					
	····					· —
the actuary has not fully reflected any re	gulation or ruling promulgated under the statute	in completin	g this schedule	e.check	the box and se	e II

Schedule SB (Form 5500) 2015

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Pá	art II	Begi	nning of Year	Carryo	ver and Prefunding B	alances							<u></u>	
				······································			(a) Carryover balance			(b) Prefunding balance				
+ + +			• • •	ar after applicable adjustments (line 13 from prior			0						0	
8									о				0	
9					0				C					
10								0					C	
11	Prior ye	ar's exc	ess contributions											
	a Present value of excess contributions (line 38a from prior year)												C	
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.58</u> %									0				
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return										0			
					ear to add to prefunding balar			<u>en de la contra de</u> El ferencia de la contra de la con	<u> </u>					
					alance					0				
			•	-						0				
					s or deemed elections				0					
13		1			+ line 10 + line 11d – line 12)			0				0	
L	art III		ding Percent							T				
											14		5.05%	
			g target attainmer								15	166	5.05%	
16					s of determining whether car						16	188	3.93 _%	
17	If the cu	πent val	lue of the assets o	of the plan	is less than 70 percent of the	e funding ta	rget, enter s	such percentage		•••••	17		%	
Pa	art IV	Cor	tributions an	d Liquic	lity Shortfalls									
18	Contribu	tions m	ade to the plan fo	r the plan y	ear by employer(s) and emp	oloyees:								
(a) Date (b) Amount paid by (c) Amount paid by (a) Date (b) Amount paid by (MM-DD-YYYY) employer(s) employees (MM-DD-YYYY) employer(s)									(c) Amount paid by					
			employer	r(s) employees (MM-						employees				
								·						
•														
			-											
		,											<u> </u>	
	· .				etado e a como e a como	T-4-1- N	40/63			- 40(-)				
									0 18(c)			0		
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:														
a Contributions allocated toward unpaid minimum required contributions from prior years												0		
b Contributions made to avoid restrictions adjusted to valuation date													0	
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											-	U		
20 Quarterly contributions and liquidity shortfalls:										 Г				
a Did the plan have a "funding shortfall" for the prior year?									 ר	Yes				
 b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? c If line 20a is "Yes," see instructions and complete the following table as applicable: 								·····	L	Yes	<u>No</u>			
	u ir line i	20a is "Y	res," see instruction	ons and co				n vear			1.196		<u>Andri 11</u>	
Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd									(4) 4th)				
					······································	-								

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	mptions Used to Determi	ne Funding Target and	I Target Normal Cos	t :			
21 Discount rate							
a Segment r	ates: 1st segment: 4.99%	2nd segment: 6.32%	Зrd seg б.	ment: 99%	N/A, full yield curve used		
	month (enter code)			21b	1		
	rage retirement age		62				
23 Mortality table	(s) (see instructions)	Substitu	te				
	ellaneous Items						
	been made in the non-prescribed						
25 Has a method	change been made for the currer	nt plan year? If "Yes," see insi	ructions regarding required	attachment	Yes 🛛 No		
26 Is the plan rec	uired to provide a Schedule of Ac	tive Participants? If "Yes," se	e instructions regarding req	uired attachment	X Yes 🗌 No		
	ubject to alternative funding rules,	27					
Part VII Rec	onciliation of Unpaid Mini	mum Required Contri	outions For Prior Ye	ars			
28 Unpaid minim	um required contributions for all pr	ior years			0		
	ployer contributions allocated tow		0				
30 Remaining an	ount of unpaid minimum required		0				
Part VIII Mini	mum Required Contributi	on For Current Year					
31 Target norma	cost and excess assets (see inst	ructions):					
a Target norm	al cost (line 6)	31a	28134				
b Excess asse	ts, if applicable, but not greater th	31b	28134				
32 Amortization in	stallments:	Balance	Installment				
a Net shortfall	amortization installment			0	0		
b Waiver amo	tization installment			0	0		
33 If a waiver has (Month	been approved for this plan year, Day Year	33					
34 Total funding r	equirement before reflecting carry	33) 34	0				
· · · · · · · · · · · · · · · · · · ·	<u> </u>	Carryover balance			Total balance		
	ed for use to offset funding		0	0	0		
36 Additional cas	requirement (line 34 minus line 3	5)		36	0		
37 Contributions a	llocated toward minimum required	37	0				
	of excess contributions for current						
	, if any, of line 37 over line 36)	38a	0				
-	led in line 38a attributable to use				0		
	m required contribution for curren		0				
	m required contributions for all ye		0				
and the first second	sion Funding Relief Unde						
	as made to use PRA 2010 funding						
a Schedule ele	Π	2 plus 7 years 15 years					
	/ear(s) for which the election in lin						
	leration adjustment			<u></u>			
	ent acceleration amount to be can				·		
		neu over to inture plan years		43			