#### **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

# Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I		Identification Information											
For calend	lar plan year 2016 or f	iscal plan year beginning 01/01/2	2016	and ending 1	2/31/2016								
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in a									
	,	a one-participant plan	a foreign plan	. , . ,		,							
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	rt									
		an amended return/report	a short plan year re	turn/report (less than 12 m	nonths)								
C Check	box if filing under:	Form 5558	automatic extension DFVC program										
		special extension (enter desc											
Part II	Basic Plan Info	ormation—enter all requested in	formation										
1a Name HAWK BUIL		RS, INC. DEFINED BENEFIT PENS	SION PLAN		1b Three-digit plan number (PN) ▶								
					1c Effective da	ate of plan 01/01/2009							
Mailing	g address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				dentification Number 91-1862377							
	r town, state or province DING CONTRACTOR	nstructions)	2c Sponsor's	telephone number 5-402-1818									
			2d Business c	ode (see instructions)									
P.O. BOX 99 FERNDALE,				531390									
r Ermonez,	W/ 1002 10												
3a Plan a	administrator's name a		<b>3b</b> Administrat	or's EIN									
					3c Administrat	or's talanhana numbar							
					3C Administrat	or's telephone number							
		e plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN								
	e, Elin, and the plan hu sor's name	mber from the last return/report.			4c PN								
		s at the beginning of the plan year.			5a								
_		s at the end of the plan year			5b								
C Numb	per of participants with	account balances as of the end of	the plan year (only defin	ed contribution plans	5c								
		articipants at the beginning of the p			5d(1)								
<b>d(2)</b> Tot	tal number of active pa	articipants at the end of the plan ye	ar		5d(2)								
<b>e</b> Numb	ber of participants that	terminated employment during the	e plan year with accrued	benefits that were less	5e								
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assess	ed unless reasonable ca									
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, a plete.											
SIGN		/valid electronic signature.	03/27/2017	SAMUEL ADKINS									
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as pla	n administrator							
SIGN													
HERE	Signature of emplo		Date		dual signing as em	ployer or plan sponsor							
Preparer's	name (including firm	nber)	Preparer's telephone number										

Form 5500-SF 2016 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	ndent qualified public a	ic accountant (IQPA)									
	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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	X No	Not dete	rmined		
Pa	rt III   Financial Information	1										
7_	Plan Assets and Liabilities		(a) Beginning				(	(b) End				
	Total plan assets	7a		917402					983898			
	Total plan liabilities	7b		017403								
	Net plan assets (subtract line 7b from line 7a)	7c		917402								
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)		0								
	(2) Participants	8a(2)		0	)							
	(3) Others (including rollovers)	8a(3)		0	)							
b	Other income (loss)	8b		66496								
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							66496			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0	)							
е	Certain deemed and/or corrective distributions (see instructions).	8e		0	)							
f	Administrative service providers (salaries, fees, commissions)	8f		C	)							
q	Other expenses	8g		0	)							
	Total expenses (add lines 8d, 8e, 8f, and 8g)							0				
ī	Net income (loss) (subtract line 8h from line 8c)	8h 8i							66496			
j	Transfers to (from) the plan (see instructions)	С	)									
Pai	t IV Plan Characteristics	8j	l									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ctions:			
Par	t V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amount			
а	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 F	Fiduciary 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							
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.)	the benefits under	10e		X							
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h								
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	10i										

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)		12d				
		he minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				Yes	x N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)	<b>)</b> PN(s)		
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	L		n-based arbor	j [	] "Prior ye test	ear" ADP
			-   □ □ □	Curre ADP t	ent year est	"	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Ratio perce test	entage		verage enefit test	N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Ш	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		om	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No	

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service Department of Labor

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

OMB No. 1210-0110

2016

File as an attachment to Form 5500 or 5500-SF. For calendar plan year 2016 or fiscal plan year beginning and ending 01/01/2016 12/31/2016 Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established. A Name of plan Three-digit HAWK BUILDING CONTRACTORS, INC. DEFINED BENEFIT PENSION PLAN 001 plan number (PN) C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Employer Identification Number (EIN) HAWK BUILDING CONTRACTORS, INC. 91-1862377 F Prior year plan size: X 100 or fewer E Type of plan: X Single Multiple-A Multiple-B 101-500 More than 500 Part I **Basic Information** Year <u>20</u>16 Enter the valuation date: 01 Month Day Assets: 2a 917402 2b **b** Actuarial value..... 917402 (1) Number of (2) Vested Funding (3) Total Funding Funding target/participant count breakdown participants Target Target a For retired participants and beneficiaries receiving payment..... 0 0 0 **b** For terminated vested participants..... 0 0 4 660452 C For active participants..... 668647 660452 668647 **d** Total If the plan is in at-risk status, check the box and complete lines (a) and (b)..... a Funding target disregarding prescribed at-risk assumptions b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk 4b status for fewer than five consecutive years and disregarding loading factor ...... 5 6.43% 6 Target normal cost...... 37387 **Statement by Enrolled Actuary** To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan. SIGN **HERE** 03/17/2017 Signature of actuary Date STEVE CAUDLE, MSPA, EA 14-07219 Type or print name of actuary Most recent enrollment number STEVEN CAUDLE & ASSOCIATES, LLC 425-557-3663 Firm name Telephone number (including area code) 22525 SE 64TH PLACE, SUITE 294 ISSAQUAH, WA 98027

instructions

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

age	2	-	1

Pa	art II	Begir	ning of Year	Carryov	er and Prefur	nding Bal	ances									
									(a) C	Carryover bala	nce		<b>(b)</b> F	refundir	ng baland	се
7		Ū	0 , ,		able adjustments	`	•				0					0
8			•	•	nding requirement	•					0					0
9	Amount	remaining	g (line 7 minus line	8)							0					0
10	Interest	on line 9	using prior year's	actual retu	rn of <u>-4.95</u> %	, 0					0					0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding bala	ınce:										
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	38a from prior yea	r)										0
					a over line 38b from the interest rate of _											0
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using pr	ior year's ac	tual									
													0			
			t beginning of curre										0			
	<b>d</b> Portio	n of (c) to	be added to prefu	•								0				
12	Other re	ductions i	n balances due to					0					0			
13	Balance	at beginn	ning of current yea		-			0					0			
Р	art III	Fun	ding Percenta	ages												
14	Funding	target att	ainment percenta	ge									14	137	<mark>.20</mark> %	
15	Adjusted	funding	target attainment <sub>l</sub>	percentage									15	137	. <mark>20</mark> %	
16			ng percentage for juirement							16	166	6.05%				
17	If the cui	rrent valu	e of the assets of	get,	enter sud	ch percentage	<del>.</del>			17		%				
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls											
18					ar by employer(s)											
(1)	(a) Dat MM-DD-Y		(b) Amount p employer	-	(c) Amount pa employee			(a) Date (b) Amount paid by (c) Amount Paid by I-DD-YYYY) employer(s) emplo								У
,			. ,	,	. ,						, , ,				,	
														T		
						•	Totals I	<u> </u>	18(b)			0	18(c)			0
19	Discount	ted emplo	yer contributions	– see instr	uctions for small p	olan with a va	aluation	date	after the	beginning of	the yea	ar:				
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	num required con	tributions fro	m prior y	ears	3		-					0
	<b>b</b> Contri	butions m	nade to avoid restr	ictions adj	usted to valuation	date										0
					red contribution for	current year	adjusted	to va	aluation d	late	19	C				0
20 Quarterly contributions and liquidity shortfalls:															, l <del></del>	1
<ul><li>a Did the plan have a "funding shortfall" for the prior year?</li><li>b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner</li></ul>															Yes X	No
						-			timely m	anner?					Yes	No
	<b>C</b> If line	20a is "Y	es," see instructio	ns and con	nplete the followin				ا ماما							
		(1) 1s	<u> </u>		Liquidity shortfa (2) 2nd	iii as or end (	л quarre	OFT		year 3rd	I			(4) 4th		
		,				(-)										

P	art V	Assumpti	ons Used to Determine	Funding Target and Tar	get Normal Cost							
21	Discount	-		<u> </u>								
	<b>a</b> Segm	ent rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81 %			N/A, fu	l yield cı	urve use	ed	
	<b>b</b> Applica	able month (er	nter code)			21b			1			
22	Weighted	d average retire	ement age			<b>22</b> 62						
23	Mortality	table(s) (see i	instructions) X Pres	cribed - combined Pres	cribed - separate	Subst	titute					
Pa	art VI	Miscellane	ous Items	<del>-</del>	_	<u>-</u> '						
24		•	·	arial assumptions for the current p	•				· —	′es X	No	
25	Has a me	ethod change b	been made for the current plan	n year? If "Yes," see instructions	regarding required attach	ment			Y	′es X	No	
26	Is the pla	n required to p	provide a Schedule of Active F	articipants? If "Yes," see instruct	ions regarding required a	ittachme	ent		X	es	No	
27				r applicable code and see instruct		27						
P	art VII			um Required Contribution			<u> </u>					
				ears		28				(	0	
29				unpaid minimum required contribu	' '	29				(	0	
30	Remainir	ng amount of u	inpaid minimum required cont		30				(	0		
Pa	art VIII	Minimum	Required Contribution	For Current Year								
31	Target n	ormal cost and	d excess assets (see instruction	ons):								
	<b>a</b> Target	normal cost (lir	ne 6)		31a				37387	7		
	<b>b</b> Excess	assets, if app	licable, but not greater than li	ne 31a		31b				37387	7	
32	Amortiza	tion installmen	its:		Outstanding Bala	nce		Ir	stallmer	nt		
	a Net sho	ortfall amortiza	tion installment			0					0	
						0	_			(	0	
33				er the date of the ruling letter gran ) and the waived amount		33						
34	Total fun	ding requireme	ent before reflecting carryover.	/prefunding balances (lines 31a -	31b + 32a + 32b - 33)	34				(	0	
				Carryover balance	Prefunding balar	nce		To	al balan	ice		
35			se to offset funding	0		0				(	0	
36	Additiona	al cash requirer	ment (line 34 minus line 35)			36				(	0	
	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37				(	0	
38			s contributions for current yea			<u> </u>						
				(111 1111111111111111111111111111111111		38a				(	0	
	<b>b</b> Portion	included in lin	ne 38a attributable to use of pr	refunding and funding standard ca	rryover balances	38b				(	0	
39	Unpaid m	ninimum requir	ed contribution for current yea	ar (excess, if any, of line 36 over li	ne 37)	39				(	0	
40	Unpaid m	ninimum requir	ed contributions for all years.			40				(	0	
Pa	rt IX	Pension I	Funding Relief Under I	Pension Relief Act of 201	0 (See Instructions	<b>s</b> )						
41	If an elec	tion was made	to use PRA 2010 funding reli	ef for this plan:								
	<b>a</b> Schedu	ule elected					2	plus 7 yea	rs	15 year	s	
_	<b>b</b> Eligible	plan year(s) f	or which the election in line 4	la was made		2	2008	2009	2010	201	1	
42	Amount o	f acceleration	adjustment			42						
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43						

# Hawk Building Contractors, Inc. Defined Benefit Pension Plan

## <u>Item 26 - Schedule of Active Participant Data</u>

## TAX ID# 91-1679013 PLAN # 002

									YEA	ARS OF CI	REDI	TED SER	VICE							
	U	nder 1	1	to 4	5 to 9		10	10 to 14		5 to 19	20	) to 24	25	5 to 29	30	) to 34	35	5 to 39	40	& up
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	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		1		1		2		0		0		0		0		0		0	

### Form 5500-SF

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.

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	rt Identification Information				
For calendar plan year 2016 or		1/01/2016	and ending	12/31/2	
A This return/report is for:	X a single-employer plan		olan (not multiemployer) mployer information in a		
·	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check box if filing under:	Form 5558	automatic extension		DFVC program	n
	special extension (enter descript				
Part II Basic Plan In	formation—enter all requested infor	mation		1 2 1	
1a Name of plan				1b Three-digit	•
Hawk Building Contra	actors, Inc. Defined Be	nefit Pension	Plan	plan numb (PN) ▶	er 001
				1c Effective d 01/01/2	
2a Plan sponsor's name (emp Mailing address (include ro		1	dentification Number 1862377		
City or town, state or provide Hawk Building Contri	2c Sponsor's 425-402	telephone number -1818			
P.O. Box 996		1	ode (see instructions)		
P.O. BOX 330				531390	
Ferndale	WA 98248			2h Administra	1-3- FIN
3a Plan administrator's name		3b Administra	IOFS EIN		
				3c Administra	tor's telephone number
	he plan sponsor has changed since the umber from the last return/report.	e last return/report filed	for this plan, enter the	4b EIN	
a Sponsor's name				4c PN	
5a Total number of participant	ts at the beginning of the plan year				4
	ts at the end of the plan year			5b	4
	n account balances as of the end of the			. 5c	100.5
d(1) Total number of active p	articipants at the beginning of the plan	year		5d(1)	
	participants at the end of the plan year.			5d(2)	
than 100% vested	at terminated employment during the pl			5e	
Caution: A penalty for the late	or incomplete filing of this return/r	eport will be assessed	l unless reasonable ca	use is establishe	ed.
SB or Schedule MB completed belief, it is true, correct, and op-	other penalties set forth in the instruction and signed by an enrolled actuary, as t nolete.	well as the electronic ve	ersion of this return/repo	rt, and to the best	of my knowledge and
sign Say Ho	L , PRESIDENS	3.27.17	Samuel Adkins		
HERE Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	n administrator
SIGN					
	oyer/plan sponsor	Date			ployer or plan sponsor
Preparer's name (including firm	name, if applicable) and address (inclu	ude room or suite numb	er)	Preparer's telep	none number
		CJAC	)?¥		

Page	2

F	'n	m	n	5	5	n	ıſ	-5	F	2	n	1	A	

<ul> <li>Were all of the plan's assets during the plan year invested in eligil</li> <li>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</li> <li>If the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan.</li> </ul>	an indeper and condit not use Fo	ndent qualified public ations.) rm 5500-SF and mus	account t inste	tant (IC ad use	QPA)  ∍ Forn	n 5500.		X Yea	<b>—</b>
Part III Financial Information	insurance p	ologiam (see ENISA se	SOLIOIT -	1021)!		] 163	MINO I		emined
7 Plan Assets and Liabilities	ļ. ·	(a) Beginning	of Yea	, I			(b) End o	of Year	
a Total plan assets	. 7a	917,40						83,898	
b Total plan liabilities	1	o							
C Net plan assets (subtract line 7b from line 7a)	-	917,402			98:				83,898
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total				
a Contributions received or receivable from:									bara
(1) Employers	. 8a(1)			0					100 s. 1947 100 s. 1948
(2) Participants	. 8a(2)			0	ASSESSMENT OF THE PROPERTY OF				
(3) Others (including rollovers)	. 8a(3)			0	D. The Art Statement of the Continuous and Continuo				17 / 1949. <del>14 / 19</del>
b Other income (loss)	. 8b		66,	496			ANTON OF THE		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c		1,7110	1,45	66,				66,496
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	0			The state of the s				
e 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					66,49			66,496
j Transfers to (from) the plan (see instructions)	- 8j	0					110000000000000000000000000000000000000		
Part IV Plan Characteristics							***		
9a If the plan provides pension benefits, enter the applicable pension IA 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b If the plan provides welfare benefits, enter the applicable welfare to	feature cod	es from the List of Pla	n Chara	acteris	tic Co	des in t	the instruc	ctions:	
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)	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)				х				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)		1	10b		Х				
C Was the plan covered by a fidelity bond?			10c	Х		2		1	20,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10đ		Х	1010 1010			
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		х				
f Has the plan failed to provide any benefit when due under the plan	ın?		10f		Х				
g Did the plan have any participant loans? (If "Yes," enter amount a			10g		Х		1917 1 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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 t exceptions to providing the notice applied under 29 CFR 2520.10			10i		-				

	Form 5500-SF 2016 Page <b>3</b> -	]				
Part VI	Pension Funding Compliance					
	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions at					′es 🗌 No
	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4				0	
ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of th SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			f	D Y	′es 🗵 No
a If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see nting the waiver.	instructions, ar Month	nd enter t Day		of the lette Year	r ruling
If you o	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.				
<b>b</b> Ente	r the minimum required contribution for this plan year		. 12b			
C Enter	r the amount contributed by the employer to the plan for this plan year		12c			
	stract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to t ative amount)		12d			_
e Will	the minimum funding amount reported on line 12d be met by the funding deadline?		<u>. L</u>	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?			Yes	X N	0
If "Y	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bitrol of the PBGC?				Yes X	No
	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), id ch assets or liabilities were transferred. (See instructions.)	entify the plan(	s) to			
13c(1)	) Name of plan(s):	13c(2	) EIN(s)		13c(3) PN(s)	
Part VIII	Trust Information					
<b>14a</b> Name	e of trust		14b <sup>-</sup>	Trust's E	EIN	
14c Name	e of trustee or custodian		1		s or custodi ne number	an's
Part IX	IRS Compliance Questions		L			
15a is the	e plan a 401(k) plan? If "No," skip b	Yes		[	No	
	did the plan satisfy the nondiscrimination requirements for employee deferrals under section (c)(3) for the plan year? Check all that apply:	⊔ safe	gn-based harbor rent year test	Ĺ_	Prior ye test  N/A	ar" ADP
	t testing method was used to satisfy the coverage requirements under section 410(b) for the plant ? Check all that apply:		o centage		verage enefit test	N/A

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

No

No

No

Yes

Yes

Yes

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the senal number

18 Defined Benefit Plan or Money Purchase Pension Plan Only:

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?.....

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? .....

## **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

2016

OMB No. 1210-0110

This Form is Open to Public Inspection

File as an attachment to Form	5500 or 5500-SF.	İ						
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016	and endir	ıg	12/31/2016					
Round off amounts to nearest dollar.								
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	able cause is establishe	d						
A Name of plan	<b>B</b> Three-di	git						
HAWK BUILDING CONTRACTORS, INC. DEFINED BENEFIT PEN	SION plan nun	nber (PN)	<b>&gt;</b>	001				
PLIAN								
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	D Employer Identification Number (EIN)						
Pian sponsor a name as shown on sine 2a or 1 or 11 oct 5000 or 5000-or	Zinpioyor	idonano	monreambor (c	-11-17				
HAWK BUILDING CONTRACTORS, INC.	91-186237	91-1862377						
E Type of plan: 🗵 Single 📗 Multiple-A 📗 Multiple-B F Prior year plan size: 🗵 100 or fewer 📗 101-500 📗 More than 500								
Part I Basic Information								
1 Enter the valuation date: Month 01 Day 01 Year 2	2016							
2 Assets:								
a Market value		2a		917,402				
<b>b</b> Actuarial value		2b		917,402				
3 Funding target/participant count breakdown	(1) Number of participants		ted Funding Farget	(3) Total Funding Target				
a For retired participants and beneficiaries receiving payment	0	•••	0	0				
<b>b</b> For terminated vested participants	_		0					
C For active participants			668,647					
d Total	4	660,45		668,647				
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			WALLEY TO THE PARTY OF THE PART	1 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3				
a Funding target disregarding prescribed at-risk assumptions	_	4a	Mary Constitution of the C	***************************************				
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plan		inl		<del></del>				
status for fewer than five consecutive years and disregarding loading factor								
5 Effective interest rate.		5	6.43%					
6 Target normal cost		6						
Statement by Enrolled Actuary								
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and accordance with applicable taw and regulations. In my opinion, each other assumption is reasonable (taking into accordance with applicable taw and regulations.)	d attachments, if any, is complet ount the experience of the plan a	e and accura nd reasonat	ite. Each prescribed de expectations) and	assumption was applied in d such other assumptions, in				
combination, offer my best estimate of anticipated experience under the plan.				- ave				
SIGN \ \tag{7}								
HERE Jay Carolle		03/17/2017						
Signature of actuary		Date						
Steve Caudle, MSPA, EA		1407219						
Type or print name of actuary		Most recent enrollment number						
Steven Caudle & Associates, LLC		425-557-3663						
Firm name	Te	lephone	number (includ	ing area code)				
22525 SE 64th Place, Suite 294								
Issaquah WA 98027								
Address of the firm								
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in instructions	completing this schedule	e, check t	he box and see					

	Schedule	SB (Form 5500) 2016			Page 2 -						
F	Part II Begi	nning of Year Carryo	ver and Prefunding B	alances				41.			
7	7 Balance at beginning of prior year after applicable adjustments (line 13 from prior					arryover baland	e	(b) F	refund	ing bala	nce
•	_		•				0				
8		or use to offset prior year's fu	• ,	, ,			0				
9		g (line 7 minus line 8)	•				0				
10		using prior year's actual retu					0				
11	Prior year's exce	ss contributions to be added	to prefunding balance:						71 - 1771 P.		
		of excess contributions (line									
	b(1) Interest on Schedule S	the excess, if any, of line 38 B, using prior year's effective	a over line 38b from prior ye e interest rate of 6.62	ear !%							
		line 38b from prior year Sch									
		at beginning of current plan ye	, ,								
	d Portion of (c) to	be added to prefunding bal	lance								
		in balances due to elections					0				•
	and the second second second	ning of current year (line 9 +	line 10 + line 11d - line 12).				0				
		ding Percentages					<del></del> -		4.4	120	0.00
		tainment percentage							14 15	1	.20%
		target attainment percentaging percentage for purposes								137	.20%
		quirement							16	166	.05%
17	If the current valu	e of the assets of the plan is	less than 70 percent of the	funding targ	et, enter suc	h percentage			17		%
		tributions and Liquid	<del>-</del>								
18	Contributions ma-	de to the plan for the plan ye (b) Amount paid by	ear by employer(s) and emplement (c) Amount paid by	oyees: (a) [	)afe	(b) Amount	naid by	(c	) Amou	ınt paid	by
(	MM-DD-YYYY)	employer(s)	employees		)-YYYY)	employe				oyees	
								-			
							<b>-</b>	+			
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_											
Park had				Totals ▶	18(b)			0 <b>18(c)</b>			. (
19	Discounted emplo				1 1	beginning of the		0 <b>18(c)</b>		-	
19	•	yer contributions see instr llocated toward unpaid minir	uctions for small plan with a	valuation da	ate after the			0 <b>18(c)</b>			.(
19	a Contributions a	yer contributions - see instr	uctions for small plan with a mum required contributions f	valuation da from prior ye	ate after the		year:	0 <b>18(c)</b>		-	
19	<ul><li>a Contributions a</li><li>b Contributions m</li></ul>	yer contributions – see instr llocated toward unpaid minir	uctions for small plan with a num required contributions f usted to valuation date	valuation da	ate after the		year:	0 <b>18(c)</b>		· ·	(
19	<ul><li>a Contributions a</li><li>b Contributions m</li><li>c Contributions all</li><li>Quarterly contributions</li></ul>	yer contributions see instr llocated toward unpaid minir ade to avoid restrictions adj	uctions for small plan with a num required contributions fusted to valuation datered contribution for current ye	valuation da from prior ye ear adjusted to	ate after the ars	ate	19a 19b 19c			Yes	(

Liquidity shortfall as of end of quarter of this plan year

(3) 3rd

 ${f c}$  If line 20a is "Yes," see instructions and complete the following table as applicable:

(2) 2nd

(1) 1st

F	Part V Assumpti	ions Used to Determine	Funding Target and T	arget Normal Cost			
21	Discount rate:						_
	a Segment rates:	1st segment: 4 . 72 %	2nd segment: 6.11 %	3rd segment 6.819		N/A, full yield curve used	
	<b>b</b> Applicable month (er	nter code)			21b		L
22					22	62	2
23	Mortality table(s) (see	instructions) X Pres	cribed - combined P	escribed - separate	Substit	tute	
P	art VI Miscellane	ous Items					_
24			arial assumptions for the curre				
25	Has a method change l	been made for the current plar	year? If "Yes," see instruction	s regarding required attac	hment	Yes X No	
26	Is the plan required to p	provide a Schedule of Active P	articipants? If "Yes," see instr	ictions regarding required	attachmer	ntX Yes No	
27			applicable code and see instr		27		_
Ρ	art VII Reconcilia	ation of Unpaid Minimu	ım Required Contributi	ons For Prior Years			
28	Unpaid minimum requir	red contributions for all prior ye	ears		. 28		)
29		29	(	)			
30			. 30	(	)		
Pa	art VIII Minimum	Required Contribution	For Current Year				
31	1.11, 1.12, i.i., 1911	excess assets (see instruction					-
	a Target normal cost (lin	. 31a	37,38				
b Excess assets, if applicable, but not greater than line 31a						37,387	_
32	32 Amortization installments: Outstanding Bala					Installment	-
		Net shortfall amortization installment				. (	)
	•				0	(	-
33	If a waiver has been ap	33		•			
34	Total funding requireme	ent before reflecting carryover/	prefunding balances (lines 31a	- 31b + 32a + 32b - 33)	34		)
			Carryover balance	Prefunding bala	<del>1</del>	Total balance	•
35	Balances elected for us requirement	e to offset funding		0	0	C	)
36	Additional cash requirer	ment (line 34 minus line 35)			36	·	)
37	Contributions allocated	37	C	)			
38	Present value of excess	s contributions for current year	(see instructions)		•		•
	a Total (excess, if any,	of line 37 over line 36)			38a		)
	<b>b</b> Portion included in lin	38b	C	)			
39		39	· c	,			
40							)
A	Vite discussed	· · · · · · · · · · · · · · · · · · ·	ension Relief Act of 20		5)		_
41	If an election was made	to use PRA 2010 funding relie	f for this plan:			_	
	a Schedule elected					2 plus 7 years 15 years	•
	<b>b</b> Eligible plan year(s) for	or which the election in line 41:	a was made				-
					42		•
		•	over to future plan years		43		•