Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Annual Report Identification Information

Part I

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

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

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

Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

For calendar plan year 2017 or	fiscal plan year beginning 01/01/2	017	and ending 1	2/31/2017				
A This return/report is for:	X a single-employer plan	a multiple-employer pla	n (not multiemployer) (ployer information in ac					
	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 return	/report (less than 12 m	nonths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	m			
	special extension (enter descri	iption)		_				
Part II Basic Plan Inf	ormation—enter all requested inf	ormation						
1a Name of plan HAWK BUILDING CONTRACTO	PRS, INC. DEFINED BENEFIT PENS	SION PLAN		1b Three-digi plan numb (PN) ▶				
				1c Effective d	late of plan 01/01/2009			
	loyer, if for a single-employer plan)			2b Employer	dentification Number			
	om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta		uctions)	(EIN)	91-1862377			
HAWK BUILDING CONTRACTO			,		telephone number 5-402-1818			
				2d Business of	code (see instructions)			
P.O. BOX 996 FERNDALE, WA 98248					531390			
3a Plan administrator's name	and address X Same as Plan Spon	nsor.		3b Administra	tor's EIN			
				3c Administra	tor's telephone number			
	he plan sponsor or the plan name ha			4b EIN				
this plan, enter the plan sp a Sponsor's name	oonsor's name, EIN, the plan name a	nd the plan number from th	e last return/report.	4d PN				
C Plan Name								
F= =				5a				
	ts at the beginning of the plan year			5b	4			
	ts at the end of the plan yearh h account balances as of the end of t			5c				
• •	participants at the beginning of the plant	-		5d(1)	4			
	participants at the end of the plan yea no terminated employment during the			5d(2)	3			
than 100% vested				. 5e	1			
	e or incomplete filing of this return							
, ,	other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.	•		, ,				
	ed/valid electronic signature.	03/20/2018	SAMUEL ADKINS					
HERE Signature of plan	administrator	Date Enter name of individual signing as plan administrator						

Date

Signature of employer/plan sponsor

SIGN **HERE**

Enter name of individual signing as employer or plan sponsor

Form 5500-SF 2017 Page **2**

6a b	 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) 										
	If you answered "No" to either line 6a or line 6b, the plan cannot		,					X Yes No			
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the		= '					(See instructions.)			
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning (of Vear			(b) End	of Year			
<u>-</u>	Total plan assets	7a		83898			(b) Lile	1304454			
<u>_</u>	Total plan liabilities	7b		0				0			
С	Net plan assets (subtract line 7b from line 7a)		1304454								
8	Net plan assets (subtract line 7b from line 7a)										
а	Contributions received or receivable from:		(4)								
	(1) Employers	8a(1)	10	00000							
	(2) Participants	8a(2)		0							
	(3) Others (including rollovers)	8a(3)		0							
	Other income (loss)	8b	22	20556							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						320556			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0							
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										
	Total expenses (add lines 8d, 8e, 8f, and 8g)										
i	Net income (loss) (subtract line 8h from line 8c)										
j	Transfers to (from) the plan (see instructions)	8j		0							
Pa	t IV Plan Characteristics	٠,									
9a	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:			
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	les in the instr	uctions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		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.)	? (Do not	include transactions	10b		X					
С	Was the plan covered by a fidelity bond?			10c	Χ			120000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X		.2000			
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.)	er person e or all of	s by an insurance the benefits under	10e		X					
f	Has the plan failed to provide any benefit when due under the plan	n? <u></u>		10f		Χ					
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	end.)	10g		Χ					
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 2520.101			10i							

Form 5500-SF 2017 Page 3	-	1	1		
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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	X	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y	es X No
	(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, an granting the waiver	d enter t Day		of the letter Year	ruling
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative 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?		Yes	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 brought under the control of the PBGC?			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3)	PN(s)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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).

File as an attachment to Form 5500 or 5500-SF.

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

Francisco de malena de contra de la contra del contra de la contra del la contra de la contra del la contra del la contra de la contra del la contra de la contra de la contra del la contra		4104100	_				04/00:=		
For calendar plan year 2017 or fiscal pla		1/01/201	<u> </u>		and endin	ig 12/3	31/2017		
Round off amounts to nearest dol									
Caution: A penalty of \$1,000 will be	assessed for late filing of	f this rep	ort unless reasonable ca	ause is	s establishe	d.			
A Name of plan	INC DEFINED BENEFIT	T DENICIO	ON DLAN	В	Three-di	•			
HAWK BUILDING CONTRACTORS,	INC. DEFINED BENEFIT	I PENSIC	ON PLAN		plan nun	nber (PN	I) •		001
C Plan sponsor's name as shown on lin	e 2a of Form 5500 or 550	00-SF		D	Employer	Identific	ation Num	ber (E	IN)
HAWK BUILDING CONTRACTORS,					p.oyo.		62377	(_	,
						00			
E Type of plan: X Single Multiple	-A Multiple-B		F Prior year plan size:	X 10	00 or fewer	101-	-500 N	lore th	an 500
	<u> </u>		, ,						
	Manda 01 D	2 01	V 2017						
1 Enter the valuation date: 2 Assets:	Month <u>01</u> D	Day <u>01</u>	Year <u>2017</u>						
2 Assets: a Market value						. 2a			983898
•						2b			
b Actuarial value		•••••			ber of		sted Fund	ina	983898 (3) Total Funding
3 Funding target/participant count br	eakdown			partici		(2) VE	Target	ing	Target
a For retired participants and bene	eficiaries receiving payme	nt			0			0	0
b For terminated vested participan	its				0			0	0
C For active participants					4	779523			789658
d Total					4			9523	789658
4 If the plan is in at-risk status, check				П	4		773	3323	709030
				ш		4-			
a Funding target disregarding pres						4a			
b Funding target reflecting at-risk a at-risk status for fewer than five						4b			
5 Effective interest rate	•		<u> </u>			5			6.12 %
6 Target normal cost						6			54682
Statement by Enrolled Actuary						ı			
To the best of my knowledge, the information sup accordance with applicable law and regulations.									
combination, offer my best estimate of anticipate		Dilott is reas	Shable (taking into account the	expensi	ice of the plan a	and reasons	able expectation	oris) aric	i sucii olilei assumplions, iii
SIGN									
HERE							03/1	3/2018	8
S	Signature of actuary						Da	ate	
STEVE CAUDLE, MSPA, EA							17-	07219	
Type	or print name of actuary					Most	recent enr	ollmer	nt number
STEVEN CAUDLE & ASSOCIATES, I	LC .						425-5	57-36	63
	Firm name				Te	elephone	e number (includi	ng area code)
22525 SE 64TH PLACE, SUITE 294 ISSAQUAH, WA 98027						·	`		,
100AQ0A11, WA 30021									
	Address of the firm								
	Address of the IIIII								
If the actuary has not fully reflected any reinstructions	egulation or ruling promule	gated un	der the statute in compl	eting t	his schedul	e, check	the box a	nd see)
II IOLI UULIUI IO									

P	art II	Begir	nning of Year	Carryov	er and Prefunding B	alances									
	•							(a) C	arryover balance		(b) F	refundir	ng balance		
7		Ū	0 , ,		able adjustments (line 13 fro	•			()			0		
8			•	•	nding requirement (line 35 f				()			0		
9	Amount	remainin	g (line 7 minus line	8)					()			0		
10	Interest	on line 9	using prior year's	actual retu	rn of <u>7.25</u> %				()			0		
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:										
	a Preser	nt value o	f excess contribut	ions (line 3	88a from prior year)								0		
					a over line 38b from prior year interest rate of6.439								0		
	` '		•	•	edule SB, using prior year's										
					ar to add to prefunding balanc								0		
	_				ance										
40													0		
					or deemed elections)			0		
					line 10 + line 11d – line 12)		•)			0		
Part III Funding Percentages 14 Funding target attainment percentage 14 124.59%															
					of determining whether com							15	124.59%		
10					of determining whether carry						e current	16	137.20%		
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	funding targ	get, e	nter suc	h percentage			17	%		
Part IV Contributions and Liquidity Shortfalls															
18					ar by employer(s) and employer		D-1-		(1-) A	-1-1-1		.			
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) (MM-DI	Date D-YY		(b) Amount pa employer((0	emplo (:	nt paid by byees		
C	3/08/2018	3		100000	0										
								4000			427.				
Totals ▶ 18(b) 100000 18(c)									0						
19					uctions for small plan with a					-					
	_				num required contributions t				⊢	19a			0		
				•	usted to valuation date				-	19b 19c			0		
20				<u>.</u>	red contribution for current ye	ar adjusted	to vai	uation d	ate	190			92758		
20			itions and liquidity		e prior year?					L		П	Yes X No		
			_		installments for the current							□	Yes No		
								inory inc	armor:			Ц	103 110		
	C II IIIIe	20a 15 Y	es, see instruction	is and con	nplete the following table as Liquidity shortfall as of en			is plan v	/ear						
		(1) 1s	t		(2) 2nd	- 9441101		'	3rd			(4) 4th			

В	art V	Accumpti	one Used to D	otormine	Funding Target an	d Target	Normal Cost						
21	Discount		ons osed to D	etermine	Funding ranger and	u rarget	Normal Cost						
	a Segm	Í	1st segme	ent:	2nd segment:		3rd segment:			Пъиль			
				6%	5.72%		6.48 %			N/A, fu	ı yıe	d cur	ve used
	b Applica	able month (er	nter code)					21k				1	
22	Weighted	d average retire	ement age	_				22			(52	
23	Mortality	table(s) (see i	instructions)	× Pres	cribed - combined	Prescribe	ed - separate	Sub	stitute				
Pa	art VI	Miscellane	ous Items										
24		•	•		arial assumptions for the cu							_	s X No
25	Has a me	ethod change b	been made for the o	current plar	year? If "Yes," see instru	ctions rega	rding required attach	ment.				Ye	s X No
26	Is the pla	n required to p	provide a Schedule	of Active P	articipants? If "Yes," see i	nstructions	regarding required a	attachn	nent			Ye	s No
27					applicable code and see i			27					
Pa	Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years												
28	Unpaid m	ninimum requir	red contributions for	r all prior ye	ears			28					0
29		' '			inpaid minimum required c		' '	29					0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)												0
Pa	Part VIII Minimum Required Contribution For Current Year												
31	Target n	ormal cost and	d excess assets (se	e instructio	ns):								
	a Target	normal cost (lii	ne 6)					31a	3				54682
											54682		
32	Amortiza	tion installmen	nts:				Outstanding Bala	nce		Ir	stall	ment	
	_							(0
								()				0
					r the date of the ruling lette) and the waived amo			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		То	tal ba	alance	е
35			se to offset funding			0		0					0
36	Additiona	ıl cash require	ment (line 34 minus	s line 35)				36					0
37					tribution for current year a			37					92758
38	Present v	alue of excess	s contributions for c	current year	(see instructions)								
	a Total (e	excess, if any,	of line 37 over line	36)				388	3				92758
	b Portion	included in lin	ne 38a attributable t	o use of pr	efunding and funding stand	dard carryo	ver balances	38k					0
39	Unpaid m	ninimum requir	red contribution for	current yea	r (excess, if any, of line 36	over line 3	7)	39	_				0
								40					0
	rt IX	l .			Pension Relief Act o	f 2010 (S	see Instructions	5)					
41	If an elec	tion was made	to use PRA 2010 f	unding relie	ef for this plan:							_	
	a Schedu	ıle elected							2	plus 7 yea	rs	1	5 years
					a was made				2008	2009	20	10	2011
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	RS OF CI	REDI	TED SER	VICE							
	U	nder 1	1	to 4	5	5 to 9	10) to 14	15	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		0		1		3		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

Part I

Annual Report Identification Information

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.

1210-0089

2017

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

For calend	dar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/201	7
A This re	eturn/report is for:	X a single-employer plan		lan (not multiemployer) (I mployer information in ac		
	·	a one-participant plan	a foreign plan	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
B This ret	turn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC program	
		special extension (enter descr	iption)			
Part II	Basic Plan Int	ormation—enter all requested in	formation			
1a Name	of plan				1b Three-digit	
Hawk Bu	ilding Contr	actors, Inc. Defined E	Benefit Pension	Plan	plan number (PN) ▶	001
					1c Effective date 01/01/2009	
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.C			2b Employer iden (EIN) 91-18	
Hawk B	town, state or proviruillation to the contraction of the contraction o	ructions)	2c Sponsor's tele 425-402-18	•		
P.O. Bo	ox 996		•	Ī	2d Business code	(see instructions)
					531390	
Ferndal		WA 98248				
3a Plan a	dministrator's name		3b Administrator's	EIN		
					3c Administrator's	telephone number
this pl	an, enter the plan sp	ne plan sponsor or the plan name ha onsor's name, EIN, the plan name a		he last return/report.	4b EIN	
a Sponse C Plan N			·	_	4d PN	
					* _ 1	
_		s at the beginning of the plan year			5a 5b	4
		s at the end of the plan year account balances as of the end of t		-	5c	4
compl	ete this item)				5d(1)	
		articipants at the beginning of the pla articipants at the end of the plan yea			5d(1) 5d(2)	4
		o terminated employment during the			5e	
than 1	100% vested	or incomplete filing of this return	fronget will be accepted	uniose rosconshio caus	·	1
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruction and signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	ort, including, if appli	
SIGN	Sau Hd	- PRESIDENT	3.20-18	Samuel Adkins		
HERE	Signature of plan	administrator	Date	Enter name of individua	al signing as plan ad	ministrator
SIGN						
HERE	Signature of emple	over/plan sponsor	Date	Enter name of individua	al signing as employ	er or plan sponsor

							•		
	Form 5500-SF 2017		Page 2						
	Were all of the plan's assets during the plan year invested in eligil							XΥ	es No
b	Are you claiming a walver of the annual examination and report of							X Y	′es ∏ No
	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							E	00 [] W
c	If the plan is a defined benefit plan, is it covered under the PBGC I							☐ Not d	letermined
_	If "Yes" is checked, enter the My PAA confirmation number from the		· ·		-			(See ins	structions.)
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) End	i of Year	
a	Total plan assets	. 7a		983,	898			1,	304,454
b	Total plan liabilities	7b			0				0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	·	983,	898			1,	304,454
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total	
а	Contributions received or receivable from:	l			-				
	(1) Employers	. 8a(1)	<u> </u>						
	(2) Participants	. 8a(2)							
	(3) Others (including rollovers)	1	<u> </u>						
	Other income (loss)	. 8b		220,	226	** .			320,556
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				320,330			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			의				
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		•	이				
g	Other expenses	8g	Territoria de la compansión de la compan		이				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
<u></u>	Net income (loss) (subtract line 8h from line 8c)							 	320,556
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	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature co	des from the List of Pla	n Char	acteris	tic Cod	les in the inst	ructions:	
Par	t V Compliance Questions								············
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributes 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.)	? (Do not	include transactions	10b		х			
C	Was the plan covered by a fidelity bond?								120,000

Х

Х

Х

х

10d

10e

10f

10g

10h

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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.)

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 as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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.....

Form	EEOO	CE	2017

	Form 5500-SF 2017 Page 3 -						
Part VI	Pension Funding Compliance		,				
11 Is	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an orm 5500) and line 11a below)	d complete Sch	edule S	В	×	es No	
	nter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				0		
12 ls	this a defined contribution plan subject to the minimum funding requirements of section 412 of the RISA?	Code or section	n 302 o			es X No	
gr	a walver of the minimum funding standard for a prior year is being amortized in this plan year, see i anting the walver.	. Month	l enter t Day		of the letter Year	ruling	
	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin			i			
b Ent	er the minimum required contribution for this plan year		12b		································	· · · · · · · · · · · · · · · · · · ·	
C Ent	er 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 a negative amount)							
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					☐ No ☐	N/A	
art VII	Plan Terminations and Transfers of Assets						
13a Ha	s a resolution to terminate the plan been adopted in any plan year?		,	Yes	X No)	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?					No	
	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide iich assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to				
13c(13c(1) Name of plan(s): 13c(2) E				l(s) 13c(3) PN(s)		

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 2017

OMB No. 1210-0110

This Form is Open to Public Internal Revenue Code (the Code). Inspection

File as an attachment to For	m sout or sout-or.			
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017	and endir	g	12/31/20	17
Round off amounts to nearest dollar.				
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reas	onable cause is establishe	d.		
A Name of plan	B Three-di	-		
HAWK BUILDING CONTRACTORS, INC. DEFINED BENEFIT PE	INSTON plan nun	nber (PN)) 🕨	001
· ·				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer	Identifica	ation Number (E	IN)
·			·	•
HAWK BUILDING CONTRACTORS, INC.	91-186237	7		
E Type of plan: X Single Multiple-A Multiple-B	olan size: 🛛 100 or fewer	101-	500 🔲 More th	an 500
Part I Basic Information		<u> </u>		
1 Enter the valuation date: Month 01 Day 01 Year	2017			
2 Assets:				
a Market value		. 2a		983,898
b Actuarial value		2b		983,898
3 Funding target/participant count breakdown	(1) Number of		ted Funding	(3) Total Funding
	participants	•	Farget	Target
a For retired participants and beneficiaries receiving payment	_		0	0
b For terminated vested participants	· · · · · · · · · · · · · · · · · · ·		0	·
C For active participants	4		779,523	789,658
d Total	4		779,523	789,658
4 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		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for p status for fewer than five consecutive years and disregarding loading factor				
5 Effective interest rate		5		6.12%
6 Target normal cost		 _		54,682
Statement by Enrolled Actuary	***************************************		1	0.,,00.
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements	and attachments, if any, is complete	and accura	ate. Each prescribed	assumption was applied in
accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into a combination, offer my best estimate of anticipated experience under the plan.	ccount the experience of the plan a	nd reasonat	e expectations) and	such other assumptions, in
SIGN A A		•		
HERE June (appl)			03/13/203	18
Signature of actuary			Date	
Steve Caudle, MSPA, EA			1707219	
Type or print name of actuary		Most re	ecent enrollmen	t number
Steven Caudle & Associates, LLC			425-557-36	563
Firm name	Te	lephone	number (includi	ng 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 completing this schedule	, check t	he box and see	
instructions For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-Si			Schedule SE	3 (Form 5500) 2017

	Schedule SB (Form 5500) 20 ⁻	17		P	age 2			•		
P	art II Begi	nning of Yea	r Carryo	ver and Prefunding Ba	alances						
7	Balance at beginning of prior year after applicable adjustments (fine 13 from prior year)				(a) (Carryover balance	0	(b) Prefunding balance			
8	_							n			(
9				***************************************				0			
10		-		ırn of <u>7.25</u> %]		0			(
11				to prefunding balance:		1			2		
	a Present value	of excess contribu	utions (line :	38a from prior year)							(
				a over line 38b from prior yea e interest rate of 6 . 4 3 9							
				edule SB, using prior year's a							C
	C Total available a	at beginning of cun	rent plan yea	ar to add to prefunding balance						•	C
	d Portion of (c) to	be added to pre	funding bal	ance							0
12	Other reductions	in balances due t	o elections	or deemed elections				0			C
13	Balance at beginn	ning of current ye	ar (line 9 +	line 10 + line 11d – line 12)				0			C
P	art III Fun	ding Percent	ages								
14	Funding target at	ainment percenta	age		***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14	124.59%
										15	124.59%
	year's funding rec	uirement		of determining whether carry		***************************************		*********		16	137.20%
	No. of the second			less than 70 percent of the f	unding targ	jet, enter suc	ch percentage	•••••		17	%
				ity Shortfalls							
18				ar by employer(s) and emplo		Data	(h) Amount na	id by	(0)	Amou	nt paid by
(/\									oyees		
0.3	3/08/2018]	100,000	0			· · · · · · · · · · · · · · · · · · ·				
											
									-		
-											
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			1						1	•	
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					Totals ►	18(b)	. 10	0,00	0 18(c)		0
19	Discounted employ	yer contributions	– see instru	ictions for small plan with a v	aluation da	ate after the	beginning of the ye	ear:			
	a Contributions at	located toward ur	apaid minim	ium required contributions fro	om prior ye	ars		9a			0
	b Contributions ma	ade to avoid restr	ictions adju	sted to valuation date				9b			
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date							*	92,758		
	20 Quarterly contributions and liquidity shortfalls:										
	a Did the plan have a "funding shortfall" for the prior year?										
		•		-		a timely ma	Inner?			<u> </u>	Yes No
	C If line 20a is "Ye	s," see instruction	ns and com	plete the following table as a		of this plan	ear		· · · · · · · · · · · · · · · · · · ·	- 114	
	Liquidity shortfall as of end of quarter of this plan year (1) 1st (2) 2nd (3) 3rd ((4) 4th					

Pa	o	e	3

	Part V Assumpti	ione Licod to Dotormin	e Funding Target and Tar	act Normal Cost							
	Discount rate:	ions used to Determin	e rununiy raiyeranu rai	get Normal Cost				****			
۲.	a Segment rates:	1st segment: 4 . 1 6 %	2nd segment: 5 . 72 %	3rd segment 6.489	N/A, full yield curve used						
	b Applicable month (er				21b			1			
22		· · · · · · · · · · · · · · · · · · ·			. 22			62			
	Mortality table(s) (see			cribed - separate	Substi	tute					
	art VI Miscellane										
	· · · · · · · · · · · · · · · · · · ·	*	arial assumptions for the current p	lan vear? If "Yes " see	instructio	ns regarding	required				
								es 🛭 No			
25	Use a method shapes i	haan made for the surrent plan	year? If "Yes," see instructions	rogarding required attack	hmant						
26	Is the plan required to p	provide a Schedule of Active P	Participants? If "Yes," see instruct	ons regarding required	attachme	nt	🛛 Ye	es No			
27			r applicable code and see instruct		27						
P	art VII Reconcilia	ation of Unpaid Minimi	ım Required Contribution	s For Prior Years							
28	Unpaid minimum requir	ed contributions for all prior ye	ears		28		. 0				
29			inpaid minimum required contribu		29			0			
30	Remaining amount of u	npaid minimum required contr	ibutions (line 28 minus line 29)		30			0			
Pa	art VIII Minimum	Required Contribution	For Current Year	•							
31	Target normal cost and	l excess assets (see instructio	ns):				**				
	a Target normal cost (lir	ne 6)			31a			54,682			
	b Excess assets, if appl	licable, but not greater than lir	ne 31a		31b	<u> </u>	54,682				
32	2 Amortization installments: Outstanding Bal			ınce		Installment	•				
	a Net shortfall amortization installment				C			0			
	b Waiver amortization in	nstallment						0			
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount				33						
34	Total funding requireme	ent before reflecting carryover/	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	C					
			Carryover balance	Prefunding balar	nce	Total balance					
35	Balances elected for use	e to offset funding	·		C			0			
36					36		-	0			
38		contributions for current year	(non instructions)		<u></u>	<u> </u>		92,758			
00		•			38a			92,758			
	a Total (excess, if any, of line 37 over line 36) b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					 		0			
39							·	0			
	10 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					 		0			
1.1	40 Unpaid minimum required contributions for all years										
	41 If an election was made to use PRA 2010 funding relief for this plan:										
	a Schedule elected										
			a was made			008 2009		2011			
		· · · · · · · · · · · · · · · · · · ·		-	42			<u>, </u>			
		<u> </u>	over to future plan years		43						
49	Excess installment accel	iciation amount to be carried (wer to luture plan years		70	i .					