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.**

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A This return/report is for:
- [X] a single-employer plan
- [ ] a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [ ] a one-participant plan
- [ ] a foreign plan

B This return/report is
- [ ] the first return/report
- [X] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HAWKINS ADVISORS LC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1993

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HAWKINS ADVISORS LC

1095 S 800 E
OREM, UT 84097-7251

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OREM, UT 84097-7251

2b Employer Identification Number (EIN) 87-0503232

2c Sponsor's telephone number 801-224-1900

2d Business code (see instructions) 541211

3a Plan administrator's name and address [X] Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	84
b Total number of participants at the end of the plan year	**5b**	0
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c**	0
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	70
d(2) Total number of active participants at the end of the plan year	**5d(2)**	0
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	ANGELA MORRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2018	ANGELA MORRIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions)..... [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... [ ] Yes [ ] No [X] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	5497368	0
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	5497368	0
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	192085	
(2) Participants	8a(2)	396367	
(3) Others (including rollovers)	8a(3)	85868	
b Other income (loss)	8b	606848	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1281168
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	3524	
g Other expenses	8g	225	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		3749
i Net income (loss) (subtract line 8h from line 8c)	8i		1277419
j Transfers to (from) the plan (see instructions)	8j	-6774787	

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
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 the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i	X		

Part VI Pension Funding Compliance

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☐ Yes ☒ No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	**11a**
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	☐ Yes ☒ No
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. Month _____ Day _____ Year _____	

If 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**	
c	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**	
e	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 ☐ No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒ Yes ☐ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)
EIDE BAILLY LLP 401(K) PROFIT SHARING PLAN	45-0250958	001

Schedule C Attachment for Line Item 3(e)

Plan Name **G38027 HAWKINS 401K PLAN**

Plan Number **001** **Plan Year End** **12/19/2017**

EIN **87-0503232**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
AMERICAN CENTURY INVESTMENTS	AmerCent Infl-Adj Bond A	0.50
AMERICAN CENTURY INVESTMENTS	AmerCent MidCap Val Inv	0.35
AMERICAN CENTURY INVESTMENTS	AmerCent RealEstate Inv	0.35
AMERICAN FUNDS	AmerFds American Balanced R4	0.35
AMERICAN FUNDS	AmerFds EuroPac Grth R4	0.35
AMERICAN FUNDS	AmerFds Grth Fd of America R4	0.35
AMERICAN FUNDS	AmerFds New World R4	0.35
AMERICAN FUNDS	AmerFds New Perspective R4	0.35
AMERICAN FUNDS	AmerFds SmCap World R4	0.35
AMERICAN FUNDS	AmerFds Washington Mutual R4	0.35
AMERICAN FUNDS	AmerFds Cap World Grth&Inc R4	0.35
BLACKROCK INC.	BlackRck Eqty Idx CL66	0.60
DFA	DFA Global Eqty R2	0.25
DFA	DFA US Targeted Val R2	0.25
FIDELITY INVESTMENTS	Fidelity Adv Strat Div & Inc I	0.25
FRANKLIN TEMPLETON INVESTMENTS	Templeton Global Bond A	0.40
INVESCO	Invesco Intl Grth R5	0.20
INVESCO	Invesco SmCap Grth A	0.50
INVESCO	Invesco Diversified Div Inv	0.50

Investment Company	Investment Portfolio	Annual Percentage
IVY FUNDS	IVY High Inc Y	0.40
JANUS CAPITAL GROUP, INC	Jan Hen Balanced Port S	0.25
JANUS CAPITAL GROUP, INC	Jan Hen Flex Bond Port Instl	0.15
MFS INVESTMENT MANAGEMENT	MFS Aggressive Grth Alloc R3	0.40
MFS INVESTMENT MANAGEMENT	MFS Conservative Alloc R3	0.40
MFS INVESTMENT MANAGEMENT	MFS MidCap Grth A	0.40
OPPENHEIMER FUNDS INC.	Oppenheimer Active Allc Y	0.25
OPPENHEIMER FUNDS INC.	Oppenheimer Intl SMID Comp Y	0.25
PARNASSUS	Parnassus Core Eqty Inv	0.25
PARNASSUS	Parnassus MidCap NL	0.25
PIMCO	PIMCO CommoditiesPLUSStrat Adm	0.25
PIMCO	PIMCO Total Return Adm	0.25
PIONEER INVESTMENTS	Pioneer Fdamental Grth Y	0.35
STATE STREET GLOBAL ADVISORS	State St S&P 500 Indx Cl F	0.22
T ROWE PRICE	TRPrice Intl Val Eq Adv	0.40
THORNBURG INVESTMENT MANAGEMENT	Thornburg Ltd-Term Inc R5	0.20
TIAA-CREF	TIAA-CREF Lifecycle Idx 2010 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2015 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2020 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2025 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2030 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2035 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2040 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2045 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2050 R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx 2055 R	0.25
TIAA-CREF	TIAA-CREF Bond Indx R	0.25
TIAA-CREF	TIAA-CREF LgCapGrth Indx R	0.25
TIAA-CREF	TIAA-CREF LgCap Val Indx R	0.25
TIAA-CREF	TIAA-CREF Lifecycle Idx Inc R	0.25
Wilmington Trust	WT S&P 500 Indx CL60	0.60
Wilmington Trust	WT US Large Co Val CL35	0.35

Plan Type **1 401PS**

HAWKINS ADVISORS LC
HAWKINS 401K PLAN
5500 Related Schedules Report for Plan Number 001
01/01/2017 - 12/19/2017

The following information is being provided to assist you with the completion of the Schedules A, C and D. These schedules may be needed if your plan is required to file the Form 5500 with the Department of Labor.

Schedule A

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

1 (a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy of contract year	Policy or contract year (f) From	(g) To
35-0145825	60895	G38027	0	1/1/2017	12/19/2017

Part II Investment and Annuity Contract Information

4	Current value of plan's interest under this contract in the general account at year end	0
5	Current value of plan's interest under this contract in separate accounts at year end	0

7a	Type of contract:	(4) [X] other	[GROUP ANNUITY CONTRACT]	
b	Balance at the end of the previous year		7b	706,975
c	Additions: (1) Contributions deposited during the year	7c(1)	12,746	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	1,039	
	(4) Transferred from separate account	7c(4)	118,218	
	(5) Other (specify below) [ ]	7c(5)	0	
e	Deductions: (1) Disbursed from fund to pay benefits	7e(1)	728,139	
	(2) Administration charge made by carrier	7e(2)	120	
	(3) Transferred to separate account	7e(3)	110,719	
	(4) Other (specify below) [ ]	7e(4)	0	
f	Balance at the end of the current year	7f		0

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? No [X]

Schedule D

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12IEs

(a) Name of MTIA, CCT, PSA, or 103-12IEs [SEPARATE ACCOUNT II]
(b) Name of sponsor of entity: [AMERICAN UNITED LIFE INSURANCE CO]
(c) EIN-PN [35-0145825][000] **(d)** Entity Code: [P] **(e)** Value at end of year: 0

Schedule C

Part I Service Provider Information

1. Information on Persons Receiving Only Eligible Indirect Compensation

(a) Yes [X]
(b) AMERICAN UNITED LIFE INSURANCE CO EIN: 35-0145825

2. Information on Other Service Providers Receiving Direct or Indirect Compensation.

(a) [AMERICAN UNITED LIFE INSURANCE CO]
[35-0145825]

(b) Service Code(s): [15 37 50 64 52 59 60 63 66 67]

(c)	(d)	(e)	(f)	(g)	(h)
NONE	3,749	Yes [X]	No [X]	804	Yes [X]

Part I Service Provider Information (continued)

3. Information on Sources of Indirect Compensation.

(a) AMERICAN UNITED LIFE INSURANCE CO **(b)** 66 67 804
(d) AMERICAN UNITED LIFE INSURANCE CO EIN: 35-0145825 ASSET CHARGE

HAWKINS ADVISORS LC
HAWKINS 401K PLAN
5500 Related Schedules Report for Plan Number 001
01/01/2017 - 12/19/2017

(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	AMERICAN CENTURY INVESTMENTS	EIN: 20-2036524	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	AMERICAN FUNDS	EIN: 95-1411037	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	BLACKROCK INC.	EIN: 32-0174431	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	DFA	EIN: 30-0447847	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	FIDELITY INVESTMENTS	EIN: 04-2270522	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	FRANKLIN TEMPLETON INVESTMENTS	EIN: 94-3382187	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	INVESCO	EIN: 74-1881364	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	IVY FUNDS	EIN: 03-0481447	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	JANUS CAPITAL GROUP INC	EIN: 75-3019319	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	MFS INVESTMENT MANAGEMENT	EIN: 04-3169826	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	OPPENHEIMER FUNDS INC.	EIN: 13-2527171	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	PARNASSUS	EIN: 94-2943858	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	PIMCO	EIN: 06-1349805	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	PIONEER INVESTMENTS	EIN: 13-1961193	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	STATE STREET GLOBAL ADVISORS	EIN: 04-1867445	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	T ROWE PRICE	EIN: 52-1184650	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	THORNBURG INVESTMENT MANAGEMENT	EIN: 85-0301299	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	TIAA-CREF	EIN: 13-3760073	REVENUE SHARING FORMULA - SEE ATTACHED
(a)	AMERICAN UNITED LIFE INSURANCE CO	**(b)** 52 59 60 63	0
(d)	WILMINGTON TRUST	EIN: 51-0099033	REVENUE SHARING FORMULA - SEE ATTACHED