

<b>Form 5500-SF</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation		<b>Short Form Annual Return/Report of Small Employee Benefit Plan</b>  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).  ▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b>		OMB Nos. 1210-0110 1210-0089  <b>2018</b>  <b>This Form is Open to Public Inspection</b>	
<b>Part I Annual Report Identification Information</b>					
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018					
<b>A</b> This return/report is for:		<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)			
<b>B</b> This return/report is		<input type="checkbox"/> a one-participant plan <input type="checkbox"/> a foreign plan			
		<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report			
		<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)			
<b>C</b> Check box if filing under:		<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program			
		<input type="checkbox"/> special extension (enter description)			
<b>Part II Basic Plan Information</b> —enter all requested information					
<b>1a</b> Name of plan H&K SERVICES, INC. CASH BALANCE PLAN		<b>1b</b> Three-digit plan number (PN) ▶		003	
		<b>1c</b> Effective date of plan		03/01/2017	
<b>2a</b> 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) H&K SERVICES, INC.  12025 LEON ROAD LEON, NY 14751		<b>2b</b> Employer Identification Number (EIN)		16-1607770	
		<b>2c</b> Sponsor's telephone number		716-296-5290	
		<b>2d</b> Business code (see instructions)		236110	
<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.		<b>3b</b> Administrator's EIN			
		<b>3c</b> Administrator's telephone number			
<b>4</b> 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. <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN			
		<b>4d</b> PN			
<b>5a</b> Total number of participants at the beginning of the plan year		<b>5a</b>		13	
<b>b</b> Total number of participants at the end of the plan year		<b>5b</b>		13	
<b>c</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		<b>5c</b>			
<b>d(1)</b> Total number of active participants at the beginning of the plan year		<b>5d(1)</b>		13	
<b>d(2)</b> Total number of active participants at the end of the plan year		<b>5d(2)</b>		13	
<b>e</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<b>5e</b>		1	
<b>Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.</b>					
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.					
<b>SIGN HERE</b>		Filed with authorized/valid electronic signature.		07/30/2019	
		Signature of plan administrator		Date	
				Enter name of individual signing as plan administrator	
<b>SIGN HERE</b>					
		Signature of employer/plan sponsor		Date	
				Enter name of individual signing as employer or plan sponsor	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.					
Form 5500-SF (2018) v. 17102					

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ..... ☒ 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.) ..... ☒ 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 ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4136930. (See instructions.)

**Part III Financial Information**

<b>7 Plan Assets and Liabilities</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total plan assets .....	<b>7a</b>	479155	896195
<b>b</b> Total plan liabilities .....	<b>7b</b>	0	0
<b>c</b> Net plan assets (subtract line 7b from line 7a) .....	<b>7c</b>	479155	896195
<b>8 Income, Expenses, and Transfers for this Plan Year</b>		<b>(a) Amount</b>	<b>(b) Total</b>
<b>a</b> Contributions received or receivable from:			
<b>(1)</b> Employers .....	<b>8a(1)</b>	431594	
<b>(2)</b> Participants .....	<b>8a(2)</b>	0	
<b>(3)</b> Others (including rollovers) .....	<b>8a(3)</b>	0	
<b>b</b> Other income (loss) .....	<b>8b</b>	-13582	
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....	<b>8c</b>		418012
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits) .....	<b>8d</b>	0	
<b>e</b> Certain deemed and/or corrective distributions (see instructions) ...	<b>8e</b>	0	
<b>f</b> Administrative service providers (salaries, fees, commissions) .....	<b>8f</b>	972	
<b>g</b> Other expenses .....	<b>8g</b>	0	
<b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g) .....	<b>8h</b>		972
<b>i</b> Net income (loss) (subtract line 8h from line 8c) .....	<b>8i</b>		417040
<b>j</b> Transfers to (from) the plan (see instructions) .....	<b>8j</b>	0	

**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:  
1C 3D
- 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**

<b>10 During the plan year:</b>		<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> 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) .....	<b>10a</b>		X	
<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....	<b>10b</b>		X	
<b>c</b> Was the plan covered by a fidelity bond? .....	<b>10c</b>	X		300000
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>10d</b>		X	
<b>e</b> 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.) .....	<b>10e</b>		X	
<b>f</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>10f</b>		X	
<b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....	<b>10g</b>		X	
<b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>10h</b>			
<b>i</b> 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 .....	<b>10i</b>			

**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** 0

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No  
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

**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**

**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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

<b>SCHEDULE SB (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ **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.

<b>A</b> Name of plan <u>H&amp;K SERVICES, INC. CASH BALANCE PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>H&amp;K SERVICES, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>16-1607770</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2018</u>	
<b>2</b> Assets:	
<b>a</b> Market value.....	<b>2a</b> <u>464601</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>464601</u>
<b>3</b> Funding target/participant count breakdown	
<b>a</b> For retired participants and beneficiaries receiving payment .....	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
<b>b</b> For terminated vested participants .....	<u>0</u> <u>0</u> <u>0</u>
<b>c</b> For active participants .....	<u>0</u> <u>0</u> <u>0</u>
<b>d</b> Total .....	<u>13</u> <u>1577</u> <u>345059</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>4.61 %</u>
<b>6</b> Target normal cost .....	<b>6</b> <u>328286</u>

**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.

<b>SIGN HERE</b>	
Signature of actuary <u>JILL E. CASEY, CEBS, E.A., M.A.A.A.</u>	<u>06/28/2019</u>
Type or print name of actuary <u>BPAS ACTUARIAL &amp; PENSION SERVICES</u>	Date <u>17-07216</u>
Firm name <u>706 N. CLINTON STREET SYRACUSE, NY 13204</u>	Most recent enrollment number <u>315-703-8991</u>
Address of the firm	Telephone number (including area code)

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

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.00</u> % .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		329535
<b>b(1)</b> 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>4.94</u> % .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		329535
<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....		0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	134.64%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	131.97%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	0.00%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/13/2019	431594	0			
<b>Totals ▶</b>			<b>18(b)</b>	431594	<b>18(c)</b> 0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	417908

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b>	Discount rate:			
<b>a</b>	Segment rates:	1st segment: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		<input type="checkbox"/> N/A, full yield curve used		
<b>b</b>	Applicable month (enter code) .....	<b>21b</b>	0	
<b>22</b>	Weighted average retirement age .....	<b>22</b>	62	
<b>23</b>	Mortality table(s) (see instructions)	Prior regulation:	<input type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate
		Current regulation:	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate
			<input type="checkbox"/> Substitute	<input type="checkbox"/> Substitute

**Part VI Miscellaneous Items**

<b>24</b>	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>25</b>	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b>	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b>	Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....	<b>29</b>	0
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6) .....	<b>31a</b>	328286
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	119542
<b>32</b>	Amortization installments:	Outstanding Balance	Installment
<b>a</b>	Net shortfall amortization installment .....	0	0
<b>b</b>	Waiver amortization installment .....	0	0
<b>33</b>	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 .....	<b>33</b>	
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....	<b>34</b>	208744
	Carryover balance	Prefunding balance	Total balance
<b>35</b>	Balances elected for use to offset funding requirement .....		0
<b>36</b>	Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	208744
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	417908
<b>38</b>	Present value of excess contributions for current year (see instructions)		
<b>a</b>	Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	209164
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b>	Unpaid minimum required contributions for all years .....	<b>40</b>	0

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

<b>41</b>	If an election was made to use PRA 2010 funding relief for this plan:			
<b>a</b>	Schedule elected .....	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years	
<b>b</b>	Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010
		<input type="checkbox"/> 2011		

**Age and Service Distribution of Active Members**

Completed Years of Service on December 31, 2018											
Attained Age	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+	Total
Under 25	0	1	0	0	0	0	0	0	0	0	1
25-29	1	0	1	0	0	0	0	0	0	0	2
30-34	0	1	1	0	0	0	0	0	0	0	2
35-39	0	1	0	0	0	0	0	0	0	0	1
40-44	0	0	0	0	0	0	0	0	0	0	0
45-49	0	0	1	0	0	0	0	0	0	0	1
50-54	0	0	0	1	1	0	0	0	0	0	2
55-59	0	0	0	1	2	0	0	0	0	0	3
60-64	0	0	0	1	0	0	0	0	0	0	1
65-70	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>

Active Member Statistics	December 31, 2017	December 31, 2018
Number of members	13	13
Average age	45.33	44.25
Average years of service	8.46	9.00
Average salary	\$77,489	\$64,911

## ACTUARIAL ASSUMPTIONS AND METHODS

The valuation of a defined benefit pension plan involves estimates and assumptions about the probability of events occurring far into the future. Examples include assumptions about future employment, mortality, and retirement. Below is a description of the actuarial assumptions and methods used in the valuation.

### Actuarial Cost Methods

**Funding Target Liability:** As required by PPA, the Traditional Unit Credit Cost Method is used.

**Actuarial Value of Assets:** Market Value, as provided by the Trustee.

### Funding Target Liability

**Valuation Date:** December 31, 2018

**Demographic Information:** The demographic information was provided as of December 31, 2018 by H&K Services, Inc. Although we did not audit the data, we did review the data for reasonableness.

**Interest Rates for Minimum Required Contribution:** The adjusted 24-month average December 2018 funding segment rates using 25-year average segment rate corridors were utilized as prescribed by IRC Section 430(h), MAP-21, and HATFA.

Segment	Interest Rate
Segment 1	3.92%
Segment 2	5.52%
Segment 3	6.29%

Segment 1 is applied to benefit payments expected to be made in the first 5 years, segment 2 is applied to benefit payments expected to be made in the next 15 years and segment 3 is applied thereafter.

**Effective Interest Rate:** 4.61%

**Interest Rates for Maximum Alternative Contribution:** The December 2018 funding segment rates were utilized as prescribed by IRC Section 430(h), and elected by H&K Services, Inc.

Segment	Interest Rate
Segment 1	2.50%
Segment 2	3.92%
Segment 3	4.50%

**Projected Cash Balance Interest Crediting Rate:** 3.00%

**Rate of Compensation Increase:** Salaries are assumed to remain constant until retirement.

**Retirement Rates:** Employees were assumed to retire at normal retirement age (age 62).

**Post-retirement Mortality:** The base mortality tables are the sex distinct RP-2014 mortality tables for healthy annuitants, adjusted backward to 2006 with Scale MP-2014. The base mortality table is adjusted by projecting mortality improvements using Scale MP-2016 from the year 2006 through 2018, with an additional projection

H&K Services, Inc.

BPAS Actuarial & Pension Services

Cash Balance Plan

EIN/PN: 16-1607770/003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

## ACTUARIAL ASSUMPTIONS AND METHODS

period of 8 years for males and 9 years for females. For ages below 80, the additional projection period is increased by 1 year for each year below age 80. For ages above 80, the additional projection period is reduced (but not below zero) by 1/3 year for each year above 80.

**Administrative Expenses:** Actual plan expenses, not including investment advisory fees, paid out of the trust during the plan year - \$972.

**Form of Benefit:** 100% of active participants are assumed to receive a deferred lump sum distribution at their assumed retirement age. 100% of terminated vested participants are assumed to receive an immediate lump sum distribution.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>► File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2018</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► **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.

<b>A</b> Name of plan H&K Services, Inc. Cash Balance Plan	<b>B</b> Three-digit plan number (PN) ►	003
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  H&K Services, Inc.	<b>D</b> Employer Identification Number (EIN)  16-1607770	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>				
<b>1</b> Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2018</u>				
<b>2</b> Assets:				
<b>a</b> Market value.....	<b>2a</b>	464,601		
<b>b</b> Actuarial value.....	<b>2b</b>	464,601		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment.....	0	0	0	
<b>b</b> For terminated vested participants.....	0	0	0	
<b>c</b> For active participants.....	13	1,577	345,059	
<b>d</b> Total.....	13	1,577	345,059	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>			
<b>5</b> Effective interest rate.....	<b>5</b>	4.61%		
<b>6</b> Target normal cost.....	<b>6</b>	328,286		

**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.

<b>SIGN HERE</b>	Jill E. Casey  <div style="text-align: center;">             Signature of actuary         </div>	<div style="text-align: center;">             Date            1707216         </div>
	Jill E. Casey, CEBS, E.A., M.A.A.A.  Type or print name of actuary	Most recent enrollment number 315-703-8991
	BPAS Actuarial & Pension Services  Firm name	Telephone number (including area code)
	706 N. Clinton Street  Syracuse NY 13204  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 instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2018  
v. 171027**

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of <u>0.00%</u> .....	0	0
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		329,535
<b>b(1)</b> 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>4.94%</u> .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		329,535
<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....		0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	134.64%
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	131.97%
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	0.00%
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/13/2019	431,594	0			
<b>Totals ▶</b>	<b>18(b)</b>	431,594	<b>18(c)</b>		0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	417,908

**20** Quarterly contributions and liquidity shortfalls:

<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
3.92 %2nd segment:  
5.52 %3rd segment:  
6.29 %☐ N/A, full yield curve used**b** Applicable month (enter code)..... **21b** 0**22** Weighted average retirement age ..... **22** 62**23** Mortality table(s) (see instructions) Prior regulation: ☐ Prescribed - combined ☐ Prescribed - separate ☐ SubstituteCurrent regulation: ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 328,286**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 119,542

32 Amortization installments:		Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment.....		0	0
<b>b</b> Waiver amortization installment.....		0	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 requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 208,744

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....			0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 208,744**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 417,908

38 Present value of excess contributions for current year (see instructions)		
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	209,164
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

**Schedule SB, Line 19 – Discounted Employer Contributions**

H&K Services, Inc.

EIN: 16-1607770 Plan Number: 003

Date Due	Date Made	Plan year	Contribution Amount	Applicable Effective Interest Rate	Interest Adjusted Contribution
04/15/2018	06/13/2019	2018	\$34,787	9.61%	\$32,284
07/15/2018	06/13/2019	2018	\$34,787	9.61%	\$32,661
10/15/2018	06/13/2019	2018	\$34,787	9.61%	\$33,051
01/15/2019	06/13/2019	2018	\$34,786	9.61%	\$33,444
09/15/2019	06/13/2019	2018	\$292,447	4.61%	\$286,468
<i>Totals</i>			\$431,594		\$417,908

**H&K Services, Inc.**

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

**EIN/PN: 16-1607770/003**

Employees were assumed to retire at the later of age 62 or the end of the current plan year.

<b>Number of Participants</b>	<b>Assumed Retirement Age</b>
12	62
1	63
<b>Average</b>	<b>62</b>

***H&K Services, Inc. Cash Balance Plan***

***Schedule SB, Line 15 – Reconciliation of Differences Between  
Valuation Results and Amounts Used to Calculate AFTAP***

The 2019 AFTAP was certified on June 26, 2019. Since the Plan's valuation date is the end of the plan year, the results of the December 31, 2018 valuation were used with the following adjustments:

- The Funding Target used for the 2019 AFTAP was determined as:
  - the December 31, 2018 valuation Funding Target plus
  - the December 31, 2018 valuation Target Normal Cost less any load for administrative expenses.
- The Actuarial Value of Assets used for the 2019 AFTAP was determined as:
  - the December 31, 2018 valuation Actuarial Value of Assets plus
  - contributions for the plan year ending December 31, 2018 adjusted with interest to December 31, 2018 at the 2018 effective rate.

## SUMMARY OF PLAN PROVISIONS

This summary is intended as an outline of plan provisions and does not alter the intent or meaning of the provisions contained in the plan document.

**Effective Date:** March 1, 2017

**Eligibility:** Employees become eligible to participate in the Plan on the January 1st, April 1st, July 1st, or October 1st nearest the attainment of age 18 and the completion of one year of service.

**Retirement:**

- i. Normal Retirement.* Participant's Normal Retirement Date is the first day of the calendar month coinciding with or next following attainment of age 62.
- ii. Early Retirement.* Early Retirement benefits are not provided.
- iii. Late Retirement.* After Normal Retirement Date.
- iv. Disability Retirement.* Disability Retirement Benefits are not provided.

**Benefit at Retirement:**

- i. Normal Retirement Benefit.* A monthly pension benefit equal to the actuarial equivalent of the Participant's Hypothetical Account. The Hypothetical Account is determined as the sum of the following amounts under (1) and (2) below:

(1) Hypothetical Allocation:

A credit of \$173,000 to each Participant of Group One, which shall consist of: Scot Hirschman.

A credit of \$88,200 to each Participant of Group Two, which shall consist of: Kurt Hirschman.

A credit of \$78,000 to each Participant of Group Three, which shall consist of: Bradley Hirschman.

A credit of 2.5% of Compensation to each Participant of Group Four, which shall consist of: William Hirschman.

An credit of \$0 to each Participant of Group Five, which shall consist of: All Other Owners by family attribution.

A credit of 2.5% of Compensation to each Participant in Group Six, which shall consist of: All Other Participants.

- (2) Interest Credit: Each Participant's Hypothetical Account shall be credited with a Hypothetical Interest Credit. The Hypothetical Interest Rate is 3.00%.

*ii. Late Retirement Benefit:* The same benefit as determined under the Normal Retirement  
H&K Services, Inc. BPAS Actuarial & Pension Services  
Cash Balance Plan  
EIN/PN: 16-1607770/003  
Schedule SB, Part V - Summary of Plan Provisions

## SUMMARY OF PLAN PROVISIONS

### Normal and Optional Forms of Benefit:

Normal Form: If married, a 100% Joint & Survivor Annuity which is the actuarial equivalent of a life annuity, otherwise, a single life annuity.

Optional Forms: Lump Sum  
50% Joint & Survivor Annuity

**Vesting:** Years of Service are all years of service with the Employer in which the employee was given credit for 1,000 or more hours of service:

Years of Service	Vested Percentage
Less than 3	0%
3 or more	100%

**Death Benefits:** For an Actively employed participant, the Death Benefit under the Plan payable to a participant's spouse or other designated beneficiary is the actuarial equivalent of the vested balance of the Participant's accrued benefit.

For a participant already receiving retirement payments, the Death Benefit under the Plan payable to a participant's spouse or designated beneficiary, will be in the form the participant selected or if elected, in a lump sum.